Australian Government

Department of Health, Disability and Ageing

PBS

Schedule of Pharmaceutical Benefits

General Pharmaceutical Benefits

Effective 1 October 2026

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

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Fees, Patient Contributions and Safety Net Thresholds

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

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

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

Summary of Changes

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

General Pharmaceutical Benefits

Additions

Addition – Item

15539W **ADALIMUMAB**, adalimumab 20 mg/0.2 mL injection, 2 x 0.2 mL syringes *(Yuflyma)*

15541Y **CICLOSPORIN**, Ciclosporin 0.1% eye drops, 2 mL *(Vevye)*

15536Q **GLYCOMACROPEPTIDE FORMULA WITH DOCOSAHEXAENOIC ACID AND LOW PHENYLALANINE**, glycomacropeptide formula with docosahexaenoic acid and low phenylalanine powder for oral liquid, 30 x 40 g sachets *(PKU GMPro Delight)*

15542B **TACROLIMUS**, Tacrolimus 0.1% ointment, 30 g *(aZematop)*

15421P **TOCILIZUMAB**, tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes *(Avtozma)*

15432F **TOCILIZUMAB**, tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes *(Avtozma)*

15441Q **TOCILIZUMAB**, tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices *(Avtozma)*

15444W **TOCILIZUMAB**, tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices *(Avtozma)*

15445X **TOCILIZUMAB**, tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes *(Avtozma)*

15446Y **TOCILIZUMAB**, tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes *(Avtozma)*

15454J **TOCILIZUMAB**, tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices *(Avtozma)*

15456L **TOCILIZUMAB**, tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes *(Avtozma)*

15457M **TOCILIZUMAB**, tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices *(Avtozma)*

15462T **TOCILIZUMAB**, tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes *(Avtozma)*

15491H **TOCILIZUMAB**, tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices *(Avtozma)*

15492J **TOCILIZUMAB**, tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices *(Avtozma)*

Addition – Brand

12337H *Yuflyma, EW* – **ADALIMUMAB**, adalimumab 20 mg/0.2 mL injection, 2 x 0.2 mL syringes

12371D *Yuflyma, EW* – **ADALIMUMAB**, adalimumab 20 mg/0.2 mL injection, 2 x 0.2 mL syringes

12407B *Yuflyma, EW* – **ADALIMUMAB**, adalimumab 20 mg/0.2 mL injection, 2 x 0.2 mL syringes

12423W *Yuflyma, EW* – **ADALIMUMAB**, adalimumab 20 mg/0.2 mL injection, 2 x 0.2 mL syringes

14244Q *Yuflyma, EW* – **ADALIMUMAB**, adalimumab 20 mg/0.2 mL injection, 2 x 0.2 mL syringes

14245R *Yuflyma, EW* – **ADALIMUMAB**, adalimumab 20 mg/0.2 mL injection, 2 x 0.2 mL syringes

14275H *Yuflyma, EW* – **ADALIMUMAB**, adalimumab 20 mg/0.2 mL injection, 2 x 0.2 mL syringes

14976F *Yuflyma, EW* – **ADALIMUMAB**, adalimumab 20 mg/0.2 mL injection, 2 x 0.2 mL syringes

14995F *Yuflyma, EW* – **ADALIMUMAB**, adalimumab 20 mg/0.2 mL injection, 2 x 0.2 mL syringes

14996G *Yuflyma, EW* – **ADALIMUMAB**, adalimumab 20 mg/0.2 mL injection, 2 x 0.2 mL syringes

14997H *Yuflyma, EW* – **ADALIMUMAB**, adalimumab 20 mg/0.2 mL injection, 2 x 0.2 mL syringes

15039M *Yuflyma, EW* – **ADALIMUMAB**, adalimumab 20 mg/0.2 mL injection, 2 x 0.2 mL syringes

15148G *Yuflyma, EW* – **ADALIMUMAB**, adalimumab 20 mg/0.2 mL injection, 2 x 0.2 mL syringes

15149H *Yuflyma, EW* – **ADALIMUMAB**, adalimumab 20 mg/0.2 mL injection, 2 x 0.2 mL syringes

15190L *Yuflyma, EW* – **ADALIMUMAB**, adalimumab 20 mg/0.2 mL injection, 2 x 0.2 mL syringes

5500L *Apixaban Dr.Reddy's, RI* – **APIXABAN**, apixaban 2.5 mg tablet, 20

5500L *MSN-APIXABAN, VM* – **APIXABAN**, apixaban 2.5 mg tablet, 20

5054B *Apixaban Dr.Reddy's, RI* – **APIXABAN**, apixaban 2.5 mg tablet, 30

5054B *MSN-APIXABAN, VM* – **APIXABAN**, apixaban 2.5 mg tablet, 30

2744K *Apixaban Dr.Reddy's, RI* – **APIXABAN**, apixaban 2.5 mg tablet, 60

5061J *Apixaban Dr.Reddy's, RI* – **APIXABAN**, apixaban 2.5 mg tablet, 60

13464P *Apixaban Dr.Reddy's, RI* – **APIXABAN**, apixaban 2.5 mg tablet, 60

2744K *Apixaban Viatris, AF* – **APIXABAN**, apixaban 2.5 mg tablet, 60

5061J *Apixaban Viatris, AF* – **APIXABAN**, apixaban 2.5 mg tablet, 60

13464P *Apixaban Viatris, AF* – **APIXABAN**, apixaban 2.5 mg tablet, 60

2744K *MSN-APIXABAN, VM* – **APIXABAN**, apixaban 2.5 mg tablet, 60

5061J *MSN-APIXABAN, VM* – **APIXABAN**, apixaban 2.5 mg tablet, 60

13464P *MSN-APIXABAN, VM* – **APIXABAN**, apixaban 2.5 mg tablet, 60

2735Y *Apixaban Dr.Reddy's, RI* – **APIXABAN**, apixaban 5 mg tablet, 60

13525W *Apixaban Dr.Reddy's, RI* – **APIXABAN**, apixaban 5 mg tablet, 60

2735Y *Apixaban Viatris, AF* – **APIXABAN**, apixaban 5 mg tablet, 60

13525W *Apixaban Viatris, AF* – **APIXABAN**, apixaban 5 mg tablet, 60

2735Y *MSN-APIXABAN, VM* – **APIXABAN**, apixaban 5 mg tablet, 60

13525W *MSN-APIXABAN, VM* – **APIXABAN**, apixaban 5 mg tablet, 60

5052X *ARX-Cefuroxime, XT* – **CEFUROXIME**, cefuroxime 250 mg tablet, 14

8292K *ARX-Cefuroxime, XT* – **CEFUROXIME**, cefuroxime 250 mg tablet, 14

11227X *ARX-Cefuroxime, XT* – **CEFUROXIME**, cefuroxime 250 mg tablet, 20

11228Y *ARX-Cefuroxime, XT* – **CEFUROXIME**, cefuroxime 250 mg tablet, 20

8389M *APX-GABAPENTIN, XT* – **GABAPENTIN**, gabapentin 800 mg tablet, 100

11452R *Guanfacine MHC, XT* – **GUANFACINE**, guanfacine 1 mg modified release tablet, 28

11451Q *Guanfacine MHC, XT* – **GUANFACINE**, guanfacine 2 mg modified release tablet, 28

11440D *Guanfacine MHC, XT* – **GUANFACINE**, guanfacine 3 mg modified release tablet, 28

11441E *Guanfacine MHC, XT* – **GUANFACINE**, guanfacine 4 mg modified release tablet, 28

1309X *Ceahani, NM* – **NILOTINIB**, nilotinib 150 mg capsule, 120

12868G *Ceahani, NM* – **NILOTINIB**, nilotinib 150 mg capsule, 120

1309X *MSN-NILOTINIB, HK* – **NILOTINIB**, nilotinib 150 mg capsule, 120

12868G *MSN-NILOTINIB, HK* – **NILOTINIB**, nilotinib 150 mg capsule, 120

1309X *NILOTAS, CR* – **NILOTINIB**, nilotinib 150 mg capsule, 120

12868G *NILOTAS, CR* – **NILOTINIB**, nilotinib 150 mg capsule, 120

9171Q *Ceahani, NM* – **NILOTINIB**, nilotinib 200 mg capsule, 120

12858R *Ceahani, NM* – **NILOTINIB**, nilotinib 200 mg capsule, 120

9171Q *MSN-NILOTINIB, HK* – **NILOTINIB**, nilotinib 200 mg capsule, 120

12858R *MSN-NILOTINIB, HK* – **NILOTINIB**, nilotinib 200 mg capsule, 120

9171Q *NILOTAS, CR* – **NILOTINIB**, nilotinib 200 mg capsule, 120

12858R *NILOTAS, CR* – **NILOTINIB**, nilotinib 200 mg capsule, 120

9391G *Risedronate Way, IX* – **RISEDRONATE**, risedronate sodium 150 mg tablet, 1

13488X *Risedronate Way, IX* – **RISEDRONATE**, risedronate sodium 150 mg tablet, 1

11565Q *Avtozma, EW* – **TOCILIZUMAB**, tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices

11567T *Avtozma, EW* – **TOCILIZUMAB**, tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices

11722Y *Avtozma, EW* – **TOCILIZUMAB**, tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices

11725D *Avtozma, EW* – **TOCILIZUMAB**, tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices

11734N *Avtozma, EW* – **TOCILIZUMAB**, tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices

11742B *Avtozma, EW* – **TOCILIZUMAB**, tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices

11744D *Avtozma, EW* – **TOCILIZUMAB**, tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices

11750K *Avtozma, EW* – **TOCILIZUMAB**, tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices

12083Y *Avtozma, EW* – **TOCILIZUMAB**, tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices

12084B *Avtozma, EW* – **TOCILIZUMAB**, tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices

12085C *Avtozma, EW* – **TOCILIZUMAB**, tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices

12090H *Avtozma, EW* – **TOCILIZUMAB**, tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices

12094M *Avtozma, EW* – **TOCILIZUMAB**, tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices

12761P *Avtozma, EW* – **TOCILIZUMAB**, tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices

12767Y *Avtozma, EW* – **TOCILIZUMAB**, tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices

12792G *Avtozma, EW* – **TOCILIZUMAB**, tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices

13306H *Avtozma, EW* – **TOCILIZUMAB**, tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices

13720D *Avtozma, EW* – **TOCILIZUMAB**, tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices

10951J *Avtozma, EW* – **TOCILIZUMAB**, tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes

10954M *Avtozma, EW* – **TOCILIZUMAB**, tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes

11720W *Avtozma, EW* – **TOCILIZUMAB**, tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes

11721X *Avtozma, EW* – **TOCILIZUMAB**, tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes

11730J *Avtozma, EW* – **TOCILIZUMAB**, tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes

11741Y *Avtozma, EW* – **TOCILIZUMAB**, tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes

11743C *Avtozma, EW* – **TOCILIZUMAB**, tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes

11748H *Avtozma, EW* – **TOCILIZUMAB**, tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes

12086D *Avtozma, EW* – **TOCILIZUMAB**, tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes

12095N *Avtozma, EW* – **TOCILIZUMAB**, tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes

12099T *Avtozma, EW* – **TOCILIZUMAB**, tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes

12102Y *Avtozma, EW* – **TOCILIZUMAB**, tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes

12105D *Avtozma, EW* – **TOCILIZUMAB**, tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes

12762Q *Avtozma, EW* – **TOCILIZUMAB**, tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes

12768B *Avtozma, EW* – **TOCILIZUMAB**, tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes

12806B *Avtozma, EW* – **TOCILIZUMAB**, tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes

13301C *Avtozma, EW* – **TOCILIZUMAB**, tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes

13685G *Avtozma, EW* – **TOCILIZUMAB**, tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes

9128K *VASSIX, NB* – **VARENICLINE**, varenicline 500 microgram tablet [11] (&) varenicline 1 mg tablet [42], 53

5469W *VASSIX, NB* – **VARENICLINE**, varenicline 1 mg tablet, 56

9129L *VASSIX, NB* – **VARENICLINE**, varenicline 1 mg tablet, 56

Addition – Equivalence Indicator

14772L *Amgevita, XT* – **ADALIMUMAB**, adalimumab 20 mg/0.4 mL injection, 0.4 mL syringe

5052X *Pharmacor Cefuroxime, CR* – **CEFUROXIME**, cefuroxime 250 mg tablet, 14

8292K *Pharmacor Cefuroxime, CR* – **CEFUROXIME**, cefuroxime 250 mg tablet, 14

1309X *Tasigna, NV* – **NILOTINIB**, nilotinib 150 mg capsule, 120

12868G *Tasigna, NV* – **NILOTINIB**, nilotinib 150 mg capsule, 120

9171Q *Tasigna, NV* – **NILOTINIB**, nilotinib 200 mg capsule, 120

12858R *Tasigna, NV* – **NILOTINIB**, nilotinib 200 mg capsule, 120

12311Y *OxyNorm, MF* – **OXYCODONE**, oxycodone hydrochloride 5 mg capsule, 10

12314D *OxyNorm, MF* – **OXYCODONE**, oxycodone hydrochloride 5 mg capsule, 10

11565Q *Actemra ACTPen, RO* – **TOCILIZUMAB**, tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices

11567T *Actemra ACTPen, RO* – **TOCILIZUMAB**, tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices

11722Y *Actemra ACTPen, RO* – **TOCILIZUMAB**, tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices

11725D *Actemra ACTPen, RO* – **TOCILIZUMAB**, tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices

11734N *Actemra ACTPen, RO* – **TOCILIZUMAB**, tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices

11742B *Actemra ACTPen, RO* – **TOCILIZUMAB**, tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices

11744D *Actemra ACTPen, RO* – **TOCILIZUMAB**, tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices

11750K *Actemra ACTPen, RO* – **TOCILIZUMAB**, tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices

12083Y *Actemra ACTPen, RO* – **TOCILIZUMAB**, tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices

12084B *Actemra ACTPen, RO* – **TOCILIZUMAB**, tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices

12085C *Actemra ACTPen, RO* – **TOCILIZUMAB**, tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices

12090H *Actemra ACTPen, RO* – **TOCILIZUMAB**, tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices

12094M *Actemra ACTPen, RO* – **TOCILIZUMAB**, tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices

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

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

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

13306H *Actemra ACTPen, RO* – **TOCILIZUMAB**, tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices

13720D *Actemra ACTPen, RO* – **TOCILIZUMAB**, tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices

10951J *Actemra Subcutaneous Injection, RO* – **TOCILIZUMAB**, tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes

10954M *Actemra Subcutaneous Injection, RO* – **TOCILIZUMAB**, tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes

11720W *Actemra Subcutaneous Injection, RO* – **TOCILIZUMAB**, tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes

11721X *Actemra Subcutaneous Injection, RO* – **TOCILIZUMAB**, tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes

11730J *Actemra Subcutaneous Injection, RO* – **TOCILIZUMAB**, tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes

11741Y *Actemra Subcutaneous Injection, RO* – **TOCILIZUMAB**, tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes

11743C *Actemra Subcutaneous Injection, RO* – **TOCILIZUMAB**, tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes

11748H *Actemra Subcutaneous Injection, RO* – **TOCILIZUMAB**, tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes

12086D *Actemra Subcutaneous Injection, RO* – **TOCILIZUMAB**, tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes

12095N *Actemra Subcutaneous Injection, RO* – **TOCILIZUMAB**, tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes

12099T *Actemra Subcutaneous Injection, RO* – **TOCILIZUMAB**, tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes

12102Y *Actemra Subcutaneous Injection, RO* – **TOCILIZUMAB**, tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes

12105D *Actemra Subcutaneous Injection, RO* – **TOCILIZUMAB**, tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes

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

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

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

13301C *Actemra Subcutaneous Injection, RO* – **TOCILIZUMAB**, tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes

13685G *Actemra Subcutaneous Injection, RO* – **TOCILIZUMAB**, tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes

Addition – Note

14772L **ADALIMUMAB**, adalimumab 20 mg/0.4 mL injection, 0.4 mL syringe *(Amgevita)*

11743C **TOCILIZUMAB**, tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes *(Actemra Subcutaneous Injection, Avtozma)*

11744D **TOCILIZUMAB**, tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices *(Actemra ACTPen, Avtozma)*

12083Y **TOCILIZUMAB**, tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices *(Actemra ACTPen, Avtozma)*

12085C **TOCILIZUMAB**, tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices *(Actemra ACTPen, Avtozma)*

12095N **TOCILIZUMAB**, tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes *(Actemra Subcutaneous Injection, Avtozma)*

12105D **TOCILIZUMAB**, tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes *(Actemra Subcutaneous Injection, Avtozma)*

9378N **TRIPTORELIN**, triptorelin 3.75 mg injection [1 vial] (&) inert substance diluent [2 mL ampoule], 1 pack *(Diphereline)*

Deletions

Deletion – Item

13643C **CEFUROXIME**, cefuroxime 125 mg/5 mL powder for oral liquid, 70 mL *(Zinnat (UK))*

13653N **CEFUROXIME**, cefuroxime 125 mg/5 mL powder for oral liquid, 70 mL *(Zinnat (UK))*

Deletion – Brand

2604C *NOUMED ALLOPURINOL, VO* – **ALLOPURINOL**, allopurinol 300 mg tablet, 60

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

1963H *Nepexto, GQ* – **ETANERCEPT**, etanercept 50 mg/mL injection, 4 x 1 mL syringes

3446J *Nepexto, GQ* – **ETANERCEPT**, etanercept 50 mg/mL injection, 4 x 1 mL syringes

3449M *Nepexto, GQ* – **ETANERCEPT**, etanercept 50 mg/mL injection, 4 x 1 mL syringes

9085E *Nepexto, GQ* – **ETANERCEPT**, etanercept 50 mg/mL injection, 4 x 1 mL syringes

9086F *Nepexto, GQ* – **ETANERCEPT**, etanercept 50 mg/mL injection, 4 x 1 mL syringes

9087G *Nepexto, GQ* – **ETANERCEPT**, etanercept 50 mg/mL injection, 4 x 1 mL syringes

9088H *Nepexto, GQ* – **ETANERCEPT**, etanercept 50 mg/mL injection, 4 x 1 mL syringes

9089J *Nepexto, GQ* – **ETANERCEPT**, etanercept 50 mg/mL injection, 4 x 1 mL syringes

9090K *Nepexto, GQ* – **ETANERCEPT**, etanercept 50 mg/mL injection, 4 x 1 mL syringes

9091L *Nepexto, GQ* – **ETANERCEPT**, etanercept 50 mg/mL injection, 4 x 1 mL syringes

9431J *Nepexto, GQ* – **ETANERCEPT**, etanercept 50 mg/mL injection, 4 x 1 mL syringes

11211C *Nepexto, GQ* – **ETANERCEPT**, etanercept 50 mg/mL injection, 4 x 1 mL syringes

11216H *Nepexto, GQ* – **ETANERCEPT**, etanercept 50 mg/mL injection, 4 x 1 mL syringes

11217J *Nepexto, GQ* – **ETANERCEPT**, etanercept 50 mg/mL injection, 4 x 1 mL syringes

11225T *Nepexto, GQ* – **ETANERCEPT**, etanercept 50 mg/mL injection, 4 x 1 mL syringes

13698Y *Nepexto, GQ* – **ETANERCEPT**, etanercept 50 mg/mL injection, 4 x 1 mL syringes

13707K *Nepexto, GQ* – **ETANERCEPT**, etanercept 50 mg/mL injection, 4 x 1 mL syringes

13733T *Nepexto, GQ* – **ETANERCEPT**, etanercept 50 mg/mL injection, 4 x 1 mL syringes

13751R *Nepexto, GQ* – **ETANERCEPT**, etanercept 50 mg/mL injection, 4 x 1 mL syringes

15050D *Nepexto, GQ* – **ETANERCEPT**, etanercept 50 mg/mL injection, 4 x 1 mL syringes

8389M *Gabapentin APOTEX, TY* – **GABAPENTIN**, gabapentin 800 mg tablet, 100

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

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

2147B *APX-Olmesartan, TY* – **OLMESARTAN**, olmesartan medoxomil 20 mg tablet, 30

13505T *APX-Olmesartan, TY* – **OLMESARTAN**, olmesartan medoxomil 20 mg tablet, 30

2148C *APX-Olmesartan, TY* – **OLMESARTAN**, olmesartan medoxomil 40 mg tablet, 30

13533G *APX-Olmesartan, TY* – **OLMESARTAN**, olmesartan medoxomil 40 mg tablet, 30

2161R *APX-Olmesartan/HCTZ, TY* – **OLMESARTAN + HYDROCHLOROTHIAZIDE**, olmesartan medoxomil 20 mg + hydrochlorothiazide 12.5 mg tablet, 30

13447R *APX-Olmesartan/HCTZ, TY* – **OLMESARTAN + HYDROCHLOROTHIAZIDE**, olmesartan medoxomil 20 mg + hydrochlorothiazide 12.5 mg tablet, 30

2166B *APX-Olmesartan/HCTZ, TY* – **OLMESARTAN + HYDROCHLOROTHIAZIDE**, olmesartan medoxomil 40 mg + hydrochlorothiazide 12.5 mg tablet, 30

13601W *APX-Olmesartan/HCTZ, TY* – **OLMESARTAN + HYDROCHLOROTHIAZIDE**, olmesartan medoxomil 40 mg + hydrochlorothiazide 12.5 mg tablet, 30

2170F *APX-Olmesartan/HCTZ, TY* – **OLMESARTAN + HYDROCHLOROTHIAZIDE**, olmesartan medoxomil 40 mg + hydrochlorothiazide 25 mg tablet, 30

13602X *APX-Olmesartan/HCTZ, TY* – **OLMESARTAN + HYDROCHLOROTHIAZIDE**, olmesartan medoxomil 40 mg + hydrochlorothiazide 25 mg tablet, 30

Deletion – Equivalence Indicator

11130T *Ventolin Nebules, GK* – **SALBUTAMOL**, salbutamol 2.5 mg/2.5 mL inhalation solution, 20 x 2.5 mL ampoules

Deletion – Note

15060P **LUMASIRAN**, Lumasiran 94.5 mg/0.5 mL injection, 0.5 mL vial *(Oxlumo)*

11130T **SALBUTAMOL**, salbutamol 2.5 mg/2.5 mL inhalation solution, 20 x 2.5 mL ampoules *(Ventolin Nebules)*

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

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

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

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

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

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

Deletion – Restriction

15060P **LUMASIRAN**, Lumasiran 94.5 mg/0.5 mL injection, 0.5 mL vial *(Oxlumo)*

9378N **TRIPTORELIN**, triptorelin 3.75 mg injection [1 vial] (&) inert substance diluent [2 mL ampoule], 1 pack *(Diphereline)*

Alterations

Alteration – Note

13248G **ASCIMINIB**, asciminib 20 mg tablet, 60 *(Scemblix)*

13268H **ASCIMINIB**, asciminib 20 mg tablet, 60 *(Scemblix)*

13259W **ASCIMINIB**, asciminib 40 mg tablet, 60 *(Scemblix)*

13260X **ASCIMINIB**, asciminib 40 mg tablet, 60 *(Scemblix)*

13264D **ASCIMINIB**, asciminib 40 mg tablet, 60 *(Scemblix)*

1354G **DASATINIB**, dasatinib 20 mg tablet, 60 *(Dasatinib ARX, Dasatinib Dr.Reddy's, Dasatinib Sandoz, Dasatinib SUN, DASATINIB-TEVA, Dasatinib Viatris, Sprycel)*

12869H **DASATINIB**, dasatinib 20 mg tablet, 60 *(Dasatinib ARX, Dasatinib Dr.Reddy's, Dasatinib Sandoz, Dasatinib SUN, DASATINIB-TEVA, Dasatinib Viatris, Sprycel)*

1381Q **DASATINIB**, dasatinib 50 mg tablet, 60 *(Dasatinib ARX, Dasatinib Dr.Reddy's, Dasatinib Sandoz, Dasatinib SUN, DASATINIB-TEVA, Dasatinib Viatris, Sprycel)*

12843Y **DASATINIB**, dasatinib 50 mg tablet, 60 *(Dasatinib ARX, Dasatinib Dr.Reddy's, Dasatinib Sandoz, Dasatinib SUN, DASATINIB-TEVA, Dasatinib Viatris, Sprycel)*

1415L **DASATINIB**, dasatinib 70 mg tablet, 60 *(Dasatinib ARX, Dasatinib Dr.Reddy's, Dasatinib Sandoz, Dasatinib SUN, DASATINIB-TEVA, Dasatinib Viatris, Sprycel)*

12890K **DASATINIB**, dasatinib 70 mg tablet, 60 *(Dasatinib ARX, Dasatinib Dr.Reddy's, Dasatinib Sandoz, Dasatinib SUN, DASATINIB-TEVA, Dasatinib Viatris, Sprycel)*

1416M **DASATINIB**, dasatinib 100 mg tablet, 30 *(Dasatinib ARX, Dasatinib Dr.Reddy's, Dasatinib Sandoz, Dasatinib SUN, DASATINIB-TEVA, Dasatinib Viatris, Sprycel)*

12889J **DASATINIB**, dasatinib 100 mg tablet, 30 *(Dasatinib ARX, Dasatinib Dr.Reddy's, Dasatinib Sandoz, Dasatinib SUN, DASATINIB-TEVA, Dasatinib Viatris, Sprycel)*

9113P **IMATINIB**, imatinib 100 mg tablet, 60 *(Gilmat, Glivec, Imanib, IMATINIB RBX, Imatinib Sandoz, Imatinib-Teva)*

10915L **IMATINIB**, imatinib 100 mg capsule, 60 *(ARX-IMATINIB, IMATINIB-DRLA)*

11775R **IMATINIB**, imatinib 100 mg tablet, 60 *(Gilmat, Glivec, Imanib, IMATINIB RBX, Imatinib Sandoz, Imatinib-Teva)*

11782D **IMATINIB**, imatinib 100 mg capsule, 60 *(ARX-IMATINIB, IMATINIB-DRLA)*

9114Q **IMATINIB**, imatinib 400 mg tablet, 30 *(Gilmat, Glivec, Imanib, IMATINIB RBX, Imatinib Sandoz, Imatinib-Teva)*

10916M **IMATINIB**, imatinib 400 mg capsule, 30 *(ARX-IMATINIB, IMATINIB-DRLA, Imatinib GH)*

11752M **IMATINIB**, imatinib 400 mg tablet, 30 *(Gilmat, Glivec, Imanib, IMATINIB RBX, Imatinib Sandoz, Imatinib-Teva)*

11772N **IMATINIB**, imatinib 400 mg capsule, 30 *(ARX-IMATINIB, IMATINIB-DRLA, Imatinib GH)*

12912N **IMATINIB**, imatinib 600 mg tablet, 30 *(Imatab)*

12935T **IMATINIB**, imatinib 600 mg tablet, 30 *(Imatab)*

8816B **MODAFINIL**, modafinil 100 mg tablet, 60 *(APO-Modafinil, Modafin, Modafinil GH, Modafinil Sandoz, Modafinil Viatris, MODAFINIL-WGR, Modavigil)*

1309X **NILOTINIB**, nilotinib 150 mg capsule, 120 *(Ceahani, MSN-NILOTINIB, NILOTAS, Tasigna)*

12868G **NILOTINIB**, nilotinib 150 mg capsule, 120 *(Ceahani, MSN-NILOTINIB, NILOTAS, Tasigna)*

9171Q **NILOTINIB**, nilotinib 200 mg capsule, 120 *(Ceahani, MSN-NILOTINIB, NILOTAS, Tasigna)*

12858R **NILOTINIB**, nilotinib 200 mg capsule, 120 *(Ceahani, MSN-NILOTINIB, NILOTAS, Tasigna)*

10520Q **PONATINIB**, ponatinib 15 mg tablet, 60 *(Iclusig)*

10530F **PONATINIB**, ponatinib 45 mg tablet, 30 *(Iclusig)*

10951J **TOCILIZUMAB**, tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes *(Actemra Subcutaneous Injection, Avtozma)*

11565Q **TOCILIZUMAB**, tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices *(Actemra ACTPen, Avtozma)*

11725D **TOCILIZUMAB**, tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices *(Actemra ACTPen, Avtozma)*

11730J **TOCILIZUMAB**, tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes *(Actemra Subcutaneous Injection, Avtozma)*

11734N **TOCILIZUMAB**, tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices *(Actemra ACTPen, Avtozma)*

11741Y **TOCILIZUMAB**, tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes *(Actemra Subcutaneous Injection, Avtozma)*

11748H **TOCILIZUMAB**, tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes *(Actemra Subcutaneous Injection, Avtozma)*

11750K **TOCILIZUMAB**, tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices *(Actemra ACTPen, Avtozma)*

Alteration – Restriction

14116Y **ABEMACICLIB**, abemaciclib 50 mg tablet, 56 *(Verzenio)*

14105J **ABEMACICLIB**, abemaciclib 100 mg tablet, 56 *(Verzenio)*

14134X **ABEMACICLIB**, abemaciclib 150 mg tablet, 56 *(Verzenio)*

13248G **ASCIMINIB**, asciminib 20 mg tablet, 60 *(Scemblix)*

13268H **ASCIMINIB**, asciminib 20 mg tablet, 60 *(Scemblix)*

13259W **ASCIMINIB**, asciminib 40 mg tablet, 60 *(Scemblix)*

13260X **ASCIMINIB**, asciminib 40 mg tablet, 60 *(Scemblix)*

13264D **ASCIMINIB**, asciminib 40 mg tablet, 60 *(Scemblix)*

1354G **DASATINIB**, dasatinib 20 mg tablet, 60 *(Dasatinib ARX, Dasatinib Dr.Reddy's, Dasatinib Sandoz, Dasatinib SUN, DASATINIB-TEVA, Dasatinib Viatris, Sprycel)*

12869H **DASATINIB**, dasatinib 20 mg tablet, 60 *(Dasatinib ARX, Dasatinib Dr.Reddy's, Dasatinib Sandoz, Dasatinib SUN, DASATINIB-TEVA, Dasatinib Viatris, Sprycel)*

1381Q **DASATINIB**, dasatinib 50 mg tablet, 60 *(Dasatinib ARX, Dasatinib Dr.Reddy's, Dasatinib Sandoz, Dasatinib SUN, DASATINIB-TEVA, Dasatinib Viatris, Sprycel)*

12843Y **DASATINIB**, dasatinib 50 mg tablet, 60 *(Dasatinib ARX, Dasatinib Dr.Reddy's, Dasatinib Sandoz, Dasatinib SUN, DASATINIB-TEVA, Dasatinib Viatris, Sprycel)*

1415L **DASATINIB**, dasatinib 70 mg tablet, 60 *(Dasatinib ARX, Dasatinib Dr.Reddy's, Dasatinib Sandoz, Dasatinib SUN, DASATINIB-TEVA, Dasatinib Viatris, Sprycel)*

12890K **DASATINIB**, dasatinib 70 mg tablet, 60 *(Dasatinib ARX, Dasatinib Dr.Reddy's, Dasatinib Sandoz, Dasatinib SUN, DASATINIB-TEVA, Dasatinib Viatris, Sprycel)*

1416M **DASATINIB**, dasatinib 100 mg tablet, 30 *(Dasatinib ARX, Dasatinib Dr.Reddy's, Dasatinib Sandoz, Dasatinib SUN, DASATINIB-TEVA, Dasatinib Viatris, Sprycel)*

12889J **DASATINIB**, dasatinib 100 mg tablet, 30 *(Dasatinib ARX, Dasatinib Dr.Reddy's, Dasatinib Sandoz, Dasatinib SUN, DASATINIB-TEVA, Dasatinib Viatris, Sprycel)*

9113P **IMATINIB**, imatinib 100 mg tablet, 60 *(Gilmat, Glivec, Imanib, IMATINIB RBX, Imatinib Sandoz, Imatinib-Teva)*

10915L **IMATINIB**, imatinib 100 mg capsule, 60 *(ARX-IMATINIB, IMATINIB-DRLA)*

11775R **IMATINIB**, imatinib 100 mg tablet, 60 *(Gilmat, Glivec, Imanib, IMATINIB RBX, Imatinib Sandoz, Imatinib-Teva)*

11782D **IMATINIB**, imatinib 100 mg capsule, 60 *(ARX-IMATINIB, IMATINIB-DRLA)*

9114Q **IMATINIB**, imatinib 400 mg tablet, 30 *(Gilmat, Glivec, Imanib, IMATINIB RBX, Imatinib Sandoz, Imatinib-Teva)*

10916M **IMATINIB**, imatinib 400 mg capsule, 30 *(ARX-IMATINIB, IMATINIB-DRLA, Imatinib GH)*

11752M **IMATINIB**, imatinib 400 mg tablet, 30 *(Gilmat, Glivec, Imanib, IMATINIB RBX, Imatinib Sandoz, Imatinib-Teva)*

11772N **IMATINIB**, imatinib 400 mg capsule, 30 *(ARX-IMATINIB, IMATINIB-DRLA, Imatinib GH)*

12912N **IMATINIB**, imatinib 600 mg tablet, 30 *(Imatab)*

12935T **IMATINIB**, imatinib 600 mg tablet, 30 *(Imatab)*

8816B **MODAFINIL**, modafinil 100 mg tablet, 60 *(APO-Modafinil, Modafin, Modafinil GH, Modafinil Sandoz, Modafinil Viatris, MODAFINIL-WGR, Modavigil)*

1309X **NILOTINIB**, nilotinib 150 mg capsule, 120 *(Ceahani, MSN-NILOTINIB, NILOTAS, Tasigna)*

12868G **NILOTINIB**, nilotinib 150 mg capsule, 120 *(Ceahani, MSN-NILOTINIB, NILOTAS, Tasigna)*

9171Q **NILOTINIB**, nilotinib 200 mg capsule, 120 *(Ceahani, MSN-NILOTINIB, NILOTAS, Tasigna)*

12858R **NILOTINIB**, nilotinib 200 mg capsule, 120 *(Ceahani, MSN-NILOTINIB, NILOTAS, Tasigna)*

10520Q **PONATINIB**, ponatinib 15 mg tablet, 60 *(Iclusig)*

10530F **PONATINIB**, ponatinib 45 mg tablet, 30 *(Iclusig)*

14851P **RIBOCICLIB**, ribociclib 200 mg tablet, 21 *(Kisqali)*

14863G **RIBOCICLIB**, ribociclib 200 mg tablet, 42 *(Kisqali)*

9488J **SUNITINIB**, sunitinib 12.5 mg capsule, 28 *(Sunitinib Sandoz, Sutent)*

9489K **SUNITINIB**, sunitinib 25 mg capsule, 28 *(ARX-Sunitinib, Sunitinib Sandoz, Sutent)*

10503T **SUNITINIB**, sunitinib 37.5 mg capsule, 28 *(ARX-Sunitinib, Sunitinib Sandoz, Sutent)*

9490L **SUNITINIB**, sunitinib 50 mg capsule, 28 *(ARX-Sunitinib, Sunitinib Sandoz, Sutent)*

11730J **TOCILIZUMAB**, tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes *(Actemra Subcutaneous Injection, Avtozma)*

11743C **TOCILIZUMAB**, tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes *(Actemra Subcutaneous Injection, Avtozma)*

11744D **TOCILIZUMAB**, tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices *(Actemra ACTPen, Avtozma)*

11750K **TOCILIZUMAB**, tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices *(Actemra ACTPen, Avtozma)*

Alteration – Restriction Level

		From	*To*
9378N	**TRIPTORELIN** triptorelin 3.75 mg injection [1 vial] (&) inert substance diluent [2 mL ampoule], 1 pack *(Diphereline)*	restricted	unrestricted

Alteration – Manufacturer Code

		From	*To*
8565T	*Puregon 300 IU/0.36 mL* – **FOLLITROPIN BETA**, follitropin beta 300 units/0.36 mL injection, 0.36 mL cartridge	OQ	AF
8566W	*Puregon 600 IU/0.72 mL* – **FOLLITROPIN BETA**, follitropin beta 600 units/0.72 mL injection, 0.72 mL cartridge	OQ	AF
8871X	*Puregon 900 IU/1.08 mL* – **FOLLITROPIN BETA**, follitropin beta 900 units/1.08 mL injection, 1.08 mL cartridge	OQ	AF

Supply Only

Supply Only – Period Commencing

2478K **DASATINIB**, dasatinib 20 mg tablet, 60 *(Dasatinib ARX, Dasatinib Dr.Reddy's, Dasatinib Sandoz, Dasatinib SUN, DASATINIB-TEVA, Dasatinib Viatris, Sprycel)*

12849G **DASATINIB**, dasatinib 20 mg tablet, 60 *(Dasatinib ARX, Dasatinib Dr.Reddy's, Dasatinib Sandoz, Dasatinib SUN, DASATINIB-TEVA, Dasatinib Viatris, Sprycel)*

12850H **DASATINIB**, dasatinib 20 mg tablet, 60 *(Dasatinib ARX, Dasatinib Dr.Reddy's, Dasatinib Sandoz, Dasatinib SUN, DASATINIB-TEVA, Dasatinib Viatris, Sprycel)*

12888H **DASATINIB**, dasatinib 20 mg tablet, 60 *(Dasatinib ARX, Dasatinib Dr.Reddy's, Dasatinib Sandoz, Dasatinib SUN, DASATINIB-TEVA, Dasatinib Viatris, Sprycel)*

2482P **DASATINIB**, dasatinib 50 mg tablet, 60 *(Dasatinib ARX, Dasatinib Dr.Reddy's, Dasatinib Sandoz, Dasatinib SUN, DASATINIB-TEVA, Dasatinib Viatris, Sprycel)*

12857Q **DASATINIB**, dasatinib 50 mg tablet, 60 *(Dasatinib ARX, Dasatinib Dr.Reddy's, Dasatinib Sandoz, Dasatinib SUN, DASATINIB-TEVA, Dasatinib Viatris, Sprycel)*

12860W **DASATINIB**, dasatinib 50 mg tablet, 60 *(Dasatinib ARX, Dasatinib Dr.Reddy's, Dasatinib Sandoz, Dasatinib SUN, DASATINIB-TEVA, Dasatinib Viatris, Sprycel)*

12865D **DASATINIB**, dasatinib 50 mg tablet, 60 *(Dasatinib ARX, Dasatinib Dr.Reddy's, Dasatinib Sandoz, Dasatinib SUN, DASATINIB-TEVA, Dasatinib Viatris, Sprycel)*

2485T **DASATINIB**, dasatinib 70 mg tablet, 60 *(Dasatinib ARX, Dasatinib Dr.Reddy's, Dasatinib Sandoz, Dasatinib SUN, DASATINIB-TEVA, Dasatinib Viatris, Sprycel)*

12866E **DASATINIB**, dasatinib 70 mg tablet, 60 *(Dasatinib ARX, Dasatinib Dr.Reddy's, Dasatinib Sandoz, Dasatinib SUN, DASATINIB-TEVA, Dasatinib Viatris, Sprycel)*

12886F **DASATINIB**, dasatinib 70 mg tablet, 60 *(Dasatinib ARX, Dasatinib Dr.Reddy's, Dasatinib Sandoz, Dasatinib SUN, DASATINIB-TEVA, Dasatinib Viatris, Sprycel)*

12903D **DASATINIB**, dasatinib 70 mg tablet, 60 *(Dasatinib ARX, Dasatinib Dr.Reddy's, Dasatinib Sandoz, Dasatinib SUN, DASATINIB-TEVA, Dasatinib Viatris, Sprycel)*

9342Q **DASATINIB**, dasatinib 100 mg tablet, 30 *(Dasatinib ARX, Dasatinib Dr.Reddy's, Dasatinib Sandoz, Dasatinib SUN, DASATINIB-TEVA, Dasatinib Viatris, Sprycel)*

12842X **DASATINIB**, dasatinib 100 mg tablet, 30 *(Dasatinib ARX, Dasatinib Dr.Reddy's, Dasatinib Sandoz, Dasatinib SUN, DASATINIB-TEVA, Dasatinib Viatris, Sprycel)*

12859T **DASATINIB**, dasatinib 100 mg tablet, 30 *(Dasatinib ARX, Dasatinib Dr.Reddy's, Dasatinib Sandoz, Dasatinib SUN, DASATINIB-TEVA, Dasatinib Viatris, Sprycel)*

12902C **DASATINIB**, dasatinib 100 mg tablet, 30 *(Dasatinib ARX, Dasatinib Dr.Reddy's, Dasatinib Sandoz, Dasatinib SUN, DASATINIB-TEVA, Dasatinib Viatris, Sprycel)*

9115R **IMATINIB**, imatinib 100 mg tablet, 60 *(Gilmat, Glivec, Imanib, IMATINIB RBX, Imatinib Sandoz, Imatinib-Teva)*

10920R **IMATINIB**, imatinib 100 mg capsule, 60 *(ARX-IMATINIB, IMATINIB-DRLA)*

11875B **IMATINIB**, imatinib 100 mg capsule, 60 *(ARX-IMATINIB, IMATINIB-DRLA)*

11880G **IMATINIB**, imatinib 100 mg tablet, 60 *(Gilmat, Glivec, Imanib, IMATINIB RBX, Imatinib Sandoz, Imatinib-Teva)*

9116T **IMATINIB**, imatinib 400 mg tablet, 30 *(Gilmat, Glivec, Imanib, IMATINIB RBX, Imatinib Sandoz, Imatinib-Teva)*

10935M **IMATINIB**, imatinib 400 mg capsule, 30 *(ARX-IMATINIB, IMATINIB-DRLA, Imatinib GH)*

11870R **IMATINIB**, imatinib 400 mg capsule, 30 *(ARX-IMATINIB, IMATINIB-DRLA, Imatinib GH)*

11878E **IMATINIB**, imatinib 400 mg tablet, 30 *(Gilmat, Glivec, Imanib, IMATINIB RBX, Imatinib Sandoz, Imatinib-Teva)*

12924F **IMATINIB**, imatinib 600 mg tablet, 30 *(Imatab)*

12928K **IMATINIB**, imatinib 600 mg tablet, 30 *(Imatab)*

12867F **NILOTINIB**, nilotinib 200 mg capsule, 120 *(Tasigna)*

12885E **NILOTINIB**, nilotinib 200 mg capsule, 120 *(Tasigna)*

12887G **NILOTINIB**, nilotinib 200 mg capsule, 120 *(Tasigna)*

Supply Only – Period Ending

8408M **BECLOMETASONE**, beclometasone dipropionate 50 microgram/actuation breath activated inhalation, 200 actuations *(Qvar 50 Autohaler)*

14378R **BECLOMETASONE**, beclometasone dipropionate 50 microgram/actuation breath activated inhalation, 200 actuations *(Qvar 50 Autohaler)*

9224L **INSULIN GLULISINE**, insulin glulisine 100 units/mL injection, 1 x 10 mL vial *(Apidra)*

2000G **SALBUTAMOL**, salbutamol 2.5 mg/2.5 mL inhalation solution, 30 x 2.5 mL ampoules *(Salbutamol Cipla)*

Advance Notices

1 November 2026

Deletion – Item

13110B *Copaxone, TB* – **GLATIRAMER ACETATE**, glatiramer acetate 40 mg/mL injection, 12 x 1 mL pen devices

14793N *Prazosin Hydrochloride Capsules, USP 1 mg (Novitium Pharma, USA), DZ* – **PRAZOSIN**, prazosin 1 mg capsule, 100

14834R *Prazosin Hydrochloride Capsules, USP 1 mg (Novitium Pharma, USA), DZ* – **PRAZOSIN**, prazosin 1 mg capsule, 100

Deletion – Brand

8720Y *ARIPIPRAZOLE-WGR, WG* – **ARIPIPRAZOLE**, aripiprazole 30 mg tablet, 30

9344T *Lecteva, TB* – **LEVODOPA + CARBIDOPA + ENTACAPONE**, levodopa 75 mg + carbidopa 18.75 mg + entacapone 200 mg tablet, 100

14498C *Lecteva, TB* – **LEVODOPA + CARBIDOPA + ENTACAPONE**, levodopa 75 mg + carbidopa 18.75 mg + entacapone 200 mg tablet, 100

8888T *Mobic, BY* – **MELOXICAM**, meloxicam 15 mg capsule, 30

3381Y *OLANZAPINE ODT-WGR, WG* – **OLANZAPINE**, olanzapine 5 mg orally disintegrating tablet, 28

3384D *OLANZAPINE ODT-WGR, WG* – **OLANZAPINE**, olanzapine 15 mg orally disintegrating tablet, 28

12192Q *Rivaroxaban-Teva, TB* – **RIVAROXABAN**, rivaroxaban 2.5 mg tablet, 60

12197Y *Rivaroxaban-Teva, TB* – **RIVAROXABAN**, rivaroxaban 2.5 mg tablet, 60

13366L *Rivaroxaban-Teva, TB* – **RIVAROXABAN**, rivaroxaban 2.5 mg tablet, 60

1 December 2026

Deletion – Item

8678R *Phlexy-10, SB* – **AMINO ACID FORMULA WITHOUT PHENYLALANINE**, amino acid formula without phenylalanine 1 g tablet, 75

8746H *Easiphen, SB* – **AMINO ACID FORMULA WITH VITAMINS AND MINERALS WITHOUT PHENYLALANINE**, amino acid formula with vitamins and minerals without phenylalanine oral liquid, 18 x 250 mL

5491B *Teveten, GO* – **EPROSARTAN**, eprosartan 600 mg tablet, 28

8447N *Teveten, GO* – **EPROSARTAN**, eprosartan 600 mg tablet, 28

13861M *Teveten, GO* – **EPROSARTAN**, eprosartan 600 mg tablet, 28

13912F *Teveten, GO* – **EPROSARTAN**, eprosartan 600 mg tablet, 28

8624X *Teveten Plus 600/12.5, GO* – **EPROSARTAN + HYDROCHLOROTHIAZIDE**, eprosartan 600 mg + hydrochlorothiazide 12.5 mg tablet, 28

14337N *Teveten Plus 600/12.5, GO* – **EPROSARTAN + HYDROCHLOROTHIAZIDE**, eprosartan 600 mg + hydrochlorothiazide 12.5 mg tablet, 28

2939Q *Daonil, SW* – **GLIBENCLAMIDE**, glibenclamide 5 mg tablet, 100

13868X *Daonil, SW* – **GLIBENCLAMIDE**, glibenclamide 5 mg tablet, 100

11844J *PKU GMPro LQ, SB* – **GLYCOMACROPEPTIDE FORMULA WITH DOCOSAHEXAENOIC ACID AND LOW PHENYLALANINE**, glycomacropeptide formula with docosahexaenoic acid and low phenylalanine oral liquid, 18 x 250 mL cartons

12911M *Imatab, JU* – **IMATINIB**, imatinib 600 mg tablet, 30

12912N *Imatab, JU* – **IMATINIB**, imatinib 600 mg tablet, 30

12919Y *Imatab, JU* – **IMATINIB**, imatinib 600 mg tablet, 30

12920B *Imatab, JU* – **IMATINIB**, imatinib 600 mg tablet, 30

12923E *Imatab, JU* – **IMATINIB**, imatinib 600 mg tablet, 30

12926H *Imatab, JU* – **IMATINIB**, imatinib 600 mg tablet, 30

12927J *Imatab, JU* – **IMATINIB**, imatinib 600 mg tablet, 30

12935T *Imatab, JU* – **IMATINIB**, imatinib 600 mg tablet, 30

13100L *Systane, AQ* – **POLYETHYLENE GLYCOL-400 + PROPYLENE GLYCOL**, polyethylene glycol-400 0.4% + propylene glycol 0.3% eye drops, 30 x 0.8 mL unit doses

13113E *Systane, AQ* – **POLYETHYLENE GLYCOL-400 + PROPYLENE GLYCOL**, polyethylene glycol-400 0.4% + propylene glycol 0.3% eye drops, 30 x 0.8 mL unit doses

14520F *Systane, AQ* – **POLYETHYLENE GLYCOL-400 + PROPYLENE GLYCOL**, polyethylene glycol-400 0.4% + propylene glycol 0.3% eye drops, 30 x 0.8 mL unit doses

1034K *Bricanyl, AP* – **TERBUTALINE**, terbutaline sulfate 500 microgram/mL injection, 5 x 1 mL ampoules

Deletion – Brand

1886G *Amoxil, AS* – **AMOXICILLIN**, amoxicillin 125 mg/5 mL powder for oral liquid, 100 mL

3302T *Amoxil, AS* – **AMOXICILLIN**, amoxicillin 125 mg/5 mL powder for oral liquid, 100 mL

9467G *Rivaroxaban-Teva, TB* – **RIVAROXABAN**, rivaroxaban 10 mg tablet, 30

11633G *Rivaroxaban-Teva, TB* – **RIVAROXABAN**, rivaroxaban 10 mg tablet, 30

13521P *Rivaroxaban-Teva, TB* – **RIVAROXABAN**, rivaroxaban 10 mg tablet, 30

11856B *Sevelamer Lupin, GQ* – **SEVELAMER**, sevelamer carbonate 800 mg tablet, 180

14027G *Sevelamer Lupin, GQ* – **SEVELAMER**, sevelamer carbonate 800 mg tablet, 180

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Deletion – Item

11937G *Braftovi, FB* – **ENCORAFENIB**, encorafenib 50 mg capsule, 28

11954E *Braftovi, FB* – **ENCORAFENIB**, encorafenib 50 mg capsule, 28

9040T *Levemir Penfill, NO* – **INSULIN DETEMIR**, insulin detemir 100 units/mL injection, 5 x 3 mL cartridges

12236B *Levemir FlexPen, NF* – **INSULIN DETEMIR**, insulin detemir 100 units/mL injection, 5 x 3 mL pen devices

2294R *Epilim, SW* – **VALPROATE**, valproate sodium 100 mg tablet, 100

13840K *Epilim, SW* – **VALPROATE**, valproate sodium 100 mg tablet, 100

Deletion – Brand

1775K *BenPen, SZ* – **BENZYLPENICILLIN**, benzylpenicillin 600 mg injection, 1 vial

3398W *BenPen, SZ* – **BENZYLPENICILLIN**, benzylpenicillin 600 mg injection, 1 vial

8480H *Vasocardol CD, AV* – **DILTIAZEM**, diltiazem hydrochloride 360 mg modified release capsule, 30

14565N *Vasocardol CD, AV* – **DILTIAZEM**, diltiazem hydrochloride 360 mg modified release capsule, 30

1761Q *Protaphane Penfill 3 mL, NO* – **INSULIN ISOPHANE HUMAN**, insulin isophane human 100 units/mL injection, 5 x 3 mL cartridges

1762R *Actrapid Penfill 3 mL, NO* – **INSULIN NEUTRAL HUMAN**, insulin neutral human 100 units/mL injection, 5 x 3 mL cartridges

2237R *Sertraline generichealth, GQ* – **SERTRALINE**, sertraline 100 mg tablet, 30

8837D *Sertraline generichealth, GQ* – **SERTRALINE**, sertraline 100 mg tablet, 30

14404D *Sertraline generichealth, GQ* – **SERTRALINE**, sertraline 100 mg tablet, 30

14506L *Sertraline generichealth, GQ* – **SERTRALINE**, sertraline 100 mg tablet, 30

About the Schedule

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

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

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

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

Symbols and Abbreviations Used in the Schedule

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

Restricted Benefits

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

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

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

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

General Statements

General Statement for Drugs for the Treatment of Hepatitis C

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

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

Treatment criteria:

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

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

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

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

a) evidence of chronic hepatitis C infection:

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

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

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

HEPATITIS C - NON-CIRRHOTIC PATIENTS

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

HEPATITIS C – CIRRHOTIC PATIENTS

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

1. SOFOSBUVIR + VELPATASVIR + VOXILAPREVIR [12 weeks] only for patients who have failed an NS5A inhibitor.
2. GLECAPREVIR + PIBRENTASVIR [8 or 12 or 16 weeks] for non-cirrhotic patients:
   - treatment for 8 weeks for treatment-experienced patients with genotypes 1, 2, 4, 5 or 6 who have failed regimens containing peginterferon, ribavirin, and/or sofosbuvir but no prior treatment experience with an HCV NS3/4A PI or NS5A inhibitor;

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

[3.] SOFOSBUVIR + VELPATASVIR [12 weeks] for patients with decompensated cirrhosis. Use in combination with ribavirin.
[4.] SOFOSBUVIR + VELPATASVIR [12 weeks] for patients with genotype 3 infection with compensated cirrhosis. Consider addition of ribavirin.
[5.] GLECAPREVIR + PIBRENTASVIR – A treatment duration of 12 weeks may be considered for patients with compensated cirrhosis, at the discretion of the prescriber.
[6.] GLECAPREVIR + PIBRENTASVIR [12 or 16 weeks] for cirrhotic patients:

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

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ALIMENTARY TRACT AND METABOLISM

STOMATOLOGICAL PREPARATIONS

STOMATOLOGICAL PREPARATIONS

Antiinfectives and antiseptics for local oral treatment

AMPHOTERICIN B

amphotericin B 10 mg lozenge, 20

2931G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	1	0.00	18.56	20.10	Fungilin [AS]

amphotericin B 10 mg lozenge, 20

3306B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
DP	1	0	0.00	18.56	20.10	Fungilin [AS]

Other agents for local oral treatment

BENZYDAMINE

Restricted benefit

5672

Mucositis

Clinical criteria:

- The condition must be radiation induced.

benzydamine hydrochloride 0.15% mouthwash, 500 mL

1121B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	1	0.00	22.81	24.35	Difflam [IL]

BENZYDAMINE

Restricted benefit

5732

Mucositis

Clinical criteria:

- The condition must be radiation induced.

benzydamine hydrochloride 0.15% mouthwash, 500 mL

5032W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
DP	‡1	0	0.00	22.81	24.35	Difflam [IL]

DRUGS FOR ACID RELATED DISORDERS

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

H2-receptor antagonists

FAMOTIDINE

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

famotidine 20 mg tablet, 60

2487X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	18.18	19.72	Ausfam 20 [RW]

famotidine 40 mg tablet, 30

2488Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	18.18	19.72	Ausfam 40 [RW]

FAMOTIDINE

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

Restricted benefit

14238

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

famotidine 20 mg tablet, 60

15047Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*22.00	23.54	Ausfam 20 [RW]

famotidine 40 mg tablet, 30

15061Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*22.00	23.54	Ausfam 40 [RW]

NIZATIDINE

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

nizatidine 150 mg capsule, 60

1505F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	24.49	25.00	[a] Nizac [RF]	[a] Tacidine [AF]
			[B]7.36	31.85	25.00	[a] Tazac [RW]	

nizatidine 300 mg capsule, 30

1504E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	24.49	25.00	[a] Nizac [RF]	[a] Tacidine [AF]
			[B]7.36	31.85	25.00	[a] Tazac [RW]	

NIZATIDINE

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

Restricted benefit

14238

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

nizatidine 150 mg capsule, 60

14306Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*34.62	25.00	[a] Nizac [RF]	[a] Tacidine [AF]
			[B]14.72	*49.34	25.00	[a] Tazac [RW]	

nizatidine 300 mg capsule, 30

14372K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*34.62	25.00	[a] Nizac [RF]	[a] Tacidine [AF]
			[B]14.72	*49.34	25.00	[a] Tazac [RW]	

RANITIDINE

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

ranitidine 150 mg tablet, 60

1978D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP MW	1	5	0.00	18.10	19.64	[a] APO-Ranitidine [TX]	[a] Zantac 150 [AS]

ranitidine 300 mg tablet, 30

1977C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	18.10	19.64	[a] APO-Ranitidine [TX]	[a] Zantac 300 [AS]

Proton pump inhibitors

ESOMEPRAZOLE

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

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

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

Authority Required

16555

Pathological hypersecretory conditions including Zollinger-Ellison syndrome and idiopathic hypersecretion

Clinical criteria:

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

Treatment criteria:

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

Authority Required

16634

Scleroderma oesophagus

Clinical criteria:

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

Treatment criteria:

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

esomeprazole 40 mg enteric tablet, 30

3401B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	21.44	22.98	[a] APO-Esomeprazole [TY]	[a] Esomeprazole GH [GQ]
						[a] Esomeprazole GxP [AF]	[a] Esomeprazole RBX [RA]
						[a] Esomeprazole Viatris [MQ]	[a] ESOMEPRAZOLE-WGR [WG]
						[a] Esopreze [BG]	[a] Nexazole [RW]
						[a] Nexole [RF]	
			[B]6.79	28.23	22.98	[a] Nexium [AP]	

esomeprazole 40 mg enteric capsule, 30

10331R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	21.44	22.98	[a] Noxicid Caps [AL]

ESOMEPRAZOLE

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

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

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

Authority Required

16659

Pathological hypersecretory conditions including Zollinger-Ellison syndrome and idiopathic hypersecretion

Clinical criteria:

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

Treatment criteria:

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

Authority Required

16489

Scleroderma oesophagus

Clinical criteria:

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

Treatment criteria:

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

esomeprazole 40 mg enteric tablet, 30

14373L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*28.52	25.00	[a] APO-Esomeprazole [TY]	[a] Esomeprazole GH [GQ]
						[a] Esomeprazole GxP [AF]	[a] Esomeprazole RBX [RA]
						[a] Esomeprazole Viatris [MQ]	[a] ESOMEPRAZOLE-WGR [WG]
						[a] Esopreze [BG]	[a] Nexazole [RW]
						[a] Nexole [RF]	
			[B]13.58	42.10	25.00	[a] Nexium [AP]	

esomeprazole 40 mg enteric capsule, 30

14405E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*28.52	25.00	[a] Noxicid Caps [AL]

ESOMEPRAZOLE

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

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

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

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

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

Authority Required

8902

Gastro-oesophageal reflux disease

Clinical criteria:

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

esomeprazole 40 mg enteric tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8601Q NP	1	1	0.00	21.44	22.98	[a] APO-Esomeprazole [TY]	[a] Esomeprazole GH [GQ]
						[a] Esomeprazole GxP [AF]	[a] Esomeprazole RBX [RA]
						[a] Esomeprazole Viatris [MQ]	[a] ESOMEPRAZOLE-WGR [WG]
						[a] Esopreze [BG]	[a] Nexazole [RW]
						[a] Nexole [RF]	
			[B]6.79	28.23	22.98	[a] Nexium [AP]	

esomeprazole 40 mg enteric capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10330Q NP	1	1	0.00	21.44	22.98	[a] Noxicid Caps [AL]

ESOMEPRAZOLE

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

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

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

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

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

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

Authority Required (STREAMLINED)

8775

Peptic ulcer

Treatment Phase: Initial treatment

Clinical criteria:

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

esomeprazole 20 mg enteric tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8886Q NP	1	1	0.00	18.60	20.14	[a] APO-Esomeprazole [TY]	[a] Esomeprazole GH [GQ]
						[a] Esomeprazole GxP [AF]	[a] Esomeprazole RBX [RA]
						[a] Esomeprazole Viatris [MQ]	[a] ESOMEPRAZOLE-WGR [WG]
						[a] Esopreze [BG]	[a] Nexazole [RW]
						[a] Nexole [RF]	
			[B]6.72	25.32	20.14	[a] Nexium [AP]	

esomeprazole 20 mg enteric capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10295W NP	1	1	0.00	18.60	20.14	[a] Noxicid Caps [AL]

ESOMEPRAZOLE

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

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

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

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

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

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

Authority Required (STREAMLINED)

8776

Gastro-oesophageal reflux disease

Clinical criteria:

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

esomeprazole 20 mg enteric capsule, 30

11687D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	18.60	20.14	[a] Noxicid Caps [AL]

esomeprazole 20 mg enteric tablet, 30

11692J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	18.60	20.14	[a] APO-Esomeprazole [TY]	[a] Esomeprazole GH [GQ]
						[a] Esomeprazole GxP [AF]	[a] Esomeprazole RBX [RA]
						[a] Esomeprazole Viatris [MQ]	[a] ESOMEPRAZOLE-WGR [WG]
						[a] Esopreze [BG]	[a] Nexazole [RW]
						[a] Nexole [RF]	
			[B]6.72	25.32	20.14	[a] Nexium [AP]	

ESOMEPRAZOLE

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

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

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

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

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

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

Authority Required (STREAMLINED)

15530

Gastro-oesophageal reflux disease

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The treatment must be for long-term maintenance of gastro-oesophageal reflux disease in a patient with symptoms inadequately controlled using a low dose proton pump inhibitor.

esomeprazole 20 mg enteric capsule, 30

14303T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*22.84	24.38	[a] Noxicid Caps [AL]

esomeprazole 20 mg enteric tablet, 30

14444F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*22.84	24.38	[a] APO-Esomeprazole [TY]	[a] Esomeprazole GH [GQ]
						[a] Esomeprazole GxP [AF]	[a] Esomeprazole RBX [RA]
						[a] Esomeprazole Viatris [MQ]	[a] ESOMEPRAZOLE-WGR [WG]
						[a] Esopreze [BG]	[a] Nexazole [RW]
						[a] Nexole [RF]	
			[B]13.44	36.28	24.38	[a] Nexium [AP]	

ESOMEPRAZOLE

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

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

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

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

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

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

Authority Required (STREAMLINED)

8774

Gastro-oesophageal reflux disease

Clinical criteria:

- The treatment must be for initial treatment of symptomatic gastro-oesophageal reflux disease; **OR**
- The treatment must be for the short-term maintenance treatment of gastro-oesophageal reflux disease.

esomeprazole 20 mg enteric tablet, 30

14692G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP MW	1	1	0.00	18.60	20.14	[a] APO-Esomeprazole [TY]	[a] Esomeprazole GH [GQ]
						[a] Esomeprazole GxP [AF]	[a] Esomeprazole RBX [RA]
						[a] Esomeprazole Viatris [MQ]	[a] ESOMEPRAZOLE-WGR [WG]
						[a] Esopreze [BG]	[a] Nexazole [RW]
						[a] Nexole [RF]	
			[B]6.72	25.32	20.14	[a] Nexium [AP]	

esomeprazole 20 mg enteric capsule, 30

14701R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP MW	1	1	0.00	18.60	20.14	[a] Noxicid Caps [AL]

ESOMEPRAZOLE

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

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

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

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

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

Authority Required (STREAMLINED)

8780

Scleroderma oesophagus

Authority Required (STREAMLINED)

8827

Pathological hypersecretory conditions including Zollinger-Ellison syndrome and idiopathic hypersecretion

esomeprazole 20 mg enteric tablet, 30

8600P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	18.60	20.14	[a] APO-Esomeprazole [TY]	[a] Esomeprazole GH [GQ]
						[a] Esomeprazole GxP [AF]	[a] Esomeprazole RBX [RA]
						[a] Esomeprazole Viatris [MQ]	[a] ESOMEPRAZOLE-WGR [WG]
						[a] Esopreze [BG]	[a] Nexazole [RW]
						[a] Nexole [RF]	
			[B]6.72	25.32	20.14	[a] Nexium [AP]	

esomeprazole 20 mg enteric capsule, 30

10343J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	18.60	20.14	[a] Noxicid Caps [AL]

ESOMEPRAZOLE

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

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

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

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

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

Authority Required (STREAMLINED)

15658

Scleroderma oesophagus

Clinical criteria:

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

Authority Required (STREAMLINED)

15682

Pathological hypersecretory conditions including Zollinger-Ellison syndrome and idiopathic hypersecretion

Clinical criteria:

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

esomeprazole 20 mg enteric tablet, 30

14308C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*22.84	24.38	[a] APO-Esomeprazole [TY]	[a] Esomeprazole GH [GQ]
						[a] Esomeprazole GxP [AF]	[a] Esomeprazole RBX [RA]
						[a] Esomeprazole Viatris [MQ]	[a] ESOMEPRAZOLE-WGR [WG]
						[a] Esopreze [BG]	[a] Nexazole [RW]
						[a] Nexole [RF]	
			[B]13.44	36.28	24.38	[a] Nexium [AP]	

esomeprazole 20 mg enteric capsule, 30

14510Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*22.84	24.38	[a] Noxicid Caps [AL]

ESOMEPRAZOLE

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

Note The treatment must not be prescribed under this restriction for any of the following PBS-indications: (i) gastro-oesophageal reflux disease (where the word 'complex' is absent), (ii) scleroderma oesophagus, (iii) pathological hypersecretory conditions including Zollinger-Ellison syndrome and idiopathic hypersecretion, (iv) peptic ulcer, (v) eradication of *Helicobacter pylori.*

Note A standard dose proton pump inhibitor is one of: esomeprazole 20 mg, lansoprazole 30 mg, omeprazole 20 mg, pantoprazole 40 mg, rabeprazole 20 mg.

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

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

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

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

Authority Required

11310

Complex gastro-oesophageal reflux disease (GORD)

Treatment Phase: One of: (1) establishment of symptom control, (2) maintenance treatment, (3) re-establishment of symptom control

Treatment criteria:

- Must be treated by a gastroenterologist; **OR**
- Must be treated by a surgeon with expertise in the upper gastrointestinal tract; **OR**
- Must be treated by a medical practitioner who has consulted at least one of the above mentioned specialists in relation to this current PBS benefit being sought, with the specialist's name documented in the patient's medical records for auditing purposes; **OR**
- Must be treated by a medical practitioner who has not consulted a specialist, but only if treatment continues therapy initiated under this restriction with involvement by a specialist (i.e. continuing treatment initiated for non-complex GORD does not meet this criterion), with the specialist's name documented in the patient's medical records for auditing purposes.

Clinical criteria:

- The treatment must be: (i) the sole PBS-subsidised proton pump inhibitor (PPI) for this condition, (ii) the sole strength of this PPI, (iii) the sole form of PPI, **AND**
- Patient must must have symptoms inadequately controlled with each of: (i) a standard dose proton pump inhibitor (PPI) administered once daily, (ii) a low dose PPI administered twice daily; treatment is for: (1) establishment of symptom control; **OR**
- Patient must be assessed for the risks/benefits of a step-down in dosing from standard dose PPI administered twice daily, with the determination being that the risks outweigh the benefits; treatment is for: (2) maintenance treatment; **OR**
- Patient must have trialled a step-down in dosing, yet symptoms have re-emerged/worsened; treatment is for: (3) re-establishment of symptom control; **OR**
- Patient must have trialled a step-down in dosing, with symptoms adequately managed with once daily dosing; treatment is for: (2) maintenance treatment, but with the quantity sought in this authority application being up to 1 pack per dispensing.

Check patient adherence to any preceding PPI treatment regimen. Exclude non-adherence as a cause of inadequate control before accessing treatment under this restriction.

esomeprazole 20 mg enteric capsule, 30

12275C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	5	0.00	*22.84	24.38	[a] Noxicid Caps [AL]

esomeprazole 20 mg enteric tablet, 30

12287Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	2	5	0.00	*22.84	24.38	[a] APO-Esomeprazole [TY]	[a] Esomeprazole GH [GQ]

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
12287Q						[a] Esomeprazole GxP [AF]	[a] Esomeprazole RBX [RA]
						[a] Esomeprazole Viatris [MQ]	[a] ESOMEPRAZOLE-WGR [WG]
						[a] Esopreze [BG]	[a] Nexazole [RW]
						[a] Nexole [RF]	
			[B]13.44	36.28	24.38	[a] Nexium [AP]	

ESOMEPRAZOLE

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

Note The treatment must not be prescribed under this restriction for any of the following PBS-indications: (i) gastro-oesophageal reflux disease (where the word 'complex' is absent), (ii) scleroderma oesophagus, (iii) pathological hypersecretory conditions including Zollinger-Ellison syndrome and idiopathic hypersecretion, (iv) peptic ulcer, (v) eradication of *Helicobacter pylori.*

Note A standard dose proton pump inhibitor is one of: esomeprazole 20 mg, lansoprazole 30 mg, omeprazole 20 mg, pantoprazole 40 mg, rabeprazole 20 mg.

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

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

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

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

Authority Required

15856

Complex gastro-oesophageal reflux disease (GORD)

Treatment Phase: One of: (1) establishment of symptom control, (2) maintenance treatment, (3) re-establishment of symptom control

Clinical criteria:

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

Treatment criteria:

- Must be treated by a gastroenterologist; **OR**
- Must be treated by a surgeon with expertise in the upper gastrointestinal tract; **OR**
- Must be treated by a medical practitioner who has consulted at least one of the above mentioned specialists in relation to this current PBS benefit being sought, with the specialist's name documented in the patient's medical records for auditing purposes; **OR**
- Must be treated by a medical practitioner who has not consulted a specialist, but only if treatment continues therapy initiated under this restriction with involvement by a specialist (i.e. continuing treatment initiated for non-complex GORD does not meet this criterion), with the specialist's name documented in the patient's medical records for auditing purposes.

Clinical criteria:

- The treatment must be: (i) the sole PBS-subsidised proton pump inhibitor (PPI) for this condition, (ii) the sole strength of this PPI, (iii) the sole form of PPI, **AND**
- Patient must must have symptoms inadequately controlled with each of: (i) a standard dose proton pump inhibitor (PPI) administered once daily, (ii) a low dose PPI administered twice daily; treatment is for: (1) establishment of symptom control; **OR**
- Patient must be assessed for the risks/benefits of a step-down in dosing from standard dose PPI administered twice daily, with the determination being that the risks outweigh the benefits; treatment is for: (2) maintenance treatment; **OR**
- Patient must have trialled a step-down in dosing, yet symptoms have re-emerged/worsened; treatment is for: (3) re-establishment of symptom control; **OR**
- Patient must have trialled a step-down in dosing, with symptoms adequately managed with once daily dosing; treatment is for: (2) maintenance treatment, but with the quantity sought in this authority application being up to 2 packs per dispensing.

Check patient adherence to any preceding PPI treatment regimen. Exclude non-adherence as a cause of inadequate control before accessing treatment under this restriction.

esomeprazole 20 mg enteric tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14481E	4	5	0.00	*31.32	25.00	[a] APO-Esomeprazole [TY]	[a] Esomeprazole GH [GQ]
						[a] Esomeprazole GxP [AF]	[a] Esomeprazole RBX [RA]
						[a] Esomeprazole Viatris [MQ]	[a] ESOMEPRAZOLE-WGR [WG]
						[a] Esopreze [BG]	[a] Nexazole [RW]
						[a] Nexole [RF]	
			[B]26.88	58.20	25.00	[a] Nexium [AP]	

esomeprazole 20 mg enteric capsule, 30

14537D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	5	0.00	*31.32	25.00	[a] Noxicid Caps [AL]

ESOMEPRAZOLE

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

Note The treatment must not be prescribed under this restriction for any of the following PBS-indications: (i) gastro-oesophageal reflux disease (where the word 'complex' is absent), (ii) scleroderma oesophagus, (iii) pathological hypersecretory conditions including Zollinger-Ellison syndrome and idiopathic hypersecretion, (iv) peptic ulcer, (v) eradication of *Helicobacter pylori.*

Note A standard dose proton pump inhibitor is one of: esomeprazole 20 mg, lansoprazole 30 mg, omeprazole 20 mg, pantoprazole 40 mg, rabeprazole 20 mg.

Note A high dose proton pump inhibitor is: esomeprazole 40 mg.

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

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

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

Note This authority approval must be sought by the specified specialist prescriber.

Authority Required

11370

Complex gastro-oesophageal reflux disease (GORD)

Treatment Phase: One of: (1) establishment of symptom control, (2) maintenance treatment, (3) re-establishment of symptom control

Treatment criteria:

- Must be treated by a gastroenterologist; **OR**
- Must be treated by a surgeon with expertise in the upper gastrointestinal tract.

Clinical criteria:

- The treatment must be: (i) the sole PBS-subsidised proton pump inhibitor (PPI) for this condition, (ii) the sole strength of this PPI, (iii) the sole form of PPI, **AND**
- Patient must have symptoms inadequately controlled with each of: (i) a high dose proton pump inhibitor (PPI) administered once daily, (ii) a standard dose PPI administered twice daily; treatment is for: (1) establishment of symptom control; **OR**
- Patient must be assessed for the risks/benefits of a step-down in dosing from a high dose PPI administered twice daily, with the determination being that the risks outweigh the benefits; treatment is for: (2) maintenance treatment; **OR**
- Patient must have trialled a step-down in dosing, yet symptoms have re-emerged/worsened; treatment is for: (3) re-establishment of symptom control; **OR**
- Patient must have trialled a step-down in dosing, with symptoms adequately managed with once daily dosing; treatment is for: (2) maintenance treatment, but with the quantity sought in this authority application being up to 1 pack per dispensing.

Check patient adherence to any preceding PPI treatment regimen. Exclude non-adherence as a cause of inadequate control before accessing treatment under this restriction.

esomeprazole 40 mg enteric tablet, 30

12283L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	0.00	*28.52	25.00	[a] APO-Esomeprazole [TY]	[a] Esomeprazole GH [GQ]
					[a] Esomeprazole GxP [AF]	[a] Esomeprazole RBX [RA]
					[a] Esomeprazole Viatris [MQ]	[a] ESOMEPRAZOLE-WGR [WG]
					[a] Esopreze [BG]	[a] Nexazole [RW]
					[a] Nexole [RF]	
		[B]13.58	42.10	25.00	[a] Nexium [AP]	

esomeprazole 40 mg enteric capsule, 30

12290W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	0.00	*28.52	25.00	[a] Noxicid Caps [AL]

ESOMEPRAZOLE

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

Note The treatment must not be prescribed under this restriction for any of the following PBS-indications: (i) gastro-oesophageal reflux disease (where the word 'complex' is absent), (ii) scleroderma oesophagus, (iii) pathological hypersecretory conditions including Zollinger-Ellison syndrome and idiopathic hypersecretion, (iv) peptic ulcer, (v) eradication of *Helicobacter pylori.*

Note A standard dose proton pump inhibitor is one of: esomeprazole 20 mg, lansoprazole 30 mg, omeprazole 20 mg, pantoprazole 40 mg, rabeprazole 20 mg.

Note A high dose proton pump inhibitor is: esomeprazole 40 mg.

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

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note This authority approval must be sought by the specified specialist prescriber.

Authority Required
15936
Complex gastro-oesophageal reflux disease (GORD)
Treatment Phase: One of: (1) establishment of symptom control, (2) maintenance treatment, (3) re-establishment of symptom control
Clinical criteria:

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

Treatment criteria:

- Must be treated by a gastroenterologist; **OR**
- Must be treated by a surgeon with expertise in the upper gastrointestinal tract.

Clinical criteria:

- The treatment must be: (i) the sole PBS-subsidised proton pump inhibitor (PPI) for this condition, (ii) the sole strength of this PPI, (iii) the sole form of PPI, **AND**
- Patient must have symptoms inadequately controlled with each of: (i) a high dose proton pump inhibitor (PPI) administered once daily, (ii) a standard dose PPI administered twice daily; treatment is for: (1) establishment of symptom control; **OR**
- Patient must be assessed for the risks/benefits of a step-down in dosing from a high dose PPI administered twice daily, with the determination being that the risks outweigh the benefits; treatment is for: (2) maintenance treatment; **OR**
- Patient must have trialled a step-down in dosing, yet symptoms have re-emerged/worsened; treatment is for: (3) re-establishment of symptom control; **OR**
- Patient must have trialled a step-down in dosing, with symptoms adequately managed with once daily dosing; treatment is for: (2) maintenance treatment, but with the quantity sought in this authority application being up to 2 packs per dispensing.

Check patient adherence to any preceding PPI treatment regimen. Exclude non-adherence as a cause of inadequate control before accessing treatment under this restriction.

esomeprazole 40 mg enteric capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14445G	4	5	0.00	*42.68	25.00	[a] Noxicid Caps [AL]

esomeprazole 40 mg enteric tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14512T	4	5	0.00	*42.68	25.00	[a] APO-Esomeprazole [TY]	[a] Esomeprazole GH [GQ]
						[a] Esomeprazole GxP [AF]	[a] Esomeprazole RBX [RA]
						[a] Esomeprazole Viatris [MQ]	[a] ESOMEPRAZOLE-WGR [WG]
						[a] Esopreze [BG]	[a] Nexazole [RW]
						[a] Nexole [RF]	
			[B]27.16	69.84	25.00	[a] Nexium [AP]	

LANSOPRAZOLE

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

Restricted benefit
5444
Gastro-oesophageal reflux disease
Restricted benefit
5512
Scleroderma oesophagus

lansoprazole 15 mg enteric capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8198L NP	1	5	0.00	18.10	19.64	Zopral [AF]

lansoprazole 15 mg orally disintegrating tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9331D NP	1	5	0.00	18.02	19.56	[a] APO-Lansoprazole ODT [TX]	[a] Lansoprazole ODT GH [GQ]
						[a] Zopral ODT [AF]	
			[B]4.57	22.59	19.56	[a] Zoton FasTabs [PF]	

LANSOPRAZOLE

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

Restricted benefit

15574

Gastro-oesophageal reflux disease

Clinical criteria:

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

Restricted benefit

15633

Scleroderma oesophagus

Clinical criteria:

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

lansoprazole 15 mg orally disintegrating tablet, 28

14374M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*21.68	23.22	[a] APO-Lansoprazole ODT [TX]	[a] Lansoprazole ODT GH [GQ]
						[a] Zopral ODT [AF]	
			[B]9.14	30.82	23.22	[a] Zoton FasTabs [PF]	

lansoprazole 15 mg enteric capsule, 30

14448K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*21.84	23.38	Zopral [AF]

LANSOPRAZOLE

Note Pharmaceutical benefits that have the form lansoprazole capsule 30 mg and pharmaceutical benefits that have the form lansoprazole tablet 30 mg (orally disintegrating) are equivalent for the purposes of substitution.

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

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

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

Authority Required (STREAMLINED)

8780

Scleroderma oesophagus

lansoprazole 30 mg enteric capsule, 28

2241Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	18.60	20.14	[a] APO-Lansoprazole [TX]	[a] Lanzopran [RA]
						[a] Zopral [AF]	

lansoprazole 30 mg orally disintegrating tablet, 28

9478W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	18.60	20.14	[a] APO-Lansoprazole ODT [TX]	[a] Lansoprazole ODT GH [GQ]
						[a] Zopral ODT [AF]	
			[B]4.47	23.07	20.14	[a] Zoton FasTabs [PF]	

LANSOPRAZOLE

Note Pharmaceutical benefits that have the form lansoprazole capsule 30 mg and pharmaceutical benefits that have the form lansoprazole tablet 30 mg (orally disintegrating) are equivalent for the purposes of substitution.

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

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

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

Authority Required (STREAMLINED)

15658

Scleroderma oesophagus

Clinical criteria:

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

lansoprazole 30 mg enteric capsule, 28

14340R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*22.84	24.38	[a] APO-Lansoprazole [TX]	[a] Lanzopran [RA]
						[a] Zopral [AF]	

lansoprazole 30 mg orally disintegrating tablet, 28

14342W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*22.84	24.38	[a] APO-Lansoprazole ODT [TX]	[a] Lansoprazole ODT GH [GQ]
						[a] Zopral ODT [AF]	
			[B]8.94	31.78	24.38	[a] Zoton FasTabs [PF]	

LANSOPRAZOLE

Note Pharmaceutical benefits that have the form lansoprazole capsule 30 mg and pharmaceutical benefits that have the form lansoprazole tablet 30 mg (orally disintegrating) are equivalent for the purposes of substitution.

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

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

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

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

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

Authority Required (STREAMLINED)

8776

Gastro-oesophageal reflux disease

Clinical criteria:

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

lansoprazole 30 mg enteric capsule, 28

11669E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	18.60	20.14	[a] APO-Lansoprazole [TX]	[a] Lanzopran [RA]
						[a] Zopral [AF]	

lansoprazole 30 mg orally disintegrating tablet, 28

11697P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	18.60	20.14	[a] APO-Lansoprazole ODT [TX]	[a] Lansoprazole ODT GH [GQ]
						[a] Zopral ODT [AF]	
			[B]4.47	23.07	20.14	[a] Zoton FasTabs [PF]	

LANSOPRAZOLE

Note Pharmaceutical benefits that have the form lansoprazole capsule 30 mg and pharmaceutical benefits that have the form lansoprazole tablet 30 mg (orally disintegrating) are equivalent for the purposes of substitution.

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

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

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

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

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

Authority Required (STREAMLINED)

15530

Gastro-oesophageal reflux disease

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The treatment must be for long-term maintenance of gastro-oesophageal reflux disease in a patient with symptoms inadequately controlled using a low dose proton pump inhibitor.

lansoprazole 30 mg enteric capsule, 28

14302R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*22.84	24.38	[a] APO-Lansoprazole [TX]	[a] Lanzopran [RA]
						[a] Zopral [AF]	

lansoprazole 30 mg orally disintegrating tablet, 28

14406F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*22.84	24.38	[a] APO-Lansoprazole ODT [TX]	[a] Lansoprazole ODT GH [GQ]
						[a] Zopral ODT [AF]	
			[B]8.94	31.78	24.38	[a] Zoton FasTabs [PF]	

LANSOPRAZOLE

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

Note The treatment must not be prescribed under this restriction for any of the following PBS-indications: (i) gastro-oesophageal reflux disease (where the word 'complex' is absent), (ii) scleroderma oesophagus, (iii) pathological hypersecretory conditions including Zollinger-Ellison syndrome and idiopathic hypersecretion, (iv) peptic ulcer, (v) eradication of *Helicobacter pylori.*

Note A standard dose proton pump inhibitor is one of: esomeprazole 20 mg, lansoprazole 30 mg, omeprazole 20 mg, pantoprazole 40 mg, rabeprazole 20 mg.

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

Note Pharmaceutical benefits that have the form lansoprazole capsule 30 mg and pharmaceutical benefits that have the form lansoprazole tablet 30 mg (orally disintegrating) are equivalent for the purposes of substitution.

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

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

Authority Required

11310

Complex gastro-oesophageal reflux disease (GORD)

Treatment Phase: One of: (1) establishment of symptom control, (2) maintenance treatment, (3) re-establishment of symptom control

Treatment criteria:

- Must be treated by a gastroenterologist; **OR**
- Must be treated by a surgeon with expertise in the upper gastrointestinal tract; **OR**
- Must be treated by a medical practitioner who has consulted at least one of the above mentioned specialists in relation to this current PBS benefit being sought, with the specialist's name documented in the patient's medical records for auditing purposes; **OR**
- Must be treated by a medical practitioner who has not consulted a specialist, but only if treatment continues therapy initiated under this restriction with involvement by a specialist (i.e. continuing treatment initiated for non-complex GORD does not meet this criterion), with the specialist's name documented in the patient's medical records for auditing purposes.

Clinical criteria:

- The treatment must be: (i) the sole PBS-subsidised proton pump inhibitor (PPI) for this condition, (ii) the sole strength of this PPI, (iii) the sole form of PPI, **AND**
- Patient must must have symptoms inadequately controlled with each of: (i) a standard dose proton pump inhibitor (PPI) administered once daily, (ii) a low dose PPI administered twice daily; treatment is for: (1) establishment of symptom control; **OR**
- Patient must be assessed for the risks/benefits of a step-down in dosing from standard dose PPI administered twice daily, with the determination being that the risks outweigh the benefits; treatment is for: (2) maintenance treatment; **OR**
- Patient must have trialled a step-down in dosing, yet symptoms have re-emerged/worsened; treatment is for: (3) re-establishment of symptom control; **OR**
- Patient must have trialled a step-down in dosing, with symptoms adequately managed with once daily dosing; treatment is for: (2) maintenance treatment, but with the quantity sought in this authority application being up to 1 pack per dispensing.

Check patient adherence to any preceding PPI treatment regimen. Exclude non-adherence as a cause of inadequate control before accessing treatment under this restriction.

lansoprazole 30 mg orally disintegrating tablet, 28

12276D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	2	5	0.00	*22.84	24.38	[a] APO-Lansoprazole ODT [TX]	[a] Lansoprazole ODT GH [GQ]
						[a] Zopral ODT [AF]	
			[B]8.94	31.78	24.38	[a] Zoton FasTabs [PF]	

lansoprazole 30 mg enteric capsule, 28

12284M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	2	5	0.00	*22.84	24.38	[a] APO-Lansoprazole [TX]	[a] Lanzopran [RA]
						[a] Zopral [AF]	

LANSOPRAZOLE

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

Note The treatment must not be prescribed under this restriction for any of the following PBS-indications: (i) gastro-oesophageal reflux disease (where the word 'complex' is absent), (ii) scleroderma oesophagus, (iii) pathological hypersecretory conditions including Zollinger-Ellison syndrome and idiopathic hypersecretion, (iv) peptic ulcer, (v) eradication of *Helicobacter pylori.*

Note A standard dose proton pump inhibitor is one of: esomeprazole 20 mg, lansoprazole 30 mg, omeprazole 20 mg, pantoprazole 40 mg, rabeprazole 20 mg.

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

Note Pharmaceutical benefits that have the form lansoprazole capsule 30 mg and pharmaceutical benefits that have the form lansoprazole tablet 30 mg (orally disintegrating) are equivalent for the purposes of substitution.

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

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

Authority Required

15856

Complex gastro-oesophageal reflux disease (GORD)

Treatment Phase: One of: (1) establishment of symptom control, (2) maintenance treatment, (3) re-establishment of symptom control

Clinical criteria:

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

Treatment criteria:

- Must be treated by a gastroenterologist; **OR**
- Must be treated by a surgeon with expertise in the upper gastrointestinal tract; **OR**
- Must be treated by a medical practitioner who has consulted at least one of the above mentioned specialists in relation to this current PBS benefit being sought, with the specialist's name documented in the patient's medical records for auditing purposes; **OR**
- Must be treated by a medical practitioner who has not consulted a specialist, but only if treatment continues therapy initiated under this restriction with involvement by a specialist (i.e. continuing treatment initiated for non-complex GORD does not meet this criterion), with the specialist's name documented in the patient's medical records for auditing purposes.

Clinical criteria:

- The treatment must be: (i) the sole PBS-subsidised proton pump inhibitor (PPI) for this condition, (ii) the sole strength of this PPI, (iii) the sole form of PPI, **AND**
- Patient must must have symptoms inadequately controlled with each of: (i) a standard dose proton pump inhibitor (PPI) administered once daily, (ii) a low dose PPI administered twice daily; treatment is for: (1) establishment of symptom control; **OR**
- Patient must be assessed for the risks/benefits of a step-down in dosing from standard dose PPI administered twice daily, with the determination being that the risks outweigh the benefits; treatment is for: (2) maintenance treatment; **OR**
- Patient must have trialled a step-down in dosing, yet symptoms have re-emerged/worsened; treatment is for: (3) re-establishment of symptom control; **OR**
- Patient must have trialled a step-down in dosing, with symptoms adequately managed with once daily dosing; treatment is for: (2) maintenance treatment, but with the quantity sought in this authority application being up to 2 packs per dispensing.

Check patient adherence to any preceding PPI treatment regimen. Exclude non-adherence as a cause of inadequate control before accessing treatment under this restriction.

lansoprazole 30 mg enteric capsule, 28

14304W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
4	5	0.00	*31.32	25.00	[a] APO-Lansoprazole [TX]	[a] Lanzopran [RA]
					[a] Zopral [AF]	

lansoprazole 30 mg orally disintegrating tablet, 28

14339Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
4	5	0.00	*31.32	25.00	[a] APO-Lansoprazole ODT [TX]	[a] Lansoprazole ODT GH [GQ]
					[a] Zopral ODT [AF]	
		[B]17.88	49.20	25.00	[a] Zoton FasTabs [PF]	

LANSOPRAZOLE

Note Pharmaceutical benefits that have the form lansoprazole capsule 30 mg and pharmaceutical benefits that have the form lansoprazole tablet 30 mg (orally disintegrating) are equivalent for the purposes of substitution.

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

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

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

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

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

Authority Required (STREAMLINED)

8775

Peptic ulcer

Treatment Phase: Initial treatment

Clinical criteria:

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

Authority Required (STREAMLINED)

8774

Gastro-oesophageal reflux disease

Clinical criteria:

- The treatment must be for initial treatment of symptomatic gastro-oesophageal reflux disease; **OR**

- The treatment must be for the short-term maintenance treatment of gastro-oesophageal reflux disease.

lansoprazole 30 mg enteric capsule, 28

2240X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	1	0.00	18.60	20.14	[a] APO-Lansoprazole [TX]	[a] Lanzopran [RA]
						[a] Zopral [AF]	

lansoprazole 30 mg orally disintegrating tablet, 28

9477T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	1	0.00	18.60	20.14	[a] APO-Lansoprazole ODT [TX]	[a] Lansoprazole ODT GH [GQ]
						[a] Zopral ODT [AF]	
			[B]4.47	23.07	20.14	[a] Zoton FasTabs [PF]	

OMEPRAZOLE

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

Restricted benefit
5444
Gastro-oesophageal reflux disease

omeprazole 10 mg enteric tablet, 30

14702T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP MW	1	5	0.00	18.10	19.64	Losec Tablets [PB]

OMEPRAZOLE

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

Restricted benefit
5512
Scleroderma oesophagus
Restricted benefit
5529
Zollinger-Ellison syndrome

omeprazole 10 mg enteric tablet, 30

8332M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	18.10	19.64	Losec Tablets [PB]

OMEPRAZOLE

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

Restricted benefit
15574
Gastro-oesophageal reflux disease
Clinical criteria:

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

Restricted benefit
15633
Scleroderma oesophagus
Clinical criteria:

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

Restricted benefit
15575
Zollinger-Ellison syndrome
Clinical criteria:

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

omeprazole 10 mg enteric tablet, 30

14432N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*21.84	23.38	Losec Tablets [PB]

OMEPRAZOLE

Note Pharmaceutical benefits that have the forms omeprazole tablet 20 mg, omeprazole capsule 20 mg and omeprazole tablet 20 mg (as magnesium) are equivalent for the purposes of substitution.
Note Check patient adherence to lower dose proton pump inhibitor before "stepping-up" therapy.
Note Low dose proton pump inhibitors are appropriate step-down therapy from standard dose proton pump inhibitors.

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

Authority Required (STREAMLINED)
8780
Scleroderma oesophagus
Authority Required (STREAMLINED)
8866
Zollinger-Ellison syndrome

omeprazole 20 mg enteric capsule, 30

1327W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	18.60	20.14	[a] APO-Omeprazole [TX]	[a] Maxor [AF]
						[a] OMEPRAZOLE CAPS WGR [WG]	[a] Omeprazole Sandoz [HX]
						[a] Pharmacor Omeprazole 20 [CR]	[a] Probitor [SZ]

omeprazole 20 mg enteric tablet, 30

8333N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	18.60	20.14	[a] APO-Omeprazole [TX]	[a] Maxor EC Tabs [AF]
						[a] OMEPRAZOLE-WGR [WG]	[a] Ozmep [RW]

omeprazole 20 mg enteric tablet, 30

9110L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	18.60	20.14	[a] Acimax Tablets [FJ]	[a] Omepral [FQ]
						[a] Omeprazole Sandoz [SZ]	
			[B]6.87	25.47	20.14	[a] Losec Tablets [PB]	

OMEPRAZOLE

Note Pharmaceutical benefits that have the forms omeprazole tablet 20 mg, omeprazole capsule 20 mg and omeprazole tablet 20 mg (as magnesium) are equivalent for the purposes of substitution.
Note Check patient adherence to lower dose proton pump inhibitor before "stepping-up" therapy.
Note Low dose proton pump inhibitors are appropriate step-down therapy from standard dose proton pump inhibitors.
Note A low dose proton pump inhibitor includes: lansoprazole 15mg, omeprazole 10mg, pantoprazole 20mg and rabeprazole 10mg.

Authority Required (STREAMLINED)
15658
Scleroderma oesophagus
Clinical criteria:
- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Authority Required (STREAMLINED)
15678
Zollinger-Ellison syndrome
Clinical criteria:
- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

omeprazole 20 mg enteric tablet, 30

14364B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*22.84	24.38	[a] APO-Omeprazole [TX]	[a] Maxor EC Tabs [AF]
						[a] OMEPRAZOLE-WGR [WG]	[a] Ozmep [RW]

omeprazole 20 mg enteric tablet, 30

14397R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*22.84	24.38	[a] Acimax Tablets [FJ]	[a] Omepral [FQ]
						[a] Omeprazole Sandoz [SZ]	
			[B]13.74	36.58	24.38	[a] Losec Tablets [PB]	

omeprazole 20 mg enteric capsule, 30

14559G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*22.84	24.38	[a] APO-Omeprazole [TX]	[a] Maxor [AF]
						[a] OMEPRAZOLE CAPS WGR [WG]	[a] Omeprazole Sandoz [HX]
						[a] Pharmacor Omeprazole 20 [CR]	[a] Probitor [SZ]

OMEPRAZOLE

Note Check patient adherence to lower dose proton pump inhibitor before "stepping-up" therapy.
Note Low dose proton pump inhibitors are appropriate step-down therapy from standard dose proton pump inhibitors.
Note A low dose proton pump inhibitor includes: lansoprazole 15mg, omeprazole 10mg, pantoprazole 20mg and rabeprazole 10mg.
Note Pharmaceutical benefits that have the forms omeprazole tablet 20 mg, omeprazole capsule 20 mg and omeprazole tablet 20 mg (as magnesium) are equivalent for the purposes of substitution.
Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)
8775
Peptic ulcer
Treatment Phase: Initial treatment
Clinical criteria:

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

omeprazole 20 mg enteric capsule, 30

1326T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	1	0.00	18.60	20.14	[a] APO-Omeprazole [TX]	[a] Maxor [AF]
						[a] OMEPRAZOLE CAPS WGR [WG]	[a] Omeprazole Sandoz [HX]
						[a] Pharmacor Omeprazole 20 [CR]	[a] Probitor [SZ]

omeprazole 20 mg enteric tablet, 30

8331L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	1	0.00	18.60	20.14	[a] APO-Omeprazole [TX]	[a] Maxor EC Tabs [AF]
						[a] OMEPRAZOLE-WGR [WG]	[a] Ozmep [RW]

omeprazole 20 mg enteric tablet, 30

9109K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	1	0.00	18.60	20.14	[a] Acimax Tablets [FJ]	[a] Omepral [FQ]
						[a] Omeprazole Sandoz [SZ]	
			[B]6.87	25.47	20.14	[a] Losec Tablets [PB]	

OMEPRAZOLE

Note Pharmaceutical benefits that have the forms omeprazole tablet 20 mg, omeprazole capsule 20 mg and omeprazole tablet 20 mg (as magnesium) are equivalent for the purposes of substitution.
Note Check patient adherence to lower dose proton pump inhibitor before "stepping-up" therapy.
Note Low dose proton pump inhibitors are appropriate step-down therapy from standard dose proton pump inhibitors.
Note A low dose proton pump inhibitor includes: lansoprazole 15mg, omeprazole 10mg, pantoprazole 20mg and rabeprazole 10mg.
Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

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

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

omeprazole 20 mg enteric tablet, 30

11677N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	18.60	20.14	[a] Acimax Tablets [FJ]	[a] Omepral [FQ]
						[a] Omeprazole Sandoz [SZ]	
			[B]6.87	25.47	20.14	[a] Losec Tablets [PB]	

omeprazole 20 mg enteric tablet, 30

11683X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	18.60	20.14	[a] APO-Omeprazole [TX]	[a] Maxor EC Tabs [AF]
						[a] OMEPRAZOLE-WGR [WG]	[a] Ozmep [RW]

omeprazole 20 mg enteric capsule, 30

11682W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	18.60	20.14	[a] APO-Omeprazole [TX]	[a] Maxor [AF]

11682W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
						[a] OMEPRAZOLE CAPS WGR [WG]	[a] Omeprazole Sandoz [HX]
						[a] Pharmacor Omeprazole 20 [CR]	[a] Probitor [SZ]

OMEPRAZOLE

Note Pharmaceutical benefits that have the forms omeprazole tablet 20 mg, omeprazole capsule 20 mg and omeprazole tablet 20 mg (as magnesium) are equivalent for the purposes of substitution.

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

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

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

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

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

Authority Required (STREAMLINED)

15530

Gastro-oesophageal reflux disease

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The treatment must be for long-term maintenance of gastro-oesophageal reflux disease in a patient with symptoms inadequately controlled using a low dose proton pump inhibitor.

omeprazole 20 mg enteric capsule, 30

14464G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*22.84	24.38	[a] APO-Omeprazole [TX]	[a] Maxor [AF]
						[a] OMEPRAZOLE CAPS WGR [WG]	[a] Omeprazole Sandoz [HX]
						[a] Pharmacor Omeprazole 20 [CR]	[a] Probitor [SZ]

omeprazole 20 mg enteric tablet, 30

14533X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*22.84	24.38	[a] APO-Omeprazole [TX]	[a] Maxor EC Tabs [AF]
						[a] OMEPRAZOLE-WGR [WG]	[a] Ozmep [RW]

omeprazole 20 mg enteric tablet, 30

14557E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*22.84	24.38	[a] Acimax Tablets [FJ]	[a] Omepral [FQ]
						[a] Omeprazole Sandoz [SZ]	
			[B]13.74	36.58	24.38	[a] Losec Tablets [PB]	

OMEPRAZOLE

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

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

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

Note Pharmaceutical benefits that have the forms omeprazole tablet 20 mg, omeprazole capsule 20 mg and omeprazole tablet 20 mg (as magnesium) are equivalent for the purposes of substitution.

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

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

Authority Required (STREAMLINED)

8774

Gastro-oesophageal reflux disease

Clinical criteria:

- The treatment must be for initial treatment of symptomatic gastro-oesophageal reflux disease; **OR**
- The treatment must be for the short-term maintenance treatment of gastro-oesophageal reflux disease.

omeprazole 20 mg enteric capsule, 30

14706B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP MW	1	1	0.00	18.60	20.14	[a] APO-Omeprazole [TX]	[a] Maxor [AF]
						[a] OMEPRAZOLE CAPS WGR [WG]	[a] Omeprazole Sandoz [HX]
						[a] Pharmacor Omeprazole 20 [CR]	[a] Probitor [SZ]

omeprazole 20 mg enteric tablet, 30

14707C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP MW	1	1	0.00	18.60	20.14	[a] Acimax Tablets [FJ]	[a] Omepral [FQ]
						[a] Omeprazole Sandoz [SZ]	
			[B]6.87	25.47	20.14	[a] Losec Tablets [PB]	

omeprazole 20 mg enteric tablet, 30

14708D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP MW	1	1	0.00	18.60	20.14	[a] APO-Omeprazole [TX]	[a] Maxor EC Tabs [AF]
						[a] OMEPRAZOLE-WGR [WG]	[a] Ozmep [RW]

OMEPRAZOLE

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

Note The treatment must not be prescribed under this restriction for any of the following PBS-indications: (i) gastro-oesophageal reflux disease (where the word 'complex' is absent), (ii) scleroderma oesophagus, (iii) pathological hypersecretory conditions including Zollinger-Ellison syndrome and idiopathic hypersecretion, (iv) peptic ulcer, (v) eradication of *Helicobacter pylori.*

Note A standard dose proton pump inhibitor is one of: esomeprazole 20 mg, lansoprazole 30 mg, omeprazole 20 mg, pantoprazole 40 mg, rabeprazole 20 mg.

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

Note Pharmaceutical benefits that have the forms omeprazole tablet 20 mg, omeprazole capsule 20 mg and omeprazole tablet 20 mg (as magnesium) are equivalent for the purposes of substitution.

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

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

Authority Required

11310

Complex gastro-oesophageal reflux disease (GORD)

Treatment Phase: One of: (1) establishment of symptom control, (2) maintenance treatment, (3) re-establishment of symptom control

Treatment criteria:

- Must be treated by a gastroenterologist; **OR**
- Must be treated by a surgeon with expertise in the upper gastrointestinal tract; **OR**
- Must be treated by a medical practitioner who has consulted at least one of the above mentioned specialists in relation to this current PBS benefit being sought, with the specialist's name documented in the patient's medical records for auditing purposes; **OR**
- Must be treated by a medical practitioner who has not consulted a specialist, but only if treatment continues therapy initiated under this restriction with involvement by a specialist (i.e. continuing treatment initiated for non-complex GORD does not meet this criterion), with the specialist's name documented in the patient's medical records for auditing purposes.

Clinical criteria:

- The treatment must be: (i) the sole PBS-subsidised proton pump inhibitor (PPI) for this condition, (ii) the sole strength of this PPI, (iii) the sole form of PPI, **AND**
- Patient must must have symptoms inadequately controlled with each of: (i) a standard dose proton pump inhibitor (PPI) administered once daily, (ii) a low dose PPI administered twice daily; treatment is for: (1) establishment of symptom control; **OR**
- Patient must be assessed for the risks/benefits of a step-down in dosing from standard dose PPI administered twice daily, with the determination being that the risks outweigh the benefits; treatment is for: (2) maintenance treatment; **OR**
- Patient must have trialled a step-down in dosing, yet symptoms have re-emerged/worsened; treatment is for: (3) re-establishment of symptom control; **OR**
- Patient must have trialled a step-down in dosing, with symptoms adequately managed with once daily dosing; treatment is for: (2) maintenance treatment, but with the quantity sought in this authority application being up to 1 pack per dispensing.

Check patient adherence to any preceding PPI treatment regimen. Exclude non-adherence as a cause of inadequate control before accessing treatment under this restriction.

omeprazole 20 mg enteric tablet, 30

12270T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	2	5	0.00	*22.84	24.38	[a] Acimax Tablets [FJ]	[a] Omepral [FQ]
						[a] Omeprazole Sandoz [SZ]	
			[B]13.74	36.58	24.38	[a] Losec Tablets [PB]	

omeprazole 20 mg enteric tablet, 30

12272X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	2	5	0.00	*22.84	24.38	[a] APO-Omeprazole [TX]	[a] Maxor EC Tabs [AF]
						[a] OMEPRAZOLE-WGR [WG]	[a] Ozmep [RW]

omeprazole 20 mg enteric capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
12281J	2	5	0.00	*22.84	24.38	[a] APO-Omeprazole [TX]	[a] Maxor [AF]
						[a] OMEPRAZOLE CAPS WGR [WG]	[a] Omeprazole Sandoz [HX]
						[a] Pharmacor Omeprazole 20 [CR]	[a] Probitor [SZ]

OMEPRAZOLE

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

Note The treatment must not be prescribed under this restriction for any of the following PBS-indications: (i) gastro-oesophageal reflux disease (where the word 'complex' is absent), (ii) scleroderma oesophagus, (iii) pathological hypersecretory conditions including Zollinger-Ellison syndrome and idiopathic hypersecretion, (iv) peptic ulcer, (v) eradication of *Helicobacter pylori.*

Note A standard dose proton pump inhibitor is one of: esomeprazole 20 mg, lansoprazole 30 mg, omeprazole 20 mg, pantoprazole 40 mg, rabeprazole 20 mg.

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

Note Pharmaceutical benefits that have the forms omeprazole tablet 20 mg, omeprazole capsule 20 mg and omeprazole tablet 20 mg (as magnesium) are equivalent for the purposes of substitution.

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

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

Authority Required

15856

Complex gastro-oesophageal reflux disease (GORD)

Treatment Phase: One of: (1) establishment of symptom control, (2) maintenance treatment, (3) re-establishment of symptom control

Clinical criteria:

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

Treatment criteria:

- Must be treated by a gastroenterologist; **OR**
- Must be treated by a surgeon with expertise in the upper gastrointestinal tract; **OR**
- Must be treated by a medical practitioner who has consulted at least one of the above mentioned specialists in relation to this current PBS benefit being sought, with the specialist's name documented in the patient's medical records for auditing purposes; **OR**
- Must be treated by a medical practitioner who has not consulted a specialist, but only if treatment continues therapy initiated under this restriction with involvement by a specialist (i.e. continuing treatment initiated for non-complex GORD does not meet this criterion), with the specialist's name documented in the patient's medical records for auditing purposes.

Clinical criteria:

- The treatment must be: (i) the sole PBS-subsidised proton pump inhibitor (PPI) for this condition, (ii) the sole strength of this PPI, (iii) the sole form of PPI, **AND**
- Patient must must have symptoms inadequately controlled with each of: (i) a standard dose proton pump inhibitor (PPI) administered once daily, (ii) a low dose PPI administered twice daily; treatment is for: (1) establishment of symptom control; **OR**
- Patient must be assessed for the risks/benefits of a step-down in dosing from standard dose PPI administered twice daily, with the determination being that the risks outweigh the benefits; treatment is for: (2) maintenance treatment; **OR**
- Patient must have trialled a step-down in dosing, yet symptoms have re-emerged/worsened; treatment is for: (3) re-establishment of symptom control; **OR**
- Patient must have trialled a step-down in dosing, with symptoms adequately managed with once daily dosing; treatment is for: (2) maintenance treatment, but with the quantity sought in this authority application being up to 2 packs per dispensing.

Check patient adherence to any preceding PPI treatment regimen. Exclude non-adherence as a cause of inadequate control before accessing treatment under this restriction.

omeprazole 20 mg enteric tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14363Y	4	5	0.00	*31.32	25.00	[a] Acimax Tablets [FJ]	[a] Omepral [FQ]
						[a] Omeprazole Sandoz [SZ]	
			[B]27.48	58.80	25.00	[a] Losec Tablets [PB]	

omeprazole 20 mg enteric tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14558F	4	5	0.00	*31.32	25.00	[a] APO-Omeprazole [TX]	[a] Maxor EC Tabs [AF]
						[a] OMEPRAZOLE-WGR [WG]	[a] Ozmep [RW]

omeprazole 20 mg enteric capsule, 30

14465H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
4	5	0.00	*31.32	25.00	[a] APO-Omeprazole [TX]	[a] Maxor [AF]
					[a] OMEPRAZOLE CAPS WGR [WG]	[a] Omeprazole Sandoz [HX]
					[a] Pharmacor Omeprazole 20 [CR]	[a] Probitor [SZ]

PANTOPRAZOLE

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

Restricted benefit

5444

Gastro-oesophageal reflux disease

Restricted benefit

5512

Scleroderma oesophagus

Restricted benefit

5529

Zollinger-Ellison syndrome

pantoprazole 20 mg enteric tablet, 30

8399C

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	0.00	17.10	18.64	[a] APO-Pantoprazole [TX]	[a] APX-PANTOPRAZOLE [TW]
					[a] BTC Pantoprazole [BG]	[a] Ozpan [RA]
					[a] Panthron [ZS]	[a] Pantoprazole generichealth [HQ]
					[a] Pantoprazole Sandoz [SZ]	[a] PANTOPRAZOLE-WGR [WG]
					[a] Salpraz [AF]	[a] Sozol [RW]
		[B]4.69	21.79	18.64	[a] Somac [NQ]	

PANTOPRAZOLE

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

Restricted benefit

15574

Gastro-oesophageal reflux disease

Clinical criteria:

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

Restricted benefit

15633

Scleroderma oesophagus

Clinical criteria:

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

Restricted benefit

15575

Zollinger-Ellison syndrome

Clinical criteria:

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

pantoprazole 20 mg enteric tablet, 30

14501F

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	0.00	*19.84	21.38	[a] APO-Pantoprazole [TX]	[a] APX-PANTOPRAZOLE [TW]
					[a] BTC Pantoprazole [BG]	[a] Ozpan [RA]
					[a] Panthron [ZS]	[a] Pantoprazole generichealth [HQ]
					[a] Pantoprazole Sandoz [SZ]	[a] PANTOPRAZOLE-WGR [WG]
					[a] Salpraz [AF]	[a] Sozol [RW]
		[B]9.38	29.22	21.38	[a] Somac [NQ]	

PANTOPRAZOLE

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

Note Low dose proton pump inhibitors are appropriate step-down therapy from standard dose proton pump inhibitors.
Note A low dose proton pump inhibitor includes: lansoprazole 15mg, omeprazole 10mg, pantoprazole 20mg and rabeprazole 10mg.

Authority Required (STREAMLINED)
8780
Scleroderma oesophagus
Authority Required (STREAMLINED)
8866
Zollinger-Ellison syndrome

pantoprazole 40 mg enteric tablet, 30

8008L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	17.47	19.01	[a] APO-Pantoprazole [TX]	[a] APX-PANTOPRAZOLE [TW]
						[a] BTC Pantoprazole [BG]	[a] I-Pantoprazole [CR]
						[a] Ozpan [RA]	[a] Panthron [ZS]
						[a] Pantoprazole generichealth [HQ]	[a] Pantoprazole Sandoz [SZ]
						[a] PANTOPRAZOLE-WGR [WG]	[a] Salpraz [AF]
						[a] Sozol [RW]	
			[B]4.69	22.16	19.01	[a] Somac [NQ]	

pantoprazole 40 mg enteric coated granules, 30 sachets

9424B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	34.84	25.00	Somac [NQ]

PANTOPRAZOLE

Note Check patient adherence to lower dose proton pump inhibitor before "stepping-up" therapy.
Note Low dose proton pump inhibitors are appropriate step-down therapy from standard dose proton pump inhibitors.
Note A low dose proton pump inhibitor includes: lansoprazole 15mg, omeprazole 10mg, pantoprazole 20mg and rabeprazole 10mg.

Authority Required (STREAMLINED)
15658
Scleroderma oesophagus
Clinical criteria:
- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Authority Required (STREAMLINED)
15678
Zollinger-Ellison syndrome
Clinical criteria:
- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

pantoprazole 40 mg enteric tablet, 30

14330F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*20.58	22.12	[a] APO-Pantoprazole [TX]	[a] APX-PANTOPRAZOLE [TW]
						[a] BTC Pantoprazole [BG]	[a] I-Pantoprazole [CR]
						[a] Ozpan [RA]	[a] Panthron [ZS]
						[a] Pantoprazole generichealth [HQ]	[a] Pantoprazole Sandoz [SZ]
						[a] PANTOPRAZOLE-WGR [WG]	[a] Salpraz [AF]
						[a] Sozol [RW]	
			[B]9.38	29.96	22.12	[a] Somac [NQ]	

pantoprazole 40 mg enteric coated granules, 30 sachets

14466J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*55.32	25.00	Somac [NQ]

PANTOPRAZOLE

Note Check patient adherence to lower dose proton pump inhibitor before "stepping-up" therapy.
Note Low dose proton pump inhibitors are appropriate step-down therapy from standard dose proton pump inhibitors.
Note A low dose proton pump inhibitor includes: lansoprazole 15mg, omeprazole 10mg, pantoprazole 20mg and rabeprazole 10mg.
Note No increase in the maximum quantity or number of units may be authorised.

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

Authority Required (STREAMLINED)

8776

Gastro-oesophageal reflux disease

Clinical criteria:

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

pantoprazole 40 mg enteric coated granules, 30 sachets

11678P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	0.00	34.84	25.00	Somac [NQ]

pantoprazole 40 mg enteric tablet, 30

11681T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	0.00	17.47	19.01	[a] APO-Pantoprazole [TX]	[a] APX-PANTOPRAZOLE [TW]
					[a] BTC Pantoprazole [BG]	[a] I-Pantoprazole [CR]
					[a] Ozpan [RA]	[a] Panthron [ZS]
					[a] Pantoprazole generichealth [HQ]	[a] Pantoprazole Sandoz [SZ]
					[a] PANTOPRAZOLE-WGR [WG]	[a] Salpraz [AF]
					[a] Sozol [RW]	
		[B]4.69	22.16	19.01	[a] Somac [NQ]	

PANTOPRAZOLE

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

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

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

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

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

Authority Required (STREAMLINED)

15530

Gastro-oesophageal reflux disease

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The treatment must be for long-term maintenance of gastro-oesophageal reflux disease in a patient with symptoms inadequately controlled using a low dose proton pump inhibitor.

pantoprazole 40 mg enteric tablet, 30

14362X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	0.00	*20.58	22.12	[a] APO-Pantoprazole [TX]	[a] APX-PANTOPRAZOLE [TW]
					[a] BTC Pantoprazole [BG]	[a] I-Pantoprazole [CR]
					[a] Ozpan [RA]	[a] Panthron [ZS]
					[a] Pantoprazole generichealth [HQ]	[a] Pantoprazole Sandoz [SZ]
					[a] PANTOPRAZOLE-WGR [WG]	[a] Salpraz [AF]
					[a] Sozol [RW]	
		[B]9.38	29.96	22.12	[a] Somac [NQ]	

pantoprazole 40 mg enteric coated granules, 30 sachets

14500E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	0.00	*55.32	25.00	Somac [NQ]

PANTOPRAZOLE

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

Note The treatment must not be prescribed under this restriction for any of the following PBS-indications: (i) gastro-oesophageal reflux disease (where the word 'complex' is absent), (ii) scleroderma oesophagus, (iii) pathological hypersecretory conditions including Zollinger-Ellison syndrome and idiopathic hypersecretion, (iv) peptic ulcer, (v) eradication of *Helicobacter pylori.*

Note A standard dose proton pump inhibitor is one of: esomeprazole 20 mg, lansoprazole 30 mg, omeprazole 20 mg, pantoprazole 40 mg, rabeprazole 20 mg.

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

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

Authority Required

11310

Complex gastro-oesophageal reflux disease (GORD)

Treatment Phase: One of: (1) establishment of symptom control, (2) maintenance treatment, (3) re-establishment of symptom control

Treatment criteria:

- Must be treated by a gastroenterologist; **OR**
- Must be treated by a surgeon with expertise in the upper gastrointestinal tract; **OR**
- Must be treated by a medical practitioner who has consulted at least one of the above mentioned specialists in relation to this current PBS benefit being sought, with the specialist's name documented in the patient's medical records for auditing purposes; **OR**
- Must be treated by a medical practitioner who has not consulted a specialist, but only if treatment continues therapy initiated under this restriction with involvement by a specialist (i.e. continuing treatment initiated for non-complex GORD does not meet this criterion), with the specialist's name documented in the patient's medical records for auditing purposes.

Clinical criteria:

- The treatment must be: (i) the sole PBS-subsidised proton pump inhibitor (PPI) for this condition, (ii) the sole strength of this PPI, (iii) the sole form of PPI, **AND**
- Patient must must have symptoms inadequately controlled with each of: (i) a standard dose proton pump inhibitor (PPI) administered once daily, (ii) a low dose PPI administered twice daily; treatment is for: (1) establishment of symptom control; **OR**
- Patient must be assessed for the risks/benefits of a step-down in dosing from standard dose PPI administered twice daily, with the determination being that the risks outweigh the benefits; treatment is for: (2) maintenance treatment; **OR**
- Patient must have trialled a step-down in dosing, yet symptoms have re-emerged/worsened; treatment is for: (3) re-establishment of symptom control; **OR**
- Patient must have trialled a step-down in dosing, with symptoms adequately managed with once daily dosing; treatment is for: (2) maintenance treatment, but with the quantity sought in this authority application being up to 1 pack per dispensing.

Check patient adherence to any preceding PPI treatment regimen. Exclude non-adherence as a cause of inadequate control before accessing treatment under this restriction.

pantoprazole 40 mg enteric tablet, 30

12277E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	0.00	*20.58	22.12	[a] APO-Pantoprazole [TX]	[a] APX-PANTOPRAZOLE [TW]
					[a] BTC Pantoprazole [BG]	[a] I-Pantoprazole [CR]
					[a] Ozpan [RA]	[a] Panthron [ZS]
					[a] Pantoprazole generichealth [HQ]	[a] Pantoprazole Sandoz [SZ]
					[a] PANTOPRAZOLE-WGR [WG]	[a] Salpraz [AF]
					[a] Sozol [RW]	
		[B]9.38	29.96	22.12	[a] Somac [NQ]	

pantoprazole 40 mg enteric coated granules, 30 sachets

12282K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	0.00	*55.32	25.00	Somac [NQ]

PANTOPRAZOLE

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.
Note The treatment must not be prescribed under this restriction for any of the following PBS-indications: (i) gastro-oesophageal reflux disease (where the word 'complex' is absent), (ii) scleroderma oesophagus, (iii) pathological hypersecretory conditions including Zollinger-Ellison syndrome and idiopathic hypersecretion, (iv) peptic ulcer, (v) eradication of *Helicobacter pylori.*
Note A standard dose proton pump inhibitor is one of: esomeprazole 20 mg, lansoprazole 30 mg, omeprazole 20 mg, pantoprazole 40 mg, rabeprazole 20 mg.
Note A low dose proton pump inhibitor includes: lansoprazole 15mg, omeprazole 10mg, pantoprazole 20mg and rabeprazole 10mg.
Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Authority Required

15856

Complex gastro-oesophageal reflux disease (GORD)

Treatment Phase: One of: (1) establishment of symptom control, (2) maintenance treatment, (3) re-establishment of symptom control

Clinical criteria:

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

Treatment criteria:

- Must be treated by a gastroenterologist; **OR**
- Must be treated by a surgeon with expertise in the upper gastrointestinal tract; **OR**
- Must be treated by a medical practitioner who has consulted at least one of the above mentioned specialists in relation to this current PBS benefit being sought, with the specialist's name documented in the patient's medical records for auditing purposes; **OR**
- Must be treated by a medical practitioner who has not consulted a specialist, but only if treatment continues therapy initiated under this restriction with involvement by a specialist (i.e. continuing treatment initiated for non-complex GORD does not meet this criterion), with the specialist's name documented in the patient's medical records for auditing purposes.

Clinical criteria:

- The treatment must be: (i) the sole PBS-subsidised proton pump inhibitor (PPI) for this condition, (ii) the sole strength of this PPI, (iii) the sole form of PPI, **AND**
- Patient must must have symptoms inadequately controlled with each of: (i) a standard dose proton pump inhibitor (PPI) administered once daily, (ii) a low dose PPI administered twice daily; treatment is for: (1) establishment of symptom control; **OR**
- Patient must be assessed for the risks/benefits of a step-down in dosing from standard dose PPI administered twice daily, with the determination being that the risks outweigh the benefits; treatment is for: (2) maintenance treatment; **OR**
- Patient must have trialled a step-down in dosing, yet symptoms have re-emerged/worsened; treatment is for: (3) re-establishment of symptom control; **OR**
- Patient must have trialled a step-down in dosing, with symptoms adequately managed with once daily dosing; treatment is for: (2) maintenance treatment, but with the quantity sought in this authority application being up to 2 packs per dispensing.

Check patient adherence to any preceding PPI treatment regimen. Exclude non-adherence as a cause of inadequate control before accessing treatment under this restriction.

pantoprazole 40 mg enteric tablet, 30

14394N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
4	5	0.00	*26.80	25.00	[a] APO-Pantoprazole [TX]	[a] APX-PANTOPRAZOLE [TW]
					[a] BTC Pantoprazole [BG]	[a] I-Pantoprazole [CR]
					[a] Ozpan [RA]	[a] Panthron [ZS]
					[a] Pantoprazole generichealth [HQ]	[a] Pantoprazole Sandoz [SZ]
					[a] PANTOPRAZOLE-WGR [WG]	[a] Salpraz [AF]
					[a] Sozol [RW]	
		[B]18.76	45.56	25.00	[a] Somac [NQ]	

pantoprazole 40 mg enteric coated granules, 30 sachets

14395P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	5	0.00	*96.28	25.00	Somac [NQ]

PANTOPRAZOLE

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

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

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

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

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

Authority Required (STREAMLINED)

8775

Peptic ulcer

Treatment Phase: Initial treatment

Clinical criteria:

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

Authority Required (STREAMLINED)

8774

Gastro-oesophageal reflux disease

Clinical criteria:

- The treatment must be for initial treatment of symptomatic gastro-oesophageal reflux disease; **OR**
- The treatment must be for the short-term maintenance treatment of gastro-oesophageal reflux disease.

pantoprazole 40 mg enteric tablet, 30

8007K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	1	0.00	17.47	19.01	[a] APO-Pantoprazole [TX]	[a] APX-PANTOPRAZOLE [TW]
						[a] BTC Pantoprazole [BG]	[a] I-Pantoprazole [CR]
						[a] Ozpan [RA]	[a] Panthron [ZS]
						[a] Pantoprazole generichealth [HQ]	[a] Pantoprazole Sandoz [SZ]
						[a] PANTOPRAZOLE-WGR [WG]	[a] Salpraz [AF]
						[a] Sozol [RW]	
			[B]4.69	22.16	19.01	[a] Somac [NQ]	

pantoprazole 40 mg enteric coated granules, 30 sachets

9423Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	1	0.00	34.84	25.00	Somac [NQ]

RABEPRAZOLE

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

Restricted benefit
5444
Gastro-oesophageal reflux disease
Restricted benefit
5512
Scleroderma oesophagus

rabeprazole sodium 10 mg enteric tablet, 28

8507R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	17.93	19.47	[a] APO-Rabeprazole [TX]	[a] Parbezol [RW]
						[a] Rabeprazole Sandoz [SZ]	[a] Rabeprazole Viatris [AF]
						[a] RABEPRAZOLE-WGR [WG]	

RABEPRAZOLE

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

Restricted benefit
15574
Gastro-oesophageal reflux disease
Clinical criteria:
- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Restricted benefit
15633
Scleroderma oesophagus
Clinical criteria:
- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

rabeprazole sodium 10 mg enteric tablet, 28

14502G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*21.50	23.04	[a] APO-Rabeprazole [TX]	[a] Parbezol [RW]
						[a] Rabeprazole Sandoz [SZ]	[a] Rabeprazole Viatris [AF]
						[a] RABEPRAZOLE-WGR [WG]	

RABEPRAZOLE

Note Check patient adherence to lower dose proton pump inhibitor before "stepping-up" therapy.
Note Low dose proton pump inhibitors are appropriate step-down therapy from standard dose proton pump inhibitors.
Note A low dose proton pump inhibitor includes: lansoprazole 15mg, omeprazole 10mg, pantoprazole 20mg and rabeprazole 10mg.

Authority Required (STREAMLINED)
8780
Scleroderma oesophagus

rabeprazole sodium 20 mg enteric tablet, 30

8508T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	17.93	19.47	[a] APO-Rabeprazole [TX]	[a] Parbezol [RW]
						[a] Rabeprazole Mylan [AF]	[a] Rabeprazole Sandoz [SZ]

8508T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
						[a] Rabeprazole SUN [RN]	[a] RABEPRAZOLE-WGR [WG]
						[a] Zabep [AL]	

RABEPRAZOLE

Note Check patient adherence to lower dose proton pump inhibitor before "stepping-up" therapy.
Note Low dose proton pump inhibitors are appropriate step-down therapy from standard dose proton pump inhibitors.
Note A low dose proton pump inhibitor includes: lansoprazole 15mg, omeprazole 10mg, pantoprazole 20mg and rabeprazole 10mg.

Authority Required (STREAMLINED)
15658
Scleroderma oesophagus
Clinical criteria:

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

rabeprazole sodium 20 mg enteric tablet, 30

14433P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*21.50	23.04	[a] APO-Rabeprazole [TX]	[a] Parbezol [RW]
						[a] Rabeprazole Mylan [AF]	[a] Rabeprazole Sandoz [SZ]
						[a] Rabeprazole SUN [RN]	[a] RABEPRAZOLE-WGR [WG]
						[a] Zabep [AL]	

RABEPRAZOLE

Note Check patient adherence to lower dose proton pump inhibitor before "stepping-up" therapy.
Note Low dose proton pump inhibitors are appropriate step-down therapy from standard dose proton pump inhibitors.
Note A low dose proton pump inhibitor includes: lansoprazole 15mg, omeprazole 10mg, pantoprazole 20mg and rabeprazole 10mg.
Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

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

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

rabeprazole sodium 20 mg enteric tablet, 30

11670F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	17.93	19.47	[a] APO-Rabeprazole [TX]	[a] Parbezol [RW]
						[a] Rabeprazole Mylan [AF]	[a] Rabeprazole Sandoz [SZ]
						[a] Rabeprazole SUN [RN]	[a] RABEPRAZOLE-WGR [WG]
						[a] Zabep [AL]	

RABEPRAZOLE

Note Check patient adherence to lower dose proton pump inhibitor before "stepping-up" therapy.
Note Low dose proton pump inhibitors are appropriate step-down therapy from standard dose proton pump inhibitors.
Note A low dose proton pump inhibitor includes: lansoprazole 15mg, omeprazole 10mg, pantoprazole 20mg and rabeprazole 10mg.
Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)
15530
Gastro-oesophageal reflux disease
Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The treatment must be for long-term maintenance of gastro-oesophageal reflux disease in a patient with symptoms inadequately controlled using a low dose proton pump inhibitor.

rabeprazole sodium 20 mg enteric tablet, 30

14463F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*21.50	23.04	[a] APO-Rabeprazole [TX]	[a] Parbezol [RW]
						[a] Rabeprazole Mylan [AF]	[a] Rabeprazole Sandoz [SZ]
						[a] Rabeprazole SUN [RN]	[a] RABEPRAZOLE-WGR [WG]

14463F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
						[a] Zabep [AL]	

RABEPRAZOLE

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

Note The treatment must not be prescribed under this restriction for any of the following PBS-indications: (i) gastro-oesophageal reflux disease (where the word 'complex' is absent), (ii) scleroderma oesophagus, (iii) pathological hypersecretory conditions including Zollinger-Ellison syndrome and idiopathic hypersecretion, (iv) peptic ulcer, (v) eradication of *Helicobacter pylori.*

Note A standard dose proton pump inhibitor is one of: esomeprazole 20 mg, lansoprazole 30 mg, omeprazole 20 mg, pantoprazole 40 mg, rabeprazole 20 mg.

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

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

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

Authority Required

11310

Complex gastro-oesophageal reflux disease (GORD)

Treatment Phase: One of: (1) establishment of symptom control, (2) maintenance treatment, (3) re-establishment of symptom control

Treatment criteria:

- Must be treated by a gastroenterologist; **OR**
- Must be treated by a surgeon with expertise in the upper gastrointestinal tract; **OR**
- Must be treated by a medical practitioner who has consulted at least one of the above mentioned specialists in relation to this current PBS benefit being sought, with the specialist's name documented in the patient's medical records for auditing purposes; **OR**
- Must be treated by a medical practitioner who has not consulted a specialist, but only if treatment continues therapy initiated under this restriction with involvement by a specialist (i.e. continuing treatment initiated for non-complex GORD does not meet this criterion), with the specialist's name documented in the patient's medical records for auditing purposes.

Clinical criteria:

- The treatment must be: (i) the sole PBS-subsidised proton pump inhibitor (PPI) for this condition, (ii) the sole strength of this PPI, (iii) the sole form of PPI, **AND**
- Patient must must have symptoms inadequately controlled with each of: (i) a standard dose proton pump inhibitor (PPI) administered once daily, (ii) a low dose PPI administered twice daily; treatment is for: (1) establishment of symptom control; **OR**
- Patient must be assessed for the risks/benefits of a step-down in dosing from standard dose PPI administered twice daily, with the determination being that the risks outweigh the benefits; treatment is for: (2) maintenance treatment; **OR**
- Patient must have trialled a step-down in dosing, yet symptoms have re-emerged/worsened; treatment is for: (3) re-establishment of symptom control; **OR**
- Patient must have trialled a step-down in dosing, with symptoms adequately managed with once daily dosing; treatment is for: (2) maintenance treatment, but with the quantity sought in this authority application being up to 1 pack per dispensing.

Check patient adherence to any preceding PPI treatment regimen. Exclude non-adherence as a cause of inadequate control before accessing treatment under this restriction.

rabeprazole sodium 20 mg enteric tablet, 30

12286P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	2	5	0.00	*21.50	23.04	[a] APO-Rabeprazole [TX]	[a] Parbezol [RW]
						[a] Rabeprazole Mylan [AF]	[a] Rabeprazole Sandoz [SZ]
						[a] Rabeprazole SUN [RN]	[a] RABEPRAZOLE-WGR [WG]
						[a] Zabep [AL]	

RABEPRAZOLE

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

Note The treatment must not be prescribed under this restriction for any of the following PBS-indications: (i) gastro-oesophageal reflux disease (where the word 'complex' is absent), (ii) scleroderma oesophagus, (iii) pathological hypersecretory conditions including Zollinger-Ellison syndrome and idiopathic hypersecretion, (iv) peptic ulcer, (v) eradication of *Helicobacter pylori.*

Note A standard dose proton pump inhibitor is one of: esomeprazole 20 mg, lansoprazole 30 mg, omeprazole 20 mg, pantoprazole 40 mg, rabeprazole 20 mg.

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

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

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

Authority Required

15856

Complex gastro-oesophageal reflux disease (GORD)
Treatment Phase: One of: (1) establishment of symptom control, (2) maintenance treatment, (3) re-establishment of symptom control

Clinical criteria:

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

Treatment criteria:

- Must be treated by a gastroenterologist; **OR**
- Must be treated by a surgeon with expertise in the upper gastrointestinal tract; **OR**
- Must be treated by a medical practitioner who has consulted at least one of the above mentioned specialists in relation to this current PBS benefit being sought, with the specialist's name documented in the patient's medical records for auditing purposes; **OR**
- Must be treated by a medical practitioner who has not consulted a specialist, but only if treatment continues therapy initiated under this restriction with involvement by a specialist (i.e. continuing treatment initiated for non-complex GORD does not meet this criterion), with the specialist's name documented in the patient's medical records for auditing purposes.

Clinical criteria:

- The treatment must be: (i) the sole PBS-subsidised proton pump inhibitor (PPI) for this condition, (ii) the sole strength of this PPI, (iii) the sole form of PPI, **AND**
- Patient must must have symptoms inadequately controlled with each of: (i) a standard dose proton pump inhibitor (PPI) administered once daily, (ii) a low dose PPI administered twice daily; treatment is for: (1) establishment of symptom control; **OR**
- Patient must be assessed for the risks/benefits of a step-down in dosing from standard dose PPI administered twice daily, with the determination being that the risks outweigh the benefits; treatment is for: (2) maintenance treatment; **OR**
- Patient must have trialled a step-down in dosing, yet symptoms have re-emerged/worsened; treatment is for: (3) re-establishment of symptom control; **OR**
- Patient must have trialled a step-down in dosing, with symptoms adequately managed with once daily dosing; treatment is for: (2) maintenance treatment, but with the quantity sought in this authority application being up to 2 packs per dispensing.

Check patient adherence to any preceding PPI treatment regimen. Exclude non-adherence as a cause of inadequate control before accessing treatment under this restriction.

rabeprazole sodium 20 mg enteric tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14396Q	4	5	0.00	*28.64	25.00	[a] APO-Rabeprazole [TX]	[a] Parbezol [RW]
						[a] Rabeprazole Mylan [AF]	[a] Rabeprazole Sandoz [SZ]
						[a] Rabeprazole SUN [RN]	[a] RABEPRAZOLE-WGR [WG]
						[a] Zabep [AL]	

RABEPRAZOLE

Note Check patient adherence to lower dose proton pump inhibitor before "stepping-up" therapy.
Note Low dose proton pump inhibitors are appropriate step-down therapy from standard dose proton pump inhibitors.
Note A low dose proton pump inhibitor includes: lansoprazole 15mg, omeprazole 10mg, pantoprazole 20mg and rabeprazole 10mg.
Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)
8775
Peptic ulcer
Treatment Phase: Initial treatment

Clinical criteria:

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

Authority Required (STREAMLINED)
8774
Gastro-oesophageal reflux disease

Clinical criteria:

- The treatment must be for initial treatment of symptomatic gastro-oesophageal reflux disease; **OR**
- The treatment must be for the short-term maintenance treatment of gastro-oesophageal reflux disease.

rabeprazole sodium 20 mg enteric tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8509W	1	1	0.00	17.93	19.47	[a] APO-Rabeprazole [TX]	[a] Parbezol [RW]
NP						[a] Rabeprazole Mylan [AF]	[a] Rabeprazole Sandoz [SZ]
						[a] Rabeprazole SUN [RN]	[a] RABEPRAZOLE-WGR [WG]

8509W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
						[a] Zabep [AL]	

Combinations for eradication of Helicobacter pylori

ESOMEPRAZOLE (&) CLARITHROMYCIN (&) AMOXICILLIN

Restricted benefit

6118

Eradication of Helicobacter pylori

Clinical criteria:

- The condition must be associated with peptic ulcer disease.

Note Pharmaceutical benefits that have the form pack containing 14 tablets (enteric coated) containing esomeprazole 20 mg (as magnesium trihydrate), 14 tablets clarithromycin 500 mg and 28 capsules amoxicillin 500 mg (as trihydrate) and pack containing 14 tablets (enteric coated) containing esomeprazole 20 mg (as magnesium), 14 tablets clarithromycin 500 mg and 28 capsules amoxicillin 500 mg (as trihydrate) are equivalent for the purposes of substitution.

esomeprazole 20 mg enteric tablet [14] (&) amoxicillin 500 mg capsule [28] (&) clarithromycin 500 mg tablet [14], 1 pack

8738X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	0	4.82	40.76	25.00	[a] Nexium Hp7 [AP]

esomeprazole 20 mg enteric tablet [14] (&) amoxicillin 500 mg capsule [28] (&) clarithromycin 500 mg tablet [14], 1 pack

10759G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	0	0.00	35.94	25.00	[a] ESOMEPRAZOLE SANDOZ Hp7 [SZ]

DRUGS FOR FUNCTIONAL GASTROINTESTINAL DISORDERS

BELLADONNA AND DERIVATIVES, PLAIN

Belladonna alkaloids, tertiary amines

ATROPINE SULFATE

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

1089H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	1	0.00	29.87	25.00	Atropine Injection (Bridgewest) [WZ]

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

5022H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
DP	1	0	0.00	29.87	25.00	Atropine Injection (Bridgewest) [WZ]

PROPULSIVES

Propulsives

DOMPERIDONE

domperidone 10 mg tablet, 25

1347X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	0	0.00	16.45	17.99	[a] APO-DOMPERIDONE [TX]	[a] Motilium [JT]

METOCLOPRAMIDE

metoclopramide hydrochloride 10 mg tablet, 25

1207M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP MW	1	0	0.00	17.10	18.64	[a] APO-Metoclopramide [TX]	[a] EMEXLON [RW]
						[a] METOCLOPRAMIDE-WGR [WG]	[a] Pramin [AF]
			[B]3.31	20.41	18.64	[a] Maxolon [IL]	

metoclopramide hydrochloride 10 mg tablet, 25

5151D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
DP	1	0	0.00	17.10	18.64	[a] APO-Metoclopramide [TX]	[a] EMEXLON [RW]
						[a] METOCLOPRAMIDE-WGR [WG]	[a] Pramin [AF]
			[B]3.31	20.41	18.64	[a] Maxolon [IL]	

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

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1206L NP MW	1	0	0.00	21.77	23.31	[a] Metoclopramide HCl Medsurge [DZ]	[a] METOCLOPRAMIDE INJECTION BP [WZ]

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

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5153F DP	1	0	0.00	21.77	23.31	[a] Metoclopramide HCl Medsurge [DZ]	[a] METOCLOPRAMIDE INJECTION BP [WZ]

ANTIEMETICS AND ANTINAUSEANTS

ANTIEMETICS AND ANTINAUSEANTS

Serotonin (5HT3) antagonists

FOSNETUPITANT + PALONOSETRON

Note This medicine is not PBS-subsidised for nausea and vomiting associated with radiotherapy being used to treat malignancy.

Note Various sources of information outline the emetic risk associated with cancer treatment. Examples include the National Comprehensive Cancer Network guidelines (USA), eviQ guidelines and approved Product Information of individual drugs. These examples are not a comprehensive list of which anti-cancer drugs that have moderate to high emesis risk.

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

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

Authority Required

14387

Nausea and vomiting

Clinical criteria:

- The treatment must be for prevention of nausea and vomiting associated with moderate to highly emetogenic anti-cancer therapy, **AND**
- The treatment must be in combination with dexamethasone, unless contraindicated, **AND**
- Patient must be unable to swallow; **OR**
- Patient must be contraindicated to oral anti-emetics.

fosnetupitant 235 mg + palonosetron 250 microgram injection, 1 vial

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13640X NP	1	5	0.00	109.55	25.00	Akynzeo IV [XT]

GRANISETRON

Restricted benefit

4118

Nausea and vomiting

Clinical criteria:

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

Increased maximum quantities will be limited to a maximum of 7 days per chemotherapy cycle.

granisetron 2 mg tablet, 1

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8728J NP	2	0	0.00	*31.66	25.00	Kytril [IX]

GRANISETRON

Authority Required (STREAMLINED)

10498

Nausea and vomiting

Clinical criteria:

- The condition must be associated with radiotherapy being used to treat malignancy; **OR**
- The condition must be associated with oral chemotherapy being used to treat malignancy.

granisetron 2 mg tablet, 5

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8873B NP	1	1	0.00	57.59	25.00	Kytril [IX]

NETUPITANT + PALONOSETRON

Note This medicine is not PBS-subsidised for nausea and vomiting associated with radiotherapy being used to treat malignancy.

Note Various sources of information outline the emetic risk associated with cancer treatment. Examples include the National Comprehensive Cancer Network guidelines (USA), eviQ guidelines and approved Product Information of individual drugs. These examples are not a comprehensive list of which anti-cancer drugs that have moderate to high emesis risk.

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

Authority Required (STREAMLINED)

14443

Nausea and vomiting

Clinical criteria:

- The treatment must be in combination with dexamethasone, unless contraindicated, **AND**
- The treatment must be for prevention of nausea and vomiting associated with moderate to highly emetogenic anti-cancer therapy.

netupitant 300 mg + palonosetron 500 microgram capsule, 1

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10731T NP	‡1	5	0.00	99.53	25.00	Akynzeo [XT]

ONDANSETRON

Authority Required (STREAMLINED)

15193

Nausea and vomiting

Clinical criteria:

- The condition must be associated with radiotherapy being used to treat malignancy; **OR**
- The condition must be associated with chemotherapy (including methotrexate) being used in the treatment of malignancy and juvenile autoimmune conditions.

ondansetron 4 mg tablet, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1594X NP	1	1	0.00	23.49	25.00	[a] APX-Ondansetron [TY]	[a] Ondansetron-DRLA [RZ]
						[a] Ondansetron SZ [HX]	[a] Ondansetron Tablets Viatris [AL]
						[a] Ondansetron VTRS [AF]	[a] ONDANSETRON-WGR [WG]
						[a] Zofran [AS]	[a] Zotren 4 [RF]

ondansetron 4 mg/5 mL oral liquid, 50 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8233H NP	‡1	1	0.00	98.61	25.00	[a] ONDANSETRON-AFT [AE]	[a] Zofran syrup 50 mL [AS]

ondansetron 8 mg tablet, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1595Y NP	1	1	0.00	25.66	25.00	[a] APX-Ondansetron [TY]	[a] Ondansetron-DRLA [RZ]
						[a] Ondansetron SZ [HX]	[a] Ondansetron Tablets Viatris [AL]
						[a] Ondansetron VTRS [AF]	[a] ONDANSETRON-WGR [WG]
						[a] Zofran [AS]	[a] Zotren 8 [RF]

ONDANSETRON

Restricted benefit

5618

Nausea and vomiting

Clinical criteria:

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

Increased maximum quantities will be limited to a maximum of 7 days per chemotherapy cycle.

ondansetron 4 mg orally disintegrating tablet, 4

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5470X NP	1	0	0.00	18.10	19.64	[a] APX-Ondansetron ODT [TY]	[a] Ondansetron ODT-DRLA [RZ]
						[a] Ondansetron ODT Viatris [AL]	[a] ONDANSETRON ODT-WGR [WG]
						[a] Ondansetron SZ ODT [HX]	[a] Zotren ODT [RF]

ondansetron 8 mg orally disintegrating tablet, 4

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5471Y NP	1	0	0.00	18.93	20.47	[a] APX-Ondansetron ODT [TY]	[a] Ondansetron ODT-DRLA [RZ]
						[a] Ondansetron ODT Viatris [AL]	[a] Ondansetron ODT VTRS [MQ]
						[a] ONDANSETRON ODT-WGR [WG]	[a] Ondansetron SZ ODT [HX]
						[a] Zotren ODT [RF]	

ONDANSETRON

Restricted benefit

4118

Nausea and vomiting

Clinical criteria:

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

Increased maximum quantities will be limited to a maximum of 7 days per chemotherapy cycle.

ondansetron 4 mg tablet, 4

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8224W NP	1	0	0.00	18.10	19.64	[a] APX-Ondansetron [TY]	[a] Ondansetron-DRLA [RZ]
						[a] Ondansetron SZ [HX]	[a] Ondansetron Tablets Viatris [AL]
						[a] ONDANSETRON-WGR [WG]	[a] Zofran [AS]
						[a] Zotren 4 [RF]	

ondansetron 8 mg tablet, 4

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8225X NP	1	0	0.00	18.93	20.47	[a] APX-Ondansetron [TY]	[a] Ondansetron-DRLA [RZ]
						[a] Ondansetron SZ [HX]	[a] Ondansetron Tablets Viatris [AL]
						[a] Ondansetron VTRS [AF]	[a] ONDANSETRON-WGR [WG]
						[a] Zofran [AS]	[a] Zotren 8 [RF]

ONDANSETRON

Restricted benefit

5721

Nausea and vomiting

Clinical criteria:

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

Increased maximum quantities will be limited to a maximum of 7 days per chemotherapy cycle.

ondansetron 4 mg/5 mL oral liquid, 50 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9441X NP	‡1	0	0.00	98.61	25.00	[a] ONDANSETRON-AFT [AE]	[a] Zofran syrup 50 mL [AS]

ONDANSETRON

Note Pharmaceutical benefits that have the form ondansetron tablet (orally disintegrating) 4 mg and pharmaceutical benefits that have the form ondansetron 4 mg wafer are equivalent for the purposes of substitution.

Authority Required (STREAMLINED)

15193

Nausea and vomiting

Clinical criteria:

- The condition must be associated with radiotherapy being used to treat malignancy; **OR**
- The condition must be associated with chemotherapy (including methotrexate) being used in the treatment of malignancy and juvenile autoimmune conditions.

ondansetron 4 mg orally disintegrating tablet, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5472B NP	1	1	0.00	23.49	25.00	[a] APX-Ondansetron ODT [TY]	[a] Ondansetron ODT-DRLA [RZ]
						[a] Ondansetron ODT Lupin [HQ]	[a] Ondansetron ODT Viatris [AL]
						[a] Ondansetron ODT VTRS [MQ]	[a] ONDANSETRON ODT-WGR [WG]
						[a] Ondansetron SZ ODT [HX]	[a] Zotren ODT [RF]

ondansetron 4 mg wafer, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8412R NP	1	1	3.35	26.84	25.00	[a] Zofran Zydis [AS]

ONDANSETRON

Note Pharmaceutical benefits that have the form ondansetron tablet (orally disintegrating) 8 mg and pharmaceutical benefits that have the form ondansetron 8 mg wafer are equivalent for the purposes of substitution.

Authority Required (STREAMLINED)

15193
Nausea and vomiting
Clinical criteria:

- The condition must be associated with radiotherapy being used to treat malignancy; **OR**
- The condition must be associated with chemotherapy (including methotrexate) being used in the treatment of malignancy and juvenile autoimmune conditions.

ondansetron 8 mg orally disintegrating tablet, 10

5473C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	1	0.00	25.66	25.00	[a] APX-Ondansetron ODT [TY]	[a] Ondansetron ODT-DRLA [RZ]
						[a] Ondansetron ODT Lupin [HQ]	[a] Ondansetron ODT Viatris [AL]
						[a] Ondansetron ODT VTRS [MQ]	[a] ONDANSETRON ODT-WGR [WG]
						[a] Ondansetron SZ ODT [HX]	[a] Zotren ODT [RF]

ondansetron 8 mg wafer, 10

8413T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	1	3.34	31.66	25.00	[a] Zofran Zydis [AS]

PALONOSETRON

Restricted benefit
5686
Nausea and vomiting
Clinical criteria:

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

Note No increase in the maximum quantity or number of units may be authorised.
Note This drug is not PBS-subsidised for administration with oral 5-HT3 antagonists.

palonosetron 250 microgram/5 mL injection, 5 mL vial

5295Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	0	0.00	24.70	25.00	[a] Palonosetron Dr.Reddy's [RZ]	[a] Palonosetron JN [XT]
						[a] PALONOSETRON Medsurge [DZ]	

Other antiemetics

APREPITANT

Authority Required (STREAMLINED)
4211
Nausea and vomiting
Clinical criteria:

- The condition must be associated with cytotoxic chemotherapy being used to treat malignancy, **AND**
- The treatment must be in combination with a 5-hydroxytryptamine receptor (5HT3) antagonist and dexamethasone, **AND**
- Patient must be scheduled to be administered a chemotherapy regimen that includes any 1 of the following agents: altretamine; carmustine; cisplatin when a single dose constitutes a cycle of chemotherapy; cyclophosphamide at a dose of 1500 mg per square metre per day or greater; dacarbazine; procarbazine when a single dose constitutes a cycle of chemotherapy; streptozocin.

No more than 1 capsule of aprepitant 165 mg will be authorised per cycle of cytotoxic chemotherapy.
Note Aprepitant is not PBS-subsidised for nausea and vomiting associated with radiotherapy being used to treat malignancy.
Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)
4215
Nausea and vomiting
Clinical criteria:

- The condition must be associated with cytotoxic chemotherapy being used to treat breast cancer, **AND**
- The treatment must be in combination with a 5-hydroxytryptamine receptor (5HT3) antagonist and dexamethasone, **AND**
- Patient must be scheduled to be co-administered cyclophosphamide and an anthracycline.

No more than 1 capsule of aprepitant 165 mg will be authorised per cycle of cytotoxic chemotherapy.
Note Aprepitant is not PBS-subsidised for nausea and vomiting associated with radiotherapy being used to treat malignancy.
Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)
6444

Nausea and vomiting

Clinical criteria:

- The condition must be associated with moderately emetogenic cytotoxic chemotherapy being used to treat malignancy, **AND**
- The treatment must be in combination with a 5-hydroxytryptamine receptor (5HT3) antagonist and dexamethasone on day 1 of a chemotherapy cycle, **AND**
- Patient must have had a prior episode of chemotherapy induced nausea or vomiting, **AND**
- Patient must be scheduled to be administered a chemotherapy regimen that includes any 1 of the following intravenous chemotherapy agents: arsenic trioxide; azacitidine; cyclophosphamide at a dose of less than 1500 mg per square metre per day; cytarabine at a dose of greater than 1 g per square metre per day; dactinomycin; daunorubicin; doxorubicin; epirubicin; fotemustine; idarubicin; ifosfamide; irinotecan; melphalan; methotrexate at a dose of 250 mg to 1 g per square metre; raltitrexed.

No more than 1 capsule of aprepitant 165 mg will be authorised per cycle of cytotoxic chemotherapy.

Concomitant use of a 5HT3 antagonist should not occur with aprepitant on days 2 and 3 of any chemotherapy cycle.

Note Aprepitant is not PBS-subsidised for nausea and vomiting associated with radiotherapy being used to treat malignancy.
Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

6370

Nausea and vomiting

Clinical criteria:

- The condition must be associated with cytotoxic chemotherapy being used to treat malignancy, **AND**
- The treatment must be in combination with a 5-hydroxytryptamine receptor (5HT3) antagonist and dexamethasone on day 1 of a chemotherapy cycle, **AND**
- Patient must be scheduled to be administered a chemotherapy regimen that includes either carboplatin or oxaliplatin.

No more than 1 capsule of aprepitant 165 mg will be authorised per cycle of cytotoxic chemotherapy.

Concomitant use of a 5HT3 antagonist should not occur with aprepitant on days 2 and 3 of any chemotherapy cycle.

Note Aprepitant is not PBS-subsidised for nausea and vomiting associated with radiotherapy being used to treat malignancy.
Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

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aprepitant 165 mg capsule, 1

2518M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	66.01	25.00	[a] Aprepitant APOTEX [TX]	[a] APREPITANT SCP [XC]

FOSAPREPITANT

Authority Required (STREAMLINED)

6886

Nausea and vomiting

Clinical criteria:

- The condition must be associated with cytotoxic chemotherapy being used to treat malignancy, **AND**
- The treatment must be in combination with a 5-hydroxytryptamine receptor (5HT3) antagonist and dexamethasone, **AND**
- Patient must be scheduled to be administered a chemotherapy regimen that includes any 1 of the following agents: altretamine; carmustine; cisplatin when a single dose constitutes a cycle of chemotherapy; cyclophosphamide at a dose of 1500 mg per square metre per day or greater; dacarbazine; procarbazine when a single dose constitutes a cycle of chemotherapy; streptozocin.

No more than 1 vial of fosaprepitant 150 mg injection will be authorised per cycle of cytotoxic chemotherapy.

Note This medicine is not PBS-subsidised for nausea and vomiting associated with radiotherapy being used to treat malignancy.
Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

6891

Nausea and vomiting

Clinical criteria:

- The condition must be associated with cytotoxic chemotherapy being used to treat breast cancer, **AND**
- The treatment must be in combination with a 5-hydroxytryptamine receptor (5HT3) antagonist and dexamethasone, **AND**
- Patient must be scheduled to be co-administered cyclophosphamide and an anthracycline.

No more than 1 vial of fosaprepitant 150 mg injection will be authorised per cycle of cytotoxic chemotherapy.

Note This medicine is not PBS-subsidised for nausea and vomiting associated with radiotherapy being used to treat malignancy.
Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

6887

Nausea and vomiting

Clinical criteria:

- The condition must be associated with moderately emetogenic cytotoxic chemotherapy being used to treat malignancy, **AND**
- The treatment must be in combination with a 5-hydroxytryptamine receptor (5HT3) antagonist and dexamethasone on day 1 of a chemotherapy cycle, **AND**
- Patient must have had a prior episode of chemotherapy induced nausea or vomiting, **AND**
- Patient must be scheduled to be administered a chemotherapy regimen that includes any 1 of the following intravenous chemotherapy agents: arsenic trioxide; azacitidine; cyclophosphamide at a dose of less than 1500 mg per square metre per day; cytarabine at a dose of greater than 1 g per square metre per day; dactinomycin; daunorubicin; doxorubicin; epirubicin; fotemustine; idarubicin; ifosfamide; irinotecan; melphalan; methotrexate at a dose of 250 mg to 1 g per square metre; raltitrexed.

No more than 1 vial of fosaprepitant 150 mg injection will be authorised per cycle of cytotoxic chemotherapy.

Concomitant use of a 5HT3 antagonist should not occur with fosaprepitant on days 2 and 3 of any chemotherapy cycle.

Note This medicine is not PBS-subsidised for nausea and vomiting associated with radiotherapy being used to treat malignancy.

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

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

Authority Required (STREAMLINED)

6852

Nausea and vomiting

Clinical criteria:

- The condition must be associated with cytotoxic chemotherapy being used to treat malignancy, **AND**
- The treatment must be in combination with a 5-hydroxytryptamine receptor (5HT3) antagonist and dexamethasone on day 1 of a chemotherapy cycle, **AND**
- Patient must be scheduled to be administered a chemotherapy regimen that includes either carboplatin or oxaliplatin.

No more than 1 vial of fosaprepitant 150 mg injection will be authorised per cycle of cytotoxic chemotherapy.

Concomitant use of a 5HT3 antagonist should not occur with fosaprepitant on days 2 and 3 of any chemotherapy cycle.

Note This medicine is not PBS-subsidised for nausea and vomiting associated with radiotherapy being used to treat malignancy.

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

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

fosaprepitant 150 mg injection, 1 vial

11107N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	64.04	25.00	[a] FOSAPREPITANT-AFT [AE]	[a] FOSAPREPITANT MEDSURGE [DZ]
						[a] FOSAPREPITANT MSN [RQ]	

PROCHLORPERAZINE

Caution Prochlorperazine may be associated with parkinsonism and tardive dyskinesia and should be used for short-term treatment only.

prochlorperazine maleate 5 mg tablet, 25

5205Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
DP	1	0	0.00	17.10	18.64	[a] APO-Prochlorperazine [TX]	[a] ProCalm [RW]
						[a] Prochlorperazine GH [GQ]	[a] Prochlorperazine Viatris [AF]
						[a] PROCHLORPERAZINE-WGR [WG]	
			[B]2.79	19.89	18.64	[a] Stemetil [IX]	

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

5206B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
DP	1	0	0.00	30.69	25.00	Stemetil [IX]

PROCHLORPERAZINE

Caution Prochlorperazine may be associated with parkinsonism and tardive dyskinesia and should be used for short-term treatment only.

Note As prochlorperazine may be associated with parkinsonism and tardive dyskinesia it should be used for short-term treatment only. However, authorities for increased maximum quantities and/or repeats of prochlorperazine tablets will be granted for the treatment of emesis associated with malignant disease.

prochlorperazine maleate 5 mg tablet, 25

2893G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP MW	1	0	0.00	17.10	18.64	[a] APO-Prochlorperazine [TX]	[a] ProCalm [RW]
						[a] Prochlorperazine GH [GQ]	[a] Prochlorperazine Viatris [AF]
						[a] PROCHLORPERAZINE-WGR [WG]	
			[B]2.79	19.89	18.64	[a] Stemetil [IX]	

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

2369Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP MW	1	0	0.00	30.69	25.00	Stemetil [IX]

BILE AND LIVER THERAPY

BILE THERAPY

Bile acids and derivatives

OBETICHOLIC ACID

Caution Hepatic decompensation and failure, in some cases fatal, have been reported in post-marketing reports in patients with moderate to severe hepatic impairment when dosed incorrectly.

Note Not for use in the treatment of sclerosing cholangitis.

Note In accordance with the dosing directions in the approved Product Information, the 10 mg presentation is not PBS listed for initiation of treatment.

Note Laboratory readings requested in this authority application must be no older than 52 weeks, prior to starting obeticholic acid or elafibranor, whichever is used first.

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

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

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

Note Special Pricing Arrangements apply.

Authority Required

17498

Primary biliary cholangitis (previously known as Primary biliary cirrhosis)

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by a prescriber who is either: (i) a gastroenterologist, (ii) a hepatologist; **OR**
- Must be treated by a medical practitioner who has consulted at least one of the above mentioned specialist types, **AND**
- Patient must be undergoing concurrent treatment with ursodeoxycholic acid; **OR**
- Patient must be undergoing treatment with this drug as monotherapy because treatment with ursodeoxycholic acid is not tolerated/contraindicated, **AND**
- Patient must not be undergoing concurrent treatment with elafibranor.

Clinical criteria:

- Patient must have experienced an inadequate response to ursodeoxycholic acid, despite treatment with ursodeoxycholic acid for at least 52 weeks at a therapeutic dose, prior to initiating treatment with this drug; **OR**
- Patient must have experienced an intolerance/contraindication to ursodeoxycholic acid of a severity requiring permanent treatment discontinuation, prior to initiating treatment with this drug, **AND**
- Patient must not have/be each of: (i) severe liver disease, (ii) immunocompromised, **AND**
- Patient must have an alkaline phosphatase (ALP) level of at least 1.67 times the upper limit of normal (ULN) prior to initiating treatment with this drug, having accounted for each of: (i) age, (ii) gender, (iii) laboratory to laboratory variances in the definition of 'normal', despite treatment with ursodeoxycholic acid for at least 52 cumulative weeks; **OR**
- Patient must have a total bilirubin level between 1 to 2 times the ULN prior to initiating treatment with this drug, despite treatment with ursodeoxycholic acid for at least 52 cumulative weeks; **OR**
- Patient must have abnormal readings of at least one of: (i) alkaline phosphatase (ii) total bilirubin, in the presence of an intolerance of a severity requiring treatment discontinuation with ursodeoxycholic acid; **OR**
- Patient must have experienced an intolerance to elafibranor of a severity requiring treatment discontinuation, prior to initiating treatment with this drug; **OR**
- Patient must have inadequately responded to treatment with elafibranor, prior to initiating treatment with this drug.

Population criteria:

- Patient must be at least 18 years of age.

Document and retain in the patient's medical records the qualifying baseline laboratory reading for the purpose of assessing response to treatment under the 'Continuing treatment' restriction.

obeticholic acid 5 mg tablet, 30

12623J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	0.00	3,835.98	25.00	Ocaliva [GH]

OBETICHOLIC ACID

Caution Hepatic decompensation and failure, in some cases fatal, have been reported in post-marketing reports in patients with moderate to severe hepatic impairment when dosed incorrectly.

Note Not for use in the treatment of sclerosing cholangitis.

Note Laboratory readings requested in this authority application must be no older than 52 weeks.

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

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

Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)

17548

Primary biliary cholangitis (previously known as Primary biliary cirrhosis)

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a prescriber who is either: (i) a gastroenterologist, (ii) a hepatologist; **OR**
- Must be treated by an eligible practitioner type who has consulted at least one of the above mentioned specialist types, **AND**
- Patient must be undergoing continuing PBS-subsidised treatment with this drug, with treatment having commenced through one of: (i) the 'Initial treatment' listing, (ii) 'Grandfather' arrangements, **AND**
- Patient must be undergoing concurrent treatment with ursodeoxycholic acid; **OR**
- Patient must be undergoing treatment with this drug as monotherapy because treatment with ursodeoxycholic acid is not tolerated/contraindicated, **AND**
- Patient must not be undergoing concurrent treatment with elafibranor.

Clinical criteria:

- Patient must have achieved an adequate response to this drug, defined as having at least one of: (i) an alkaline phosphate (ALP) level less than 1.67 times the upper limit of normal (ULN), (ii) a reduction in the ALP reading of at least 15% compared to the baseline level provided with the initial authority application, (iii) a total bilirubin level within the normal reference range.

The improvement in the qualifying laboratory reading(s) has/have been documented in the patient's medical records.

obeticholic acid 5 mg tablet, 30

12630R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	3,835.98	25.00	Ocaliva [GH]

obeticholic acid 10 mg tablet, 30

12640G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	3,835.98	25.00	Ocaliva [GH]

URSODEOXYCHOLIC ACID

Note Not for use in the treatment of sclerosing cholangitis or cholelithiasis.

Authority Required (STREAMLINED)

16558

Primary biliary cholangitis (previously known as Primary biliary cirrhosis)

Treatment criteria:

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

ursodeoxycholic acid 250 mg capsule, 100

8448P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	4	0.00	*222.12	25.00	[a] APO-Ursodeoxycholic acid [TX]	[a] Ursodox GH [GQ]
						[a] Ursofalk [FD]	[a] Ursosan [BZ]

URSODEOXYCHOLIC ACID

Note Not for use in the treatment of sclerosing cholangitis or cholelithiasis.

Note Pharmaceutical benefits that have the form ursodeoxycholic acid 500 mg capsule and pharmaceutical benefits that have the form ursodeoxycholic acid 500 mg tablet are equivalent for the purposes of substitution.

Authority Required (STREAMLINED)

16558

Primary biliary cholangitis (previously known as Primary biliary cirrhosis)

Treatment criteria:

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

ursodeoxycholic acid 500 mg tablet, 100

11180K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	4	0.00	288.63	25.00	[a] ARX-URSODEOXYCHOLIC ACID [XT]	[a] Ursofalk [FD]

Ursodeoxycholic acid 500 mg capsule, 100

14716M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	4	0.00	288.63	25.00	[a] Ursodox GH [GQ]

Other drugs for bile therapy

ELAFIBRANOR

Caution Hepatic decompensation and failure, in some cases fatal, have been reported in post-marketing reports in patients with moderate to severe hepatic impairment when dosed incorrectly.

Note Not for use in the treatment of sclerosing cholangitis.

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

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

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

Note Special Pricing Arrangements apply.

Authority Required

17567

Primary biliary cholangitis (previously known as Primary biliary cirrhosis)

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

Clinical criteria:

- Patient must have received treatment with this drug for this PBS indication prior to 1 November 2025.

Treatment criteria:

- Must be treated by a prescriber who is either: (i) a gastroenterologist, (ii) a hepatologist; **OR**
- Must be treated by an eligible practitioner type who has consulted at least one of the above mentioned specialist types, **AND**
- Patient must be undergoing concurrent treatment with ursodeoxycholic acid; **OR**
- Patient must be undergoing treatment with this drug as monotherapy because treatment with ursodeoxycholic acid is not tolerated/contraindicated, **AND**
- Patient must not be undergoing concurrent treatment with obeticholic acid.

Clinical criteria:

- Patient must have experienced an inadequate response to ursodeoxycholic acid, despite treatment with ursodeoxycholic acid for at least 52 weeks at a therapeutic dose, prior to initiating treatment with this drug; **OR**
- Patient must have experienced an intolerance/contraindication to ursodeoxycholic acid of a severity requiring permanent treatment discontinuation, prior to initiating treatment with this drug, **AND**
- Patient must not have/be each of: (i) severe liver disease, (ii) immunocompromised, **AND**
- Patient must have had, prior to initiating treatment with this drug, an alkaline phosphatase (ALP) level of at least 1.67 times the upper limit of normal (ULN) having accounted for each of: (i) age, (ii) gender, (iii) laboratory to laboratory variances in the definition of 'normal', despite treatment with ursodeoxycholic acid for at least 52 cumulative weeks; **OR**
- Patient must have had, prior to initiating treatment with this drug, a total bilirubin level between 1 to 2 times the ULN, despite treatment with ursodeoxycholic acid for at least 52 cumulative weeks; **OR**
- Patient must have had, prior to initiating treatment with this drug, abnormal readings of at least one of: (i) alkaline phosphatase (ii) total bilirubin, in the presence of an intolerance of a severity requiring treatment discontinuation with ursodeoxycholic acid; **OR**
- Patient must have experienced an intolerance to obeticholic acid of a severity requiring treatment discontinuation, prior to initiating treatment with this drug; **OR**
- Patient must have had inadequately responded to treatment with obeticholic acid, prior to initiating treatment with this drug.

Population criteria:

- Patient must be at least 18 years of age.

Document and retain in the patient's medical records the qualifying baseline laboratory reading for the purpose of assessing response to treatment under the 'Continuing treatment' restriction.

Note Patients may qualify for PBS-subsidised treatment under this restriction once only. For continuing PBS-subsidised treatment, a 'Grandfathered' patient must qualify under the 'Continuing treatment' criteria.

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

Elafibranor 80 mg tablet, 30

15084X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	5,969.00	25.00	Iqirvo [IS]

ELAFIBRANOR

Caution Hepatic decompensation and failure, in some cases fatal, have been reported in post-marketing reports in patients with moderate to severe hepatic impairment when dosed incorrectly.

Note Not for use in the treatment of sclerosing cholangitis.

Note Laboratory readings requested in this authority application must be no older than 52 weeks.

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

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

Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)

17501

Primary biliary cholangitis (previously known as Primary biliary cirrhosis)

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a prescriber who is either: (i) a gastroenterologist, (ii) a hepatologist; **OR**
- Must be treated by an eligible practitioner type who has consulted at least one of the above mentioned specialist types, **AND**
- Patient must be undergoing continuing PBS-subsidised treatment with this drug, with treatment having commenced through one of: (i) the 'Initial treatment' listing, (ii) 'Grandfather' arrangements, **AND**
- Patient must be undergoing concurrent treatment with ursodeoxycholic acid; **OR**
- Patient must be undergoing treatment with this drug as monotherapy because treatment with ursodeoxycholic acid is not tolerated/contraindicated, **AND**
- Patient must not be undergoing concurrent treatment with obeticholic acid.

Clinical criteria:

- Patient must have achieved an adequate response to this drug, defined as having at least one of: (i) an alkaline phosphate (ALP) level less than 1.67 times the upper limit of normal (ULN), (ii) a reduction in the ALP reading of at least 15% compared to the baseline level provided with the initial authority application, (iii) a total bilirubin level within the normal reference range.

The improvement in the qualifying laboratory reading(s) has/have been documented in the patient's medical records.

Elafibranor 80 mg tablet, 30

15089E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	5,969.00	25.00	Iqirvo [IS]

ELAFIBRANOR

Caution Hepatic decompensation and failure, in some cases fatal, have been reported in post-marketing reports in patients with moderate to severe hepatic impairment when dosed incorrectly.

Note Not for use in the treatment of sclerosing cholangitis.

Note Laboratory readings requested in this authority application must be no older than 52 weeks, prior to starting obeticholic acid or elafibranor, whichever is used first.

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

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

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

Note Special Pricing Arrangements apply.

Authority Required

17499

Primary biliary cholangitis (previously known as Primary biliary cirrhosis)

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by a prescriber who is either: (i) a gastroenterologist, (ii) a hepatologist; **OR**
- Must be treated by a medical practitioner who has consulted at least one of the above mentioned specialist types, **AND**
- Patient must be undergoing concurrent treatment with ursodeoxycholic acid; **OR**
- Patient must be undergoing treatment with this drug as monotherapy because treatment with ursodeoxycholic acid is not tolerated/contraindicated, **AND**
- Patient must not be undergoing concurrent treatment with obeticholic acid.

Clinical criteria:

- Patient must have experienced an inadequate response to ursodeoxycholic acid, despite treatment with ursodeoxycholic acid for at least 52 weeks at a therapeutic dose, prior to initiating treatment with this drug; **OR**
- Patient must have experienced an intolerance/contraindication to ursodeoxycholic acid of a severity requiring permanent treatment discontinuation, prior to initiating treatment with this drug, **AND**
- Patient must not have/be each of: (i) severe liver disease, (ii) immunocompromised, **AND**
- Patient must have an alkaline phosphatase (ALP) level of at least 1.67 times the upper limit of normal (ULN) prior to initiating treatment with this drug, having accounted for each of: (i) age, (ii) gender, (iii) laboratory to laboratory variances in the definition of 'normal', despite treatment with ursodeoxycholic acid for at least 52 cumulative weeks; **OR**
- Patient must have a total bilirubin level between 1 to 2 times the ULN prior to initiating treatment with this drug, despite treatment with ursodeoxycholic acid for at least 52 cumulative weeks; **OR**
- Patient must have abnormal readings of at least one of: (i) alkaline phosphatase (ii) total bilirubin, in the presence of an intolerance of a severity requiring treatment discontinuation with ursodeoxycholic acid; **OR**
- Patient must have experienced an intolerance to obeticholic acid of a severity requiring treatment discontinuation, prior to initiating treatment with this drug; **OR**
- Patient must have inadequately responded to treatment with obeticholic acid, prior to initiating treatment with this drug.

Population criteria:

- Patient must be at least 18 years of age.

Document and retain in the patient's medical records the qualifying baseline laboratory reading for the purpose of assessing response to treatment under the 'Continuing treatment' restriction.

Elafibranor 80 mg tablet, 30

15107D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	0.00	5,969.00	25.00	Iqirvo [IS]

ODEVIXIBAT

Note The recommended dose of odevixibat for initial treatment is 40 micrograms/kg/day. Improvement in pruritus and reduction of serum bile acid levels may occur gradually in some patients after initiating odevixibat therapy.

If an adequate clinical response has been achieved after 3 consecutive months since commencement of treatment, odevixibat should be renewed at 40 micrograms/kg/day through the continuing treatment phase.

Dose modification (where dose escalation occurs during initial treatment)

If an adequate clinical response has not been achieved after at least 1 month and up to 3 months of initial treatment, the dose may be increased to 120 micrograms/kg/day (maximum of 7,200 micrograms per day) through the dose modification treatment phase for up to a total period of 6 months from the date of treatment commencement with odevixibat.

If an adequate clinical response is demonstrated following the balance of up to 6 months of treatment at the higher dose of 120 micrograms/kg/day, odevixibat can be renewed at the same dose through the continuing treatment phase.

If a patient fails to demonstrate a response after 6 months of treatment with this drug for this condition (inclusive of initial and dose modification treatment), they will no longer be eligible to receive PBS-subsidised treatment with this drug for this condition.

Continuing treatment (where dose escalation occurs during continuing treatment)

If an adequate clinical response is unable to be maintained at the lower dose (40 micrograms/kg/day) during continuing treatment, the dose may be increased to 120 micrograms/kg/day (maximum of 7,200 micrograms per day) through the continuing treatment phase.

If an adequate clinical response is demonstrated at the higher dose of 120 micrograms/kg/day, odevixibat can continue to be renewed at the same dose through the continuing treatment phase.

Patients who are unable to demonstrate an adequate clinical response to continuing treatment at the higher dose will be ineligible for further PBS-subsidised treatment with this drug for this condition.

Recommencing treatment

Patients who have demonstrated an adequate clinical response and have ceased treatment for reasons other than a lack of response may recommence treatment through the continuing treatment phase.

Note See the following article for details of the Prucision™ ObsRO Pruritus Scale:

Gwaltney C, Ivanescu C, Karlsson L, Warholic N, Kjems L, Horn P. Validation of the PRUCISION instruments in pediatric patients with progressive familial intrahepatic cholestasis. *Adv Ther.* 2022;39(11):5105-5125

The Prucision™ ObsRO Pruritus Scale is available as a downloadable document at:

https://d2rkmuse97gwnh.cloudfront.net/a88aa6d6-3ca0-4362-a711-d53c45ae33ff/f5ea92bf-e36b-421c-a9fe-af77243f0e42/f5ea92bf-e36b-421c-a9fe-af77243f0e42_source__v.docx

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

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

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

Note Special Pricing Arrangements apply.

Authority Required

17722

Progressive familial intrahepatic cholestasis (PFIC)

Treatment Phase: Dose modification (Dose escalation from initial treatment phase; for PFIC diagnosed after turning 18 years of age)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have demonstrated an adequate clinical response after at least 1 month and up to 3 months following commencement of treatment at 40 micrograms/kg/day.

Treatment criteria:

- Patient must be undergoing treatment with this drug for this condition at 120 micrograms/kg/day, **AND**
- Must be treated by a specialist hepatologist experienced in the management of progressive familial intrahepatic cholestasis (PFIC); **OR**
- Must be treated by a medical practitioner under the supervision of a specialist experienced in the management of progressive familial intrahepatic cholestasis (PFIC).

At the time of the authority application, the prescriber should request sufficient quantity and repeats to provide for the balance to complete up to 6 months of treatment (inclusive of initial and dose modification treatment), if dose modification is being accessed following initial treatment.

An application for continuing treatment must occur following an assessment of response conducted up to a maximum of 6 months from initiation of therapy. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

If a patient fails to demonstrate a response to treatment 6 months after initiating treatment with this drug for this condition (inclusive of initial and dose modification treatment), they will no longer be eligible to receive PBS-subsidised treatment with this drug for this condition.

An adequate clinical response under this treatment phase is defined as an average of at least 1 grade improvement in pruritus score on the Prucision™ ObsRO Pruritus Scale, assessed on 3 occasions over a one-week period prior to assessment of response.

Confirmation of eligibility for dose modification treatment must be documented in the patient's medical records (include assessment of response score after at least 1 month and up to 3 months after commencing initial treatment).

Any further authority applications occurring immediately after access through this dose modification listing are not to occur through the initial treatment listing.

Dose modification

Where the drug's Product Information indicates variable dosing regimens based on the individual's response/tolerance, apply under this listing to continue treatment with the new strength. Mark any remaining repeat prescriptions for the discontinued strength with the word 'cancelled'. This treatment phase listing recognises that a patient's optimal dose may not always be immediately apparent at the time of treatment initiation and therefore does not require confirmation of an objective, adequate response to the preceding supply of drug.

Eligible patients must not be recommencing treatment directly through this treatment phase.

Odevixibat 200 microgram capsule, 30

15185F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	12	4	0.00	*68,684.52	25.00	Bylvay [IS]

Odevixibat 400 microgram capsule, 30

15184E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	6	4	0.00	*68,407.38	25.00	Bylvay [IS]

Odevixibat 600 microgram capsule, 30

15194Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	12	4	0.00	*203,665.32	25.00	Bylvay [IS]

Odevixibat 1.2 mg capsule, 30

15134M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	6	4	0.00	*202,327.38	25.00	Bylvay [IS]

ODEVIXIBAT

Note The recommended dose of odevixibat for initial treatment is 40 micrograms/kg/day. Improvement in pruritus and reduction of serum bile acid levels may occur gradually in some patients after initiating odevixibat therapy.

If an adequate clinical response has been achieved after 3 consecutive months since commencement of treatment, odevixibat should be renewed at 40 micrograms/kg/day through the continuing treatment phase.

Dose modification (where dose escalation occurs during initial treatment)

If an adequate clinical response has not been achieved after at least 1 month and up to 3 months of initial treatment, the dose may be increased to 120 micrograms/kg/day (maximum of 7,200 micrograms per day) through the dose modification treatment phase for up to a total period of 6 months from the date of treatment commencement with odevixibat.

If an adequate clinical response is demonstrated following the balance of up to 6 months of treatment at the higher dose of 120 micrograms/kg/day, odevixibat can be renewed at the same dose through the continuing treatment phase.

If a patient fails to demonstrate a response after 6 months of treatment with this drug for this condition (inclusive of initial and dose modification treatment), they will no longer be eligible to receive PBS-subsidised treatment with this drug for this condition.

Continuing treatment (where dose escalation occurs during continuing treatment)

If an adequate clinical response is unable to be maintained at the lower dose (40 micrograms/kg/day) during continuing treatment, the dose may be increased to 120 micrograms/kg/day (maximum of 7,200 micrograms per day) through the continuing treatment phase.

If an adequate clinical response is demonstrated at the higher dose of 120 micrograms/kg/day, odevixibat can continue to be renewed at the same dose through the continuing treatment phase.

Patients who are unable to demonstrate an adequate clinical response to continuing treatment at the higher dose will be ineligible for further PBS-subsidised treatment with this drug for this condition.

Recommencing treatment

Patients who have demonstrated an adequate clinical response and have ceased treatment for reasons other than a lack of response may recommence treatment through the continuing treatment phase.

Note See the following article for details of the Prucision™ ObsRO Pruritus Scale:

Gwaltney C, Ivanescu C, Karlsson L, Warholic N, Kjems L, Horn P. Validation of the PRUCISION instruments in pediatric patients with progressive familial intrahepatic cholestasis. *Adv Ther.* 2022;39(11):5105-5125

The Prucision™ ObsRO Pruritus Scale is available as a downloadable document at:

https://d2rkmuse97gwnh.cloudfront.net/a88aa6d6-3ca0-4362-a711-d53c45ae33ff/f5ea92bf-e36b-421c-a9fe-af77243f0e42/f5ea92bf-e36b-421c-a9fe-af77243f0e42_source__v.docx

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

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

Applications for authorisation under this restriction should be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)

Alternatively, applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

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

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

Note Special Pricing Arrangements apply.

Authority Required

17701

Progressive familial intrahepatic cholestasis (PFIC)

Treatment Phase: Initial treatment (PFIC diagnosed prior to turning 18 years of age)

Clinical criteria:

- Patient must not have previously received PBS-subsidised treatment with this drug for this PBS indication, **AND**
- Patient must have a clinical diagnosis of progressive familial intrahepatic cholestasis (PFIC), **AND**
- Patient must have elevated serum bile acids at treatment initiation with this drug, **AND**
- Patient must be experiencing itch at treatment initiation with this drug, with other factors causing pruritus excluded through both: (i) physical examination, (ii) patient history, **AND**
- Patient must have had an average pruritus score of at least 2 on the Prucision™ ObsRO Pruritus Scale assessed on three occasions over a one-week period prior to treatment initiation with this drug.

Treatment criteria:

- Must be treated by a specialist experienced in the management of progressive familial intrahepatic cholestasis (PFIC), who is either a: (i) gastroenterologist, (ii) hepatologist.

Population criteria:

- Patient must be aged between 6 months and 17 years inclusive; **OR**
- Patient must be/have been diagnosed prior to turning 18 years of age.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(1) details of the pruritus score using the Prucision™ ObsRO Pruritus scale;

(2) details of serum bile acids (date and micromol/L).

If the application is submitted through HPOS form upload or mail, it must include:

(i) details of the proposed prescription; and

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

Prescriber must exclude any other causes of pruritus which include any of the following:

(i) drug related (e.g., opioid-related pruritus);

(ii) drug hypersensitivity or adverse effect; contact dermatitis; allergy;

(iii) differential diagnoses (e.g., xerosis; infestations; iron deficiency; chronic kidney disease; polycythaemia vera/leukaemia/lymphoma; hypothyroidism; uncontrolled diabetes, eczema, scabies).

At the time of the authority application, the prescriber should request the appropriate strength(s) and quantity based on the patient's weight, according to the dosing schedule in the TGA-approved Product Information to provide sufficient drug for one month's supply with 2 repeats. A separate authority approval is required for each strength requested.

An application for continuing treatment must occur following an assessment of response conducted up to 3 months of therapy. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

An application for dose modification treatment must occur following an assessment of response conducted from 1 month of therapy up to 3 months of therapy. This will enable ongoing treatment for those who meet the dose modification restriction criteria for PBS-subsidised treatment.

If a patient fails to demonstrate a response to treatment with this drug after 1 month, they will be eligible to receive PBS-subsidised treatment at a higher dose with this drug for this condition under the dose modification treatment phase for a maximum of 5 months; annotate any remaining repeat prescriptions with the word 'cancelled' where this occurs within this treatment phase.

All diagnostic reports/tools must be documented in the patient's medical records.

An adequate clinical response to initial treatment is defined as an average of at least 1 grade improvement in pruritus score on the Prucision™ ObsRO Pruritus Scale, assessed on 3 occasions over a one-week period prior to assessment of response.

Eligible patients must not be recommencing treatment directly through this treatment phase.

Odevixibat 200 microgram capsule, 30

15135N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	12	2	0.00	*68,684.52	25.00	Bylvay [IS]

Odevixibat 400 microgram capsule, 30

15183D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	6	2	0.00	*68,407.38	25.00	Bylvay [IS]

Odevixibat 600 microgram capsule, 30

15181B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	12	2	0.00	*203,665.32	25.00	Bylvay [IS]

Odevixibat 1.2 mg capsule, 30

15182C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	6	2	0.00	*202,327.38	25.00	Bylvay [IS]

ODEVIXIBAT

Note The recommended dose of odevixibat for initial treatment is 40 micrograms/kg/day. Improvement in pruritus and reduction of serum bile acid levels may occur gradually in some patients after initiating odevixibat therapy.

If an adequate clinical response has been achieved after 3 consecutive months since commencement of treatment, odevixibat should be renewed at 40 micrograms/kg/day through the continuing treatment phase.

Dose modification (where dose escalation occurs during initial treatment)

If an adequate clinical response has not been achieved after at least 1 month and up to 3 months of initial treatment, the dose may be increased to 120 micrograms/kg/day (maximum of 7,200 micrograms per day) through the dose modification treatment phase for up to a total period of 6 months from the date of treatment commencement with odevixibat.

If an adequate clinical response is demonstrated following the balance of up to 6 months of treatment at the higher dose of 120 micrograms/kg/day, odevixibat can be renewed at the same dose through the continuing treatment phase.

If a patient fails to demonstrate a response after 6 months of treatment with this drug for this condition (inclusive of initial and dose modification treatment), they will no longer be eligible to receive PBS-subsidised treatment with this drug for this condition.

Continuing treatment (where dose escalation occurs during continuing treatment)

If an adequate clinical response is unable to be maintained at the lower dose (40 micrograms/kg/day) during continuing treatment, the dose may be increased to 120 micrograms/kg/day (maximum of 7,200 micrograms per day) through the continuing treatment phase.

If an adequate clinical response is demonstrated at the higher dose of 120 micrograms/kg/day, odevixibat can continue to be renewed at the same dose through the continuing treatment phase.

Patients who are unable to demonstrate an adequate clinical response to continuing treatment at the higher dose will be ineligible for further PBS-subsidised treatment with this drug for this condition.

Recommencing treatment

Patients who have demonstrated an adequate clinical response and have ceased treatment for reasons other than a lack of response may recommence treatment through the continuing treatment phase.

Note See the following article for details of the Prucision™ ObsRO Pruritus Scale:

Gwaltney C, Ivanescu C, Karlsson L, Warholic N, Kjems L, Horn P. Validation of the PRUCISION instruments in pediatric patients with progressive familial intrahepatic cholestasis. *Adv Ther.* 2022;39(11):5105-5125

The Prucision™ ObsRO Pruritus Scale is available as a downloadable document at:

https://d2rkmuse97gwnh.cloudfront.net/a88aa6d6-3ca0-4362-a711-d53c45ae33ff/f5ea92bf-e36b-421c-a9fe-af77243f0e42/f5ea92bf-e36b-421c-a9fe-af77243f0e42_source__v.docx

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

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

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

Note Special Pricing Arrangements apply.

Authority Required

17721

Progressive familial intrahepatic cholestasis (PFIC)

Treatment Phase: Continuing treatment (PFIC diagnosed after turning 18 years of age)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated an adequate clinical response to the most recent course of treatment; **OR**
- Patient must be undergoing dose escalation to 120 micrograms/kg/day if they were unable to maintain a previously demonstrated adequate clinical response at 40 micrograms/kg/day in continuing treatment, **AND**
- Patient must not be undergoing treatment with this drug for this condition, where an adequate clinical response was unable to be maintained at 120 micrograms/kg/day.

Treatment criteria:

- Must be treated by a specialist hepatologist experienced in the management of progressive familial intrahepatic cholestasis (PFIC); **OR**
- Must be treated by a medical practitioner under the supervision of a specialist experienced in the management of progressive familial intrahepatic cholestasis (PFIC).

An adequate clinical response under this treatment phase is defined as an average of at least 1 grade improvement in pruritus score on the Prucision™ ObsRO Pruritus Scale, assessed on 3 occasions over a one-week period prior to assessment of response.

Confirmation of eligibility for continuing treatment must be provided with the authority application and documented in the patient's medical records (include assessment of adequate clinical response to preceding supply).

A patient may be eligible for treatment at the higher dose (120 micrograms/kg/day), if a loss of response occurred, or if an adequate response was unable to be maintained at the lower dose (40 micrograms/kg/day) during continuing treatment. To be eligible for continuing treatment at the higher dose (120 micrograms/kg/day), the patient must demonstrate and maintain an adequate clinical response at the higher dose.

Odevixibat 200 microgram capsule, 30

15136P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	12	5	0.00	*68,684.52	25.00	Bylvay [IS]

Odevixibat 400 microgram capsule, 30

15174P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	6	5	0.00	*68,407.38	25.00	Bylvay [IS]

Odevixibat 600 microgram capsule, 30

15164D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	12	5	0.00	*203,665.32	25.00	Bylvay [IS]

Odevixibat 1.2 mg capsule, 30

15150J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	6	5	0.00	*202,327.38	25.00	Bylvay [IS]

ODEVIXIBAT

Note The recommended dose of odevixibat for initial treatment is 40 micrograms/kg/day. Improvement in pruritus and reduction of serum bile acid levels may occur gradually in some patients after initiating odevixibat therapy.

If an adequate clinical response has been achieved after 3 consecutive months since commencement of treatment, odevixibat should be renewed at 40 micrograms/kg/day through the continuing treatment phase.

Dose modification (where dose escalation occurs during initial treatment)

If an adequate clinical response has not been achieved after at least 1 month and up to 3 months of initial treatment, the dose may be increased to 120 micrograms/kg/day (maximum of 7,200 micrograms per day) through the dose modification treatment phase for up to a total period of 6 months from the date of treatment commencement with odevixibat.

If an adequate clinical response is demonstrated following the balance of up to 6 months of treatment at the higher dose of 120 micrograms/kg/day, odevixibat can be renewed at the same dose through the continuing treatment phase.

If a patient fails to demonstrate a response after 6 months of treatment with this drug for this condition (inclusive of initial and dose modification treatment), they will no longer be eligible to receive PBS-subsidised treatment with this drug for this condition.

Continuing treatment (where dose escalation occurs during continuing treatment)

If an adequate clinical response is unable to be maintained at the lower dose (40 micrograms/kg/day) during continuing treatment, the dose may be increased to 120 micrograms/kg/day (maximum of 7,200 micrograms per day) through the continuing treatment phase.

If an adequate clinical response is demonstrated at the higher dose of 120 micrograms/kg/day, odevixibat can continue to be renewed at the same dose through the continuing treatment phase.

Patients who are unable to demonstrate an adequate clinical response to continuing treatment at the higher dose will be ineligible for further PBS-subsidised treatment with this drug for this condition.

Recommencing treatment

Patients who have demonstrated an adequate clinical response and have ceased treatment for reasons other than a lack of response may recommence treatment through the continuing treatment phase.

Note See the following article for details of the Prucision™ ObsRO Pruritus Scale:

Gwaltney C, Ivanescu C, Karlsson L, Warholic N, Kjems L, Horn P. Validation of the PRUCISION instruments in pediatric patients with progressive familial intrahepatic cholestasis. *Adv Ther.* 2022;39(11):5105-5125

The Prucision™ ObsRO Pruritus Scale is available as a downloadable document at:

https://d2rkmuse97gwnh.cloudfront.net/a88aa6d6-3ca0-4362-a711-d53c45ae33ff/f5ea92bf-e36b-421c-a9fe-af77243f0e42/f5ea92bf-e36b-421c-a9fe-af77243f0e42_source__v.docx

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

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

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

Note Special Pricing Arrangements apply.

Authority Required

17705

Progressive familial intrahepatic cholestasis (PFIC)

Treatment Phase: Continuing treatment (PFIC diagnosed prior to turning 18 years of age)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated an adequate clinical response to the most recent course of treatment; **OR**
- Patient must be undergoing dose escalation to 120 micrograms/kg/day if they were unable to maintain a previously demonstrated adequate clinical response at 40 micrograms/kg/day in continuing treatment, **AND**

- Patient must not be undergoing treatment with this drug for this condition, where an adequate clinical response was unable to be maintained at 120 micrograms/kg/day.

Treatment criteria:

- Must be treated by a specialist experienced in the management of progressive familial intrahepatic cholestasis (PFIC), who is either a: (i) gastroenterologist, (ii) hepatologist; **OR**
- Must be treated by a medical practitioner under the supervision of a specialist experienced in the management of progressive familial intrahepatic cholestasis (PFIC).

An adequate clinical response under this treatment phase is defined as an average of at least 1 grade improvement in pruritus score on the Prucision™ ObsRO Pruritus Scale, assessed on 3 occasions over a one-week period prior to assessment of response.

Confirmation of eligibility for continuing treatment must be provided with the authority application and documented in the patient's medical records (include assessment of adequate clinical response to preceding supply).

A patient may be eligible for treatment at the higher dose (120 micrograms/kg/day), if a loss of response occurred, or if an adequate response was unable to be maintained at the lower dose (40 micrograms/kg/day) during continuing treatment. To be eligible for continuing treatment at the higher dose (120 micrograms/kg/day), the patient must demonstrate and maintain an adequate clinical response at the higher dose.

Odevixibat 200 microgram capsule, 30

15195R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	12	5	0.00	*68,684.52	25.00	Bylvay [IS]

Odevixibat 400 microgram capsule, 30

15151K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	6	5	0.00	*68,407.38	25.00	Bylvay [IS]

Odevixibat 600 microgram capsule, 30

15158T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	12	5	0.00	*203,665.32	25.00	Bylvay [IS]

Odevixibat 1.2 mg capsule, 30

15165E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	6	5	0.00	*202,327.38	25.00	Bylvay [IS]

ODEVIXIBAT

Note The recommended dose of odevixibat for initial treatment is 40 micrograms/kg/day. Improvement in pruritus and reduction of serum bile acid levels may occur gradually in some patients after initiating odevixibat therapy.

If an adequate clinical response has been achieved after 3 consecutive months since commencement of treatment, odevixibat should be renewed at 40 micrograms/kg/day through the continuing treatment phase.

Dose modification (where dose escalation occurs during initial treatment)

If an adequate clinical response has not been achieved after at least 1 month and up to 3 months of initial treatment, the dose may be increased to 120 micrograms/kg/day (maximum of 7,200 micrograms per day) through the dose modification treatment phase for up to a total period of 6 months from the date of treatment commencement with odevixibat.

If an adequate clinical response is demonstrated following the balance of up to 6 months of treatment at the higher dose of 120 micrograms/kg/day, odevixibat can be renewed at the same dose through the continuing treatment phase.

If a patient fails to demonstrate a response after 6 months of treatment with this drug for this condition (inclusive of initial and dose modification treatment), they will no longer be eligible to receive PBS-subsidised treatment with this drug for this condition.

Continuing treatment (where dose escalation occurs during continuing treatment)

If an adequate clinical response is unable to be maintained at the lower dose (40 micrograms/kg/day) during continuing treatment, the dose may be increased to 120 micrograms/kg/day (maximum of 7,200 micrograms per day) through the continuing treatment phase.

If an adequate clinical response is demonstrated at the higher dose of 120 micrograms/kg/day, odevixibat can continue to be renewed at the same dose through the continuing treatment phase.

Patients who are unable to demonstrate an adequate clinical response to continuing treatment at the higher dose will be ineligible for further PBS-subsidised treatment with this drug for this condition.

Recommencing treatment

Patients who have demonstrated an adequate clinical response and have ceased treatment for reasons other than a lack of response may recommence treatment through the continuing treatment phase.

Note See the following article for details of the Prucision™ ObsRO Pruritus Scale:

Gwaltney C, Ivanescu C, Karlsson L, Warholic N, Kjems L, Horn P. Validation of the PRUCISION instruments in pediatric patients with progressive familial intrahepatic cholestasis. *Adv Ther.* 2022;39(11):5105-5125

The Prucision™ ObsRO Pruritus Scale is available as a downloadable document at:

https://d2rkmuse97gwnh.cloudfront.net/a88aa6d6-3ca0-4362-a711-d53c45ae33ff/f5ea92bf-e36b-421c-a9fe-af77243f0e42/f5ea92bf-e36b-421c-a9fe-af77243f0e42_source__v.docx

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

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

Applications for authorisation under this restriction should be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)

Alternatively, applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

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

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

Note Special Pricing Arrangements apply.

Authority Required

17703

Progressive familial intrahepatic cholestasis (PFIC)

Treatment Phase: Initial treatment (PFIC diagnosed after turning 18 years of age)

Clinical criteria:

- Patient must not have previously received PBS-subsidised treatment with this drug for this PBS indication, **AND**
- Patient must have a clinical diagnosis of progressive familial intrahepatic cholestasis (PFIC), **AND**
- Patient must have elevated serum bile acids at treatment initiation with this drug, **AND**
- Patient must be experiencing itch at treatment initiation with this drug, with other factors causing pruritus excluded through both: (i) physical examination, (ii) patient history, **AND**
- Patient must have had an average pruritus score of at least 2 on the Prucision™ ObsRO Pruritus Scale assessed on three occasions over a one-week period prior to treatment initiation with this drug.

Treatment criteria:

- Must be treated by a specialist hepatologist experienced in the management of progressive familial intrahepatic cholestasis (PFIC).

Population criteria:

- Patient must be/have been diagnosed after turning 18 years of age.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(1) details of the pruritus score using the Prucision™ ObsRO Pruritus scale;

(2) details of serum bile acids (date and micromol/L).

If the application is submitted through HPOS form upload or mail, it must include:

(i) details of the proposed prescription; and

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

Prescriber must exclude any other causes of pruritus which include any of the following:

(i) drug related (e.g., opioid-related pruritus);

(ii) drug hypersensitivity or adverse effect; contact dermatitis; allergy;

(iii) differential diagnoses (e.g., xerosis; infestations; iron deficiency; chronic kidney disease; polycythaemia vera/leukaemia/lymphoma; hypothyroidism; uncontrolled diabetes, eczema, scabies).

At the time of the authority application, the prescriber should request the appropriate strength(s) and quantity based on the patient's weight, according to the dosing schedule in the TGA-approved Product Information to provide sufficient drug for one month's supply with 2 repeats. A separate authority approval is required for each strength requested.

An application for continuing treatment must occur following an assessment of response conducted up to 3 months of therapy. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

An application for dose modification treatment must occur following an assessment of response conducted from 1 month of therapy up to 3 months of therapy. This will enable ongoing treatment for those who meet the dose modification restriction criteria for PBS-subsidised treatment.

If a patient fails to demonstrate a response to treatment with this drug after 1 month, they will be eligible to receive PBS-subsidised treatment at a higher dose with this drug for this condition under the dose modification treatment phase for a maximum of 5 months; annotate any remaining repeat prescriptions with the word 'cancelled' where this occurs within this treatment phase.

All diagnostic reports/tools must be documented in the patient's medical records.

An adequate clinical response to initial treatment is defined as an average of at least 1 grade improvement in pruritus score on the Prucision™ ObsRO Pruritus Scale, assessed on 3 occasions over a one-week period prior to assessment of response.

Eligible patients must not be recommencing treatment directly through this treatment phase.

Odevixibat 200 microgram capsule, 30

15157R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12	2	0.00	*68,684.52	25.00	Bylvay [IS]

Odevixibat 400 microgram capsule, 30

15186G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	6	2	0.00	*68,407.38	25.00	Bylvay [IS]

Odevixibat 600 microgram capsule, 30

15166F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	12	2	0.00	*203,665.32	25.00	Bylvay [IS]

Odevixibat 1.2 mg capsule, 30

15196T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	6	2	0.00	*202,327.38	25.00	Bylvay [IS]

ODEVIXIBAT

Note The recommended dose of odevixibat for initial treatment is 40 micrograms/kg/day. Improvement in pruritus and reduction of serum bile acid levels may occur gradually in some patients after initiating odevixibat therapy.

If an adequate clinical response has been achieved after 3 consecutive months since commencement of treatment, odevixibat should be renewed at 40 micrograms/kg/day through the continuing treatment phase.

Dose modification (where dose escalation occurs during initial treatment)

If an adequate clinical response has not been achieved after at least 1 month and up to 3 months of initial treatment, the dose may be increased to 120 micrograms/kg/day (maximum of 7,200 micrograms per day) through the dose modification treatment phase for up to a total period of 6 months from the date of treatment commencement with odevixibat.

If an adequate clinical response is demonstrated following the balance of up to 6 months of treatment at the higher dose of 120 micrograms/kg/day, odevixibat can be renewed at the same dose through the continuing treatment phase.

If a patient fails to demonstrate a response after 6 months of treatment with this drug for this condition (inclusive of initial and dose modification treatment), they will no longer be eligible to receive PBS-subsidised treatment with this drug for this condition.

Continuing treatment (where dose escalation occurs during continuing treatment)

If an adequate clinical response is unable to be maintained at the lower dose (40 micrograms/kg/day) during continuing treatment, the dose may be increased to 120 micrograms/kg/day (maximum of 7,200 micrograms per day) through the continuing treatment phase.

If an adequate clinical response is demonstrated at the higher dose of 120 micrograms/kg/day, odevixibat can continue to be renewed at the same dose through the continuing treatment phase.

Patients who are unable to demonstrate an adequate clinical response to continuing treatment at the higher dose will be ineligible for further PBS-subsidised treatment with this drug for this condition.

Recommencing treatment

Patients who have demonstrated an adequate clinical response and have ceased treatment for reasons other than a lack of response may recommence treatment through the continuing treatment phase.

Note See the following article for details of the Prucision™ ObsRO Pruritus Scale:

Gwaltney C, Ivanescu C, Karlsson L, Warholic N, Kjems L, Horn P. Validation of the PRUCISION instruments in pediatric patients with progressive familial intrahepatic cholestasis. *Adv Ther.* 2022;39(11):5105-5125

The Prucision™ ObsRO Pruritus Scale is available as a downloadable document at:

https://d2rkmuse97gwnh.cloudfront.net/a88aa6d6-3ca0-4362-a711-d53c45ae33ff/f5ea92bf-e36b-421c-a9fe-af77243f0e42/f5ea92bf-e36b-421c-a9fe-af77243f0e42_source__v.docx

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

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

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

Note Special Pricing Arrangements apply.

Authority Required

17738

Progressive familial intrahepatic cholestasis (PFIC)

Treatment Phase: Dose modification (Dose escalation from initial treatment phase; for PFIC diagnosed prior to turning 18 years of age)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have demonstrated an adequate clinical response after at least 1 month and up to 3 months following commencement of treatment at 40 micrograms/kg/day.

Treatment criteria:

- Patient must be undergoing treatment with this drug for this condition at 120 micrograms/kg/day, **AND**
- Must be treated by a specialist experienced in the management of progressive familial intrahepatic cholestasis (PFIC), who is either a: (i) gastroenterologist, (ii) hepatologist; **OR**
- Must be treated by a medical practitioner under the supervision of a specialist experienced in the management of progressive familial intrahepatic cholestasis (PFIC).

At the time of the authority application, the prescriber should request sufficient quantity and repeats to provide for the balance to complete up to 6 months of treatment (inclusive of initial and dose modification treatment), if dose modification is being accessed following initial treatment.

An application for continuing treatment must occur following an assessment of response conducted up to a maximum of 6 months from initiation of therapy. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

If a patient fails to demonstrate a response to treatment 6 months after initiating treatment with this drug for this condition (inclusive of initial and dose modification treatment), they will no longer be eligible to receive PBS-subsidised treatment with this drug for this condition.

An adequate clinical response under this treatment phase is defined as an average of at least 1 grade improvement in pruritus score on the Prucision™ ObsRO Pruritus Scale, assessed on 3 occasions over a one-week period prior to assessment of response.

Confirmation of eligibility for dose modification treatment must be documented in the patient's medical records (include assessment of response score after at least 1 month and up to 3 months after commencing initial treatment).

Any further authority applications occurring immediately after access through this dose modification listing are not to occur through the initial treatment listing.

Dose modification

Where the drug's Product Information indicates variable dosing regimens based on the individual's response/tolerance, apply under this listing to continue treatment with the new strength. Mark any remaining repeat prescriptions for the discontinued strength with the word 'cancelled'. This treatment phase listing recognises that a patient's optimal dose may not always be immediately apparent at the time of treatment initiation and therefore does not require confirmation of an objective, adequate response to the preceding supply of drug.

Eligible patients must not be recommencing treatment directly through this treatment phase.

Odevixibat 200 microgram capsule, 30

15192N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	12	4	0.00	*68,684.52	25.00	Bylvay [IS]

Odevixibat 400 microgram capsule, 30

15167G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	6	4	0.00	*68,407.38	25.00	Bylvay [IS]

Odevixibat 600 microgram capsule, 30

15193P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	12	4	0.00	*203,665.32	25.00	Bylvay [IS]

Odevixibat 1.2 mg capsule, 30

15163C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	6	4	0.00	*202,327.38	25.00	Bylvay [IS]

DRUGS FOR CONSTIPATION

DRUGS FOR CONSTIPATION

Contact laxatives

BISACODYL

Restricted benefit

5640

Constipation

Clinical criteria:

- Patient must be paraplegic or quadriplegic or have severe neurogenic impairment of bowel function.

Restricted benefit

5775

Constipation

Clinical criteria:

- Patient must be receiving palliative care.

Restricted benefit

5879

Constipation

Clinical criteria:

- Patient must be receiving long-term nursing care on account of age, infirmity or other condition in a hospital, nursing home or residential facility.

Population criteria:

- Patient must identify as Aboriginal or Torres Strait Islander.

Restricted benefit

5819

Constipation

Clinical criteria:

- Patient must be receiving long-term nursing care and in respect of whom a Carer Allowance is payable as a disabled adult.

Population criteria:

- Patient must identify as Aboriginal or Torres Strait Islander.

Restricted benefit

5851

Terminal malignant neoplasia

Population criteria:

- Patient must identify as Aboriginal or Torres Strait Islander.

Restricted benefit

5823

Anorectal congenital abnormalities

Population criteria:

- Patient must identify as Aboriginal or Torres Strait Islander.

Restricted benefit

5866

Megacolon

Population criteria:

- Patient must identify as Aboriginal or Torres Strait Islander.

bisacodyl 10 mg suppository, 12

1258F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	4	0.00	*25.59	25.00	Petrus Bisacodyl Suppositories [PP]

NP

bisacodyl 10 mg suppository, 10

1260H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3	5	0.00	*26.85	25.00	[a] Petrus Bisacodyl Suppositories [PP]	
		[B]1.20	*28.05	25.00	[a] Dulcolax [VZ]	

NP

BISACODYL

Restricted benefit

5640

Constipation

Clinical criteria:

- Patient must be paraplegic or quadriplegic or have severe neurogenic impairment of bowel function.

Restricted benefit

5720

Constipation

Clinical criteria:

- Patient must be receiving long-term nursing care on account of age, infirmity or other condition in a hospital, nursing home or residential facility.

Restricted benefit

5613

Constipation

Clinical criteria:

- Patient must be receiving long-term nursing care and in respect of whom a Carer Allowance is payable as a disabled adult.

Restricted benefit

5775

Constipation

Clinical criteria:

- Patient must be receiving palliative care.

Restricted benefit

5776

Terminal malignant neoplasia

Restricted benefit

5685

Anorectal congenital abnormalities

Restricted benefit

5804

Megacolon

bisacodyl 5 mg enteric tablet, 200

1259G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	2	0.00	20.61	22.15	Lax-Tab [AE]

BISACODYL

Restricted benefit

15585

Constipation

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must be paraplegic or quadriplegic or have severe neurogenic impairment of bowel function.

Restricted benefit

15586

Constipation

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must be receiving palliative care.

Restricted benefit

15708

Constipation

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must be receiving long-term nursing care on account of age, infirmity or other condition in a hospital, nursing home or residential facility.

Population criteria:

- Patient must identify as Aboriginal or Torres Strait Islander.

Restricted benefit

15587

Constipation

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must be receiving long-term nursing care and in respect of whom a Carer Allowance is payable as a disabled adult.

Population criteria:

- Patient must identify as Aboriginal or Torres Strait Islander.

Restricted benefit

15535

Terminal malignant neoplasia

Clinical criteria:

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

Population criteria:

- Patient must identify as Aboriginal or Torres Strait Islander.

Restricted benefit

15726

Anorectal congenital abnormalities

Clinical criteria:

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

Population criteria:

- Patient must identify as Aboriginal or Torres Strait Islander.

Restricted benefit

15727

Megacolon

Clinical criteria:

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

Population criteria:

- Patient must identify as Aboriginal or Torres Strait Islander.

bisacodyl 10 mg suppository, 12

14305X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	6	4	0.00	*36.78	25.00	Petrus Bisacodyl Suppositories [PP]

bisacodyl 10 mg suppository, 10

14447J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	6	5	0.00	*39.30	25.00	[a] Petrus Bisacodyl Suppositories [PP]	
			[B]2.40	*41.70	25.00	[a] Dulcolax [VZ]	

BISACODYL

Restricted benefit

15585

Constipation

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must be paraplegic or quadriplegic or have severe neurogenic impairment of bowel function.

Restricted benefit

15734

Constipation

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must be receiving long-term nursing care on account of age, infirmity or other condition in a hospital, nursing home or residential facility.

Restricted benefit

15629

Constipation

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must be receiving long-term nursing care and in respect of whom a Carer Allowance is payable as a disabled adult.

Restricted benefit

15586

Constipation

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must be receiving palliative care.

Restricted benefit

15572

Terminal malignant neoplasia

Clinical criteria:

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

Restricted benefit

15707

Anorectal congenital abnormalities

Clinical criteria:

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

Restricted benefit

15735

Megacolon

Clinical criteria:

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

bisacodyl 5 mg enteric tablet, 200

14446H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	2	0.00	*26.86	25.00	Lax-Tab [AE]

Osmotically acting laxatives

MACROGOL-3350

Restricted benefit

4171

Constipation

Clinical criteria:

- Patient must have malignant neoplasia.

Restricted benefit

4180

Constipation

Clinical criteria:

- Patient must be paraplegic, quadriplegic or have severe neurogenic impairment of bowel function, **AND**
- The condition must be unresponsive to other oral therapies.

Restricted benefit

4179

Constipation

Clinical criteria:

- Patient must be receiving palliative care.

Restricted benefit

4173

Chronic constipation

Clinical criteria:

- The condition must be inadequately controlled with first line interventions such as bulk-forming agents.

Restricted benefit

4177

Faecal impaction

Clinical criteria:

- The condition must be inadequately controlled with first line interventions such as bulk-forming agents.

macrogol-3350 1 g/g powder for oral liquid, 510 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3416T NP	‡1	5	0.00	23.55	25.00	OsmoLax [KY]

MACROGOL-3350

Restricted benefit

15729

Constipation

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have malignant neoplasia.

Restricted benefit

15661

Constipation

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must be paraplegic, quadriplegic or have severe neurogenic impairment of bowel function, **AND**
- The condition must be unresponsive to other oral therapies.

Restricted benefit

15593

Constipation

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must be receiving palliative care.

Restricted benefit

15539

Chronic constipation

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must be inadequately controlled with first line interventions such as bulk-forming agents.

Restricted benefit

15709

Faecal impaction

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must be inadequately controlled with first line interventions such as bulk-forming agents.

macrogol-3350 1 g/g powder for oral liquid, 510 g

14341T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡2	5	0.00	*32.74	25.00	OsmoLax [KY]

MACROGOL-3350 + SODIUM CHLORIDE + BICARBONATE + POTASSIUM CHLORIDE

Authority Required (STREAMLINED)

18229

Constipation

Clinical criteria:

- Patient must have malignant neoplasia.

Authority Required (STREAMLINED)

18312

Constipation

Clinical criteria:

- Patient must be paraplegic, quadriplegic or have severe neurogenic impairment of bowel function, **AND**
- The condition must be unresponsive to other oral therapies.

Authority Required (STREAMLINED)

18414

Constipation

Clinical criteria:

- Patient must be receiving palliative care.

Authority Required (STREAMLINED)

18374

Chronic constipation

Clinical criteria:

- The condition must be inadequately controlled with first line interventions such as bulk-forming agents.

Authority Required (STREAMLINED)

18415

Faecal impaction

Clinical criteria:

- The condition must be inadequately controlled with first line interventions such as bulk-forming agents.

macrogol-3350 13.125 g + sodium chloride 350.7 mg + sodium bicarbonate 178.5 mg + potassium chloride 46.6 mg powder for oral liquid, 30 sachets

8612G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	‡1	5	0.00	27.86	25.00	[a] APOHEALTH Macrogol with Electrolytes [GX]	[a] APO-MACROGOL plus ELECTROLYTES [TX]
						[a] Chemists' Own Constipation Relief with electrolytes [OW]	[a] Macrovic [RF]

MACROGOL-3350 + SODIUM CHLORIDE + BICARBONATE + POTASSIUM CHLORIDE

Authority Required (STREAMLINED)

18416

Constipation

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have malignant neoplasia.

Authority Required (STREAMLINED)

18375

Constipation

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must be paraplegic, quadriplegic or have severe neurogenic impairment of bowel function, **AND**
- The condition must be unresponsive to other oral therapies.

Authority Required (STREAMLINED)

18313

Constipation

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must be receiving palliative care.

Authority Required (STREAMLINED)

18314

Chronic constipation

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must be inadequately controlled with first line interventions such as bulk-forming agents.

Authority Required (STREAMLINED)

18376

Faecal impaction

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must be inadequately controlled with first line interventions such as bulk-forming agents.

macrogol-3350 13.125 g + sodium chloride 350.7 mg + sodium bicarbonate 178.5 mg + potassium chloride 46.6 mg powder for oral liquid, 30 sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14408H NP	‡2	5	0.00	*41.36	25.00	[a] APOHEALTH Macrogol with Electrolytes [GX] [a] Chemists' Own Constipation Relief with electrolytes [OW]	[a] APO-MACROGOL plus ELECTROLYTES [TX] [a] Macrovic [RF]

Enemas

CITRIC ACID + LAURYL SULFOACETATE SODIUM + SORBITOL

Restricted benefit

5640

Constipation

Clinical criteria:

- Patient must be paraplegic or quadriplegic or have severe neurogenic impairment of bowel function.

Restricted benefit

5720

Constipation

Clinical criteria:

- Patient must be receiving long-term nursing care on account of age, infirmity or other condition in a hospital, nursing home or residential facility.

Restricted benefit

5613

Constipation

Clinical criteria:

- Patient must be receiving long-term nursing care and in respect of whom a Carer Allowance is payable as a disabled adult.

Restricted benefit

5775

Constipation

Clinical criteria:

- Patient must be receiving palliative care.

Restricted benefit

5776

Terminal malignant neoplasia

Restricted benefit

5685

Anorectal congenital abnormalities

Restricted benefit

5804

Megacolon

sodium citrate dihydrate 450 mg/5 mL + lauryl sulfoacetate sodium 45 mg/5 mL + sorbitol 3.125 g/5 mL enema, 12 x 5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2091C NP	2	2	0.00	*37.38	25.00	Micolette [AE]

CITRIC ACID + LAURYL SULFOACETATE SODIUM + SORBITOL

Restricted benefit

15585

Constipation

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must be paraplegic or quadriplegic or have severe neurogenic impairment of bowel function.

Restricted benefit

15734

Constipation

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must be receiving long-term nursing care on account of age, infirmity or other condition in a hospital, nursing home or residential facility.

Restricted benefit

15629

Constipation

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must be receiving long-term nursing care and in respect of whom a Carer Allowance is payable as a disabled adult.

Restricted benefit

15586

Constipation

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must be receiving palliative care.

Restricted benefit

15572

Terminal malignant neoplasia

Clinical criteria:

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

Restricted benefit

15707

Anorectal congenital abnormalities

Clinical criteria:

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

Restricted benefit

15735

Megacolon

Clinical criteria:

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

sodium citrate dihydrate 450 mg/5 mL + lauryl sulfoacetate sodium 45 mg/5 mL + sorbitol 3.125 g/5 mL enema, 12 x 5 mL

14534Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	4	2	0.00	*60.40	25.00	Micolette [AE]

ANTIDIARRHEALS, INTESTINAL ANTIINFLAMMATORY/ANTIINFECTIVE AGENTS

INTESTINAL ANTIINFECTIVES

Antibiotics

NYSTATIN

nystatin 500 000 units tablet, 50

1696G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	0	0.00	23.75	25.00	Nilstat [AS]

nystatin 500 000 units tablet, 50

3342X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
DP	1	0	0.00	23.75	25.00	Nilstat [AS]

nystatin 500 000 units capsule, 50

1699K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	0	0.00	23.75	25.00	Nilstat [AS]

nystatin 500 000 units capsule, 50

3345C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
DP	1	0	0.00	23.75	25.00	Nilstat [AS]

RIFAXIMIN

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

Authority Required
4306
Prevention of hepatic encephalopathy
Treatment criteria:

- Must be treated by a gastroenterologist or hepatologist or in consultation with a gastroenterologist or hepatologist.

Clinical criteria:

- The treatment must be in combination with lactulose, if lactulose is tolerated, **AND**
- Patient must have had prior episodes of hepatic encephalopathy.

rifaximin 550 mg tablet, 56

10001J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	441.00	25.00	Xifaxan [NE]

VANCOMYCIN

Note Metronidazole has similar efficacy to vancomycin but may have less selective pressure to vancomycin resistant enterococci and is therefore the preferred treatment.

Authority Required
5660
Antibiotic associated pseudomembranous colitis
Clinical criteria:

- The condition must be due to Clostridium difficile, **AND**
- The condition must be unresponsive to metronidazole.

Authority Required
5636
Antibiotic associated pseudomembranous colitis
Clinical criteria:

- The condition must be due to Clostridium difficile, **AND**
- Patient must have an intolerance to metronidazole.

vancomycin 125 mg capsule, 20

3113W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	0	0.00	*96.12	25.00	[a] Vancocin [AS]	[a] Vancomycin BNM 125mg [BZ]
						[a] VANCOR [CR]	

vancomycin 250 mg capsule, 20

3114X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	0	0.00	*181.00	25.00	[a] Vancocin [AS]	[a] Vancomycin BNM 250mg [BZ]
						[a] VANCOR [CR]	

ELECTROLYTES WITH CARBOHYDRATES

Oral rehydration salt formulations

SODIUM CHLORIDE + POTASSIUM CHLORIDE + GLUCOSE + CITRIC ACID

Restricted benefit
5889
For treatment of a patient identifying as Aboriginal or Torres Strait Islander

sodium chloride 470 mg + potassium chloride 300 mg (potassium 4 mmol) + glucose monohydrate 3.56 g + sodium acid citrate 530 mg powder for oral liquid, 10 x 4.9 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3196F NP	‡1	0	0.00	19.07	20.61	O.R.S. [XT]

SODIUM CHLORIDE + POTASSIUM CHLORIDE + GLUCOSE + CITRIC ACID

Authority Required

6786

Rehydration in intestinal failure

sodium chloride 470 mg + potassium chloride 300 mg (potassium 4 mmol) + glucose monohydrate 3.56 g + sodium acid citrate 530 mg powder for oral liquid, 10 x 4.9 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11049M	30	0	0.00	*157.74	25.00	O.R.S. [XT]

ANTIPROPULSIVES

Antipropulsives

DIPHENOXYLATE + ATROPINE SULFATE

diphenoxylate hydrochloride 2.5 mg + atropine sulfate monohydrate 25 microgram tablet, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2501P NP	1	0	0.00	17.10	18.64	[a] Lofenoxal [IL]	
			[B]3.31	20.41	18.64	[a] Lomotil [IM]	

LOPERAMIDE

Authority Required (STREAMLINED)

6364

Diarrhoea

Population criteria:

- Patient must identify as Aboriginal or Torres Strait Islander.

loperamide hydrochloride 2 mg capsule, 12

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1571Q NP	1	0	0.00	15.99	17.53	[a] Gastrex [CR]	[a] Gastro-Stop [AS]

LOPERAMIDE

Authority Required

6343

Diarrhoea

loperamide hydrochloride 2 mg capsule, 12

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10889D NP	5	0	0.00	*22.49	24.03	[a] Gastrex [CR]	[a] Gastro-Stop [AS]

INTESTINAL ANTIINFLAMMATORY AGENTS

Corticosteroids acting locally

BUDESONIDE

Restricted benefit

16524

For prescribing by certain health practitioners

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

budesonide 2 mg/application foam, 2 x 14 applications

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10034D NP	1	3	0.00	148.52	25.00	Budenofalk [FD]

BUDESONIDE

Authority Required (STREAMLINED)

16674

Mild to moderate Crohn disease

Clinical criteria:

- The condition must affect the ileum; **OR**
- The condition must affect the ascending colon; **OR**

- The condition must affect the ileum and ascending colon.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

The total duration of therapy should be no more than 12 weeks in any single course.

budesonide 3 mg modified release capsule, 90

12915R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	2	0.00	54.88	25.00	Entocort [EU]

BUDESONIDE

Authority Required (STREAMLINED)

16695

Mild to moderate Crohn disease

Clinical criteria:

- The condition must affect the ileum; **OR**
- The condition must affect the ascending colon; **OR**
- The condition must affect the ileum and ascending colon.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

The total duration of therapy should be no more than 10 weeks in any single course.

budesonide 3 mg enteric capsule, 50

14571X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	1	0.00	*66.88	25.00	Budenofalk [FD]

BUDESONIDE

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

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

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

Note Special Pricing Arrangements apply.

Authority Required

17406

Eosinophilic oesophagitis

Treatment Phase: Subsequent continuing treatment - Maintenance of remission

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have documented evidence of having achieved histologic remission while receiving Initial and First continuing PBS-subsidised treatment with this drug for this condition, defined as a peak eosinophil count of less than 5 eosinophils per high power field (hpf), corresponding to less than 16 eosinophils per mm^2 hpf on oesophageal biopsy, **AND**
- The condition must not have progressed while being treated with this drug.

Treatment criteria:

- Must be treated by a prescriber who is either: (i) gastroenterologist, (ii) surgeon experienced in the management of patients with eosinophilic oesophagitis, (iii) physician experienced in the management of patients with eosinophilic oesophagitis, (iv) a prescriber who is not any of the aforementioned prescriber types, but who has consulted at least one of the aforementioned prescriber types.

Histologic assessment should be based on the peak eosinophils count derived, where necessary, from the evaluation of at least eight oesophageal biopsies (minimum of four collected from each of the mid and distal segments, with the distal segment biopsies taken at least 5 cm above the gastroesophageal junction).

The histologic assessment should, where possible, be performed by, or in consultation with, the same physician or surgeon who confirmed the patient's diagnosis of eosinophilic oesophagitis. This assessment must be conducted within 48 weeks of initiating treatment to determine the patient's eligibility for continuing treatment. The histologic assessment should be conducted no later than 2 weeks prior to the patient completing the PBS-subsidised First continuing treatment course to avoid an interruption of supply for continuing therapy. Where a histologic assessment is not undertaken, the patient will not be eligible for ongoing treatment.

The result of the histological assessment must be documented in the patient's medical records.

First application for the subsequent continuing treatment of this condition must be received within 12 weeks of the histologic assessment.

budesonide 500 microgram orally disintegrating tablet, 60

12987M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	403.61	25.00	Jorveza [FD]

budesonide 1 mg orally disintegrating tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12982G NP	1	5	0.00	403.61	25.00	Jorveza [FD]

BUDESONIDE

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

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

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

Note Special Pricing Arrangements apply.

Authority Required

14608

Eosinophilic oesophagitis

Treatment Phase: Initial treatment - Induction of remission

Clinical criteria:

- Patient must have a history of symptoms of oesophageal dysfunction, **AND**
- Patient must have eosinophilic infiltration of the oesophagus, demonstrated by oesophageal biopsy specimens obtained by endoscopy confirming the presence of at least 15 eosinophils in at least one high power field (hpf); corresponding to approximately 60 eosinophils per mm^2 hpf, **AND**
- Patient must not receive more than 90 days of treatment under this restriction.

Treatment criteria:

- Must be treated by a prescriber who is either: (i) gastroenterologist, (ii) surgeon experienced in the management of patients with eosinophilic oesophagitis, (iii) physician experienced in the management of patients with eosinophilic oesophagitis.

Applications for treatment of this condition must be received within 12 weeks of biopsy.

Symptoms of oesophageal dysfunction include at least one of the following: dysphasia, odynophagia, transient or self-cleared food impaction, chest pain, epigastric discomfort, vomiting/regurgitation.

Diagnostic sensitivity increases with the number of biopsies and can be optimised, where necessary, by taking at least eight biopsies (minimum of four collected from each of the mid and distal segments, with the distal segment biopsies taken at least 5 cm above the gastroesophageal junction).

After prescribing the Initial induction treatment with budesonide, a histologic assessment must be conducted within 48 weeks of initiating treatment to determine the patient's eligibility for continuing therapy.

The histologic assessment should be conducted no later than 2 weeks prior to completing the PBS-subsidised First continuing maintenance treatment course to avoid an interruption of supply for continuing therapy.

budesonide 1 mg orally disintegrating tablet, 90

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12994X	1	1	0.00	600.74	25.00	Jorveza [FD]

BUDESONIDE

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

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

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

Note Special Pricing Arrangements apply.

Authority Required

17409

Eosinophilic oesophagitis

Treatment Phase: First continuing treatment - until remission is confirmed

Clinical criteria:

- Patient must have previously received PBS-subsidised initial treatment with this drug for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug for this condition, **AND**
- Patient must not receive more than 36 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a prescriber who is either: (i) gastroenterologist, (ii) surgeon experienced in the management of patients with eosinophilic oesophagitis, (iii) physician experienced in the management of patients with eosinophilic oesophagitis, (iv) a prescriber who is not any of the aforementioned prescriber types, but who has consulted at least one of the aforementioned prescriber types.

Histologic assessment should be based on the peak eosinophils count derived, where necessary, from the evaluation of at least eight oesophageal biopsies (minimum of four collected from each of the mid and distal segments, with the distal segment biopsies taken at least 5 cm above the gastroesophageal junction).

The histologic assessment should, where possible, be performed by, or in consultation with, the same physician or surgeon who confirmed the patient's diagnosis of eosinophilic oesophagitis. This assessment must be conducted within 48 weeks of initiating treatment to determine the patient's eligibility for continuing treatment. The histologic assessment should be conducted no later than 2 weeks prior to the patient completing the PBS-subsidised First continuing treatment course to avoid an interruption of supply for continuing therapy. Where a histologic assessment is not undertaken, the patient will not be eligible for ongoing treatment.

The result of the histological assessment must be documented in the patient's medical records.
First application for the subsequent continuing treatment of this condition must be received within 12 weeks of the histologic assessment.

budesonide 500 microgram orally disintegrating tablet, 60

13719C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	8	0.00	403.61	25.00	Jorveza [FD]

budesonide 1 mg orally disintegrating tablet, 60

13711P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	8	0.00	403.61	25.00	Jorveza [FD]

PREDNISOLONE SODIUM PHOSPHATE

Restricted benefit

16524

For prescribing by certain health practitioners

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

prednisolone (as sodium phosphate) 20 mg/100 mL enema, 7 x 100 mL

1920C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	4	3	0.00	*178.20	25.00	Predsol [AS]

PREDNISOLONE SODIUM PHOSPHATE

Restricted benefit

16673

Proctitis

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Restricted benefit

16552

Ulcerative colitis

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

prednisolone (as sodium phosphate) 5 mg suppository, 10

2554K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	3	3	0.00	*40.83	25.00	Predsol [AS]

Aminosalicylic acid and similar agents

BALSALAZIDE

Note Not for the treatment of Crohn disease

Authority Required (STREAMLINED)

16658

Ulcerative colitis

Clinical criteria:

- Patient must have had a documented hypersensitivity reaction to a sulphonamide; **OR**
- Patient must be intolerant to sulfasalazine.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

balsalazide sodium 750 mg capsule, 280

11351K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	154.84	25.00	Colazide [PK]

BALSALAZIDE

Note Not for the treatment of Crohn disease

Authority Required (STREAMLINED)

16551

Ulcerative colitis

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have had a documented hypersensitivity reaction to a sulphonamide; **OR**
- Patient must be intolerant to sulfasalazine.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

balsalazide sodium 750 mg capsule, 280

13484Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*300.32	25.00	Colazide [PK]

MESALAZINE

Note Not for the treatment of Crohn disease

Restricted benefit

16552

Ulcerative colitis

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

mesalazine 500 mg modified release granules, 100 sachets

8598M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*120.58	25.00	Salofalk [FD]

mesalazine 800 mg enteric tablet, 90

11210B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	78.05	25.00	Asacol [EU]

mesalazine 1 g modified release granules, 100 sachets

8599N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	113.39	25.00	Salofalk [FD]

mesalazine 1.5 g modified release granules, 60 sachets

9206M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	99.92	25.00	Salofalk [FD]

mesalazine 1.6 g enteric tablet, 60

12463Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	4	0.00	*150.24	25.00	Asacol [EU]

mesalazine 3 g modified release granules, 30 sachets

10257W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	99.92	25.00	Salofalk [FD]

mesalazine 4 g modified release granules, 30 sachets

10254Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	126.66	25.00	Pentasa [FP]

MESALAZINE

Note Not for the treatment of Crohn disease

Restricted benefit

16491

Ulcerative colitis

Clinical criteria:

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

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

mesalazine 500 mg modified release granules, 100 sachets

13361F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	4	5	0.00	*231.80	25.00	Salofalk [FD]

mesalazine 800 mg enteric tablet, 90

13422K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*143.10	25.00	Asacol [EU]

mesalazine 1 g modified release granules, 100 sachets

13398E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*217.32	25.00	Salofalk [FD]

mesalazine 1.5 g modified release granules, 60 sachets

13460K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*189.04	25.00	Salofalk [FD]

mesalazine 1.6 g enteric tablet, 60

13395B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	4	4	0.00	*291.12	25.00	Asacol [EU]

mesalazine 3 g modified release granules, 30 sachets

13518L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*189.04	25.00	Salofalk [FD]

mesalazine 4 g modified release granules, 30 sachets

13456F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*243.96	25.00	Pentasa [FP]

MESALAZINE

Restricted benefit

16552

Ulcerative colitis

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Restricted benefit

16490

Crohn disease

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

mesalazine 250 mg enteric tablet, 100

1611T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	45.06	25.00	Mesasal [GO]

mesalazine 500 mg modified release tablet, 100

2214M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*120.58	25.00	Pentasa [FP]

mesalazine 500 mg enteric tablet, 100

8731M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*120.58	25.00	Salofalk [FD]

mesalazine 1 g modified release tablet, 60

3413P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*134.14	25.00	Pentasa [FP]

mesalazine 1 g enteric tablet, 60

11554D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*134.78	25.00	Salofalk [FD]

mesalazine 1 g modified release granules, 100 sachets

12203G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	105.07	25.00	Pentasa [FP]

mesalazine 2 g modified release granules, 60 sachets

2287J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	126.66	25.00	Pentasa [FP]

MESALAZINE

Restricted benefit

16491

Ulcerative colitis

Clinical criteria:

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

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Restricted benefit

16603

Crohn disease

Clinical criteria:

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

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

mesalazine 250 mg enteric tablet, 100

13423L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*75.76	25.00	Mesasal [GO]

mesalazine 500 mg enteric tablet, 100

13362G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	4	5	0.00	*231.80	25.00	Salofalk [FD]

mesalazine 500 mg modified release tablet, 100

13396C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	4	5	0.00	*231.80	25.00	Pentasa [FP]

mesalazine 1 g modified release granules, 100 sachets

13355X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*199.86	25.00	Pentasa [FP]

mesalazine 1 g enteric tablet, 60

13394Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	4	5	0.00	*260.20	25.00	Salofalk [FD]

mesalazine 1 g modified release tablet, 60

13576M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	4	5	0.00	*258.92	25.00	Pentasa [FP]

mesalazine 2 g modified release granules, 60 sachets

13397D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*243.96	25.00	Pentasa [FP]

MESALAZINE

Note Not for the treatment of Crohn disease

Note Pharmaceutical benefits that have form pack size mesalazine 1.2 g modified release tablet, 60 and mesalazine 1.2 g modified release tablet, 120 are equivalent for the purposes of substitution.

Restricted benefit

16552

Ulcerative colitis

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

mesalazine 1.2 g modified release tablet, 60

9353G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*169.52	25.00	[a] Mesalazine 1.2 TAKEDA [NQ] [a] MEZTAS [TN]	[a] Mezavant [TK]

mesalazine 1.2 g modified release tablet, 120

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13247F NP	1	5	0.00	169.54	25.00	[a] MESALZ [RA]

MESALAZINE

Note Not for the treatment of Crohn disease

Note Pharmaceutical benefits that have form pack size mesalazine 1.2 g modified release tablet, 60 and mesalazine 1.2 g modified release tablet, 120 are equivalent for the purposes of substitution.

Restricted benefit

16491

Ulcerative colitis

Clinical criteria:

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

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

mesalazine 1.2 g modified release tablet, 120

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13356Y NP	2	5	0.00	*329.72	25.00	[a] MESALZ [RA]

mesalazine 1.2 g modified release tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13487W NP	4	5	0.00	*329.68	25.00	[a] Mesalazine 1.2 TAKEDA [NQ] [a] MEZTAS [TN]	[a] Mezavant [TK]

MESALAZINE

Note Not for the treatment of Crohn disease

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

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

Restricted benefit

16633

Mild to moderate ulcerative proctitis

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

mesalazine 1 g suppository, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5461K NP	1	5	0.00	98.14	25.00	Salofalk [FD]

mesalazine 1 g suppository, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12198B NP	1	5	0.00	81.95	25.00	Pentasa [FP]

MESALAZINE

Note Not for the treatment of Crohn disease

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

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

Authority Required (STREAMLINED)

16632

Mild to moderate ulcerative colitis

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

mesalazine 1 g/application foam, 14 applications

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8768L NP	4	5	0.00	*241.52	25.00	Salofalk [FD]

mesalazine 1 g/100 mL enema, 7 x 100 mL

8753Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	4	5	0.00	*210.00	25.00	Pentasa [FP]

mesalazine 2 g/60 mL enema, 7 x 60 mL

8616L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	4	5	0.00	*210.00	25.00	Salofalk [FD]

mesalazine 4 g/60 mL enema, 7 x 60 mL

8617M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	4	5	0.00	*323.20	25.00	Salofalk [FD]

MESALAZINE

Note Not for the treatment of Crohn disease

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

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

Authority Required (STREAMLINED)

16656

Mild to moderate ulcerative colitis

Clinical criteria:

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

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

mesalazine 1 g/application foam, 14 applications

14840C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	8	5	0.00	*473.72	25.00	Salofalk [FD]

mesalazine 1 g/100 mL enema, 7 x 100 mL

14848L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	8	5	0.00	*410.60	25.00	Pentasa [FP]

mesalazine 2 g/60 mL enema, 7 x 60 mL

14838Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	8	5	0.00	*410.60	25.00	Salofalk [FD]

mesalazine 4 g/60 mL enema, 7 x 60 mL

14847K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	8	5	0.00	*637.00	25.00	Salofalk [FD]

MESALAZINE

Note Not for the treatment of Crohn disease

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

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

Restricted benefit

16548

Mild to moderate ulcerative proctitis

Clinical criteria:

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

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

mesalazine 1 g suppository, 30

14843F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*185.30	25.00	Salofalk [FD]

mesalazine 1 g suppository, 28

14850N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*151.30	25.00	Pentasa [FP]

OLSALAZINE

Note Not for the treatment of Crohn disease

Authority Required (STREAMLINED)

16658

Ulcerative colitis

Clinical criteria:

- Patient must have had a documented hypersensitivity reaction to a sulphonamide; **OR**
- Patient must be intolerant to sulfasalazine.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

olsalazine sodium 250 mg capsule, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1728Y NP	1	5	0.00	45.00	25.00	Dipentum [IX]

olsalazine sodium 500 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8086N NP	1	5	0.00	68.34	25.00	Dipentum [IX]

SULFASALAZINE

Restricted benefit

16524

For prescribing by certain health practitioners

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

sulfasalazine 500 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2093E NP	2	5	0.00	*52.54	25.00	Salazopyrin [PF]

sulfasalazine 500 mg enteric tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2096H NP	2	5	0.00	*56.40	25.00	[a] Pyralin EN [FZ]	
			[B]3.88	*60.28	25.00	[a] Salazopyrin-EN [PF]	

SULFASALAZINE

Restricted benefit

16493

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

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

sulfasalazine 500 mg enteric tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13433B NP	4	5	0.00	*98.44	25.00	[a] Pyralin EN [FZ]	
			[B]7.76	*106.20	25.00	[a] Salazopyrin-EN [PF]	

sulfasalazine 500 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13557M NP	4	5	0.00	*90.72	25.00	Salazopyrin [PF]

DIGESTIVES, INCL. ENZYMES

DIGESTIVES, INCL. ENZYMES

Enzyme preparations

PANCREATIC EXTRACT

Restricted benefit

16559

For prescribing by certain health practitioners

Treatment criteria:

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

pancreatic extract 10 000 units modified release capsule, 100

8020D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	5	10	0.00	*142.69	25.00	Creon 10,000 [GO]

pancreatic extract 25 000 units modified release capsule, 100

8021E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	10	0.00	*115.66	25.00	Creon 25,000 [GO]

pancreatic extract 35 000 units modified release capsule, 100

12595X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	10	0.00	*158.14	25.00	Creon 35,000 [GO]

pancreatic extract 5000 units/100 mg enteric coated granules, 20 g

5453B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	3	10	0.00	*111.33	25.00	Creon Micro [GO]

PANCREATIC EXTRACT

Restricted benefit

16508

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

Treatment criteria:

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

pancreatic extract 35 000 units modified release capsule, 100

13407P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	4	10	0.00	*306.92	25.00	Creon 35,000 [GO]

pancreatic extract 25 000 units modified release capsule, 100

13470Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	4	10	0.00	*221.96	25.00	Creon 25,000 [GO]

pancreatic extract 10 000 units modified release capsule, 100

13560Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	10	10	0.00	*276.04	25.00	Creon 10,000 [GO]

pancreatic extract 5000 units/100 mg enteric coated granules, 20 g

13375Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	6	10	0.00	*213.00	25.00	Creon Micro [GO]

DRUGS USED IN DIABETES

INSULINS AND ANALOGUES

Insulins and analogues for injection, fast-acting

INSULIN ASPART

insulin aspart 100 units/mL injection, 5 x 3 mL cartridges

8435Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	5	1	0.00	*163.64	25.00	NovoRapid Penfill 3 mL [NO]

insulin aspart 100 units/mL injection, 5 x 3 mL pen devices

12254Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	5	1	0.00	*163.64	25.00	NovoRapid FlexPen [NF]

insulin aspart 100 units/mL fast acting injection, 5 x 3 mL cartridges

13651L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	5	1	0.00	*163.64	25.00	Fiasp Penfill [NO]

insulin aspart 100 units/mL injection, 1 x 10 mL vial

8571D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	5	2	0.00	*99.49	25.00	NovoRapid [NO]

INSULIN GLULISINE

insulin glulisine 100 units/mL injection, 5 x 3 mL cartridges

1921D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	5	1	0.00	*163.69	25.00	Apidra [AV]

insulin glulisine 100 units/mL injection, 5 x 3 mL pen devices

12268Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	5	1	0.00	*163.69	25.00	Apidra SoloStar [SW]

INSULIN LISPRO

insulin lispro 100 units/mL injection, 5 x 3 mL cartridges

8212F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	5	1	0.00	*163.64	25.00	Humalog [LY]

insulin lispro 200 units/mL injection, 5 x 3 mL pen devices

11645X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	5	1	0.00	*260.04	25.00	Humalog U200 Kwikpen [LY]

insulin lispro 100 units/mL injection, 5 x 3 mL pen devices

12237C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	5	1	0.00	*163.64	25.00	Humalog KwikPen [KP]

INSULIN NEUTRAL HUMAN

insulin neutral human 100 units/mL injection, 5 x 3 mL cartridges

1762R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	5	1	0.00	*137.99	25.00	Actrapid Penfill 3 mL [NO]	Humulin R [LY]

insulin neutral human 100 units/mL injection, 1 x 10 mL vial

1531N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	5	2	0.00	*85.24	25.00	Actrapid [NO]

Insulins and analogues for injection, intermediate-acting

INSULIN ISOPHANE HUMAN

insulin isophane human 100 units/mL injection, 5 x 3 mL cartridges

1761Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	5	1	0.00	*137.99	25.00	Humulin NPH [LY]	Protaphane Penfill 3 mL [NO]

insulin isophane human 100 units/mL injection, 1 x 10 mL vial

1533Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	5	2	0.00	*85.24	25.00	Protaphane [NO]

Insulins and analogues for injection, intermediate- or long-acting combined with fast-acting

INSULIN ASPART + INSULIN ASPART PROTAMINE

insulin aspart 30 units/mL + insulin aspart protamine 70 units/mL injection, 5 x 3 mL cartridges

8609D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	5	1	0.00	*163.64	25.00	NovoMix 30 Penfill 3 mL [NO]

insulin aspart 30 units/mL + insulin aspart protamine 70 units/mL injection, 5 x 3 mL pen devices

12238D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	5	1	0.00	*163.64	25.00	NovoMix 30 FlexPen [NF]

INSULIN DEGLUDEC + INSULIN ASPART

Note Special Pricing Arrangements apply.

insulin degludec 70 units/mL + insulin aspart 30 units/mL injection, 5 x 3 mL cartridges

11426J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	5	1	0.00	*370.79	25.00	Ryzodeg Penfill [NO]

INSULIN LISPRO + INSULIN LISPRO PROTAMINE

insulin lispro 25 units/mL + insulin lispro protamine 75 units/mL injection, 5 x 3 mL cartridges

8390N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	5	1	0.00	*163.64	25.00	Humalog Mix25 [LY]

insulin lispro 50 units/mL + insulin lispro protamine 50 units/mL injection, 5 x 3 mL cartridges

8874C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	5	1	0.00	*163.64	25.00	Humalog Mix50 [LY]

insulin lispro 25 units/mL + insulin lispro protamine 75 units/mL injection, 5 x 3 mL pen devices

12234X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	5	1	0.00	*163.64	25.00	Humalog Mix25 KwikPen [KP]

insulin lispro 50 units/mL + insulin lispro protamine 50 units/mL injection, 5 x 3 mL pen devices

12261H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	5	1	0.00	*163.64	25.00	Humalog Mix50 KwikPen [KP]

INSULIN NEUTRAL HUMAN + INSULIN ISOPHANE HUMAN

insulin neutral human 30 units/mL + insulin isophane human 70 units/mL injection, 5 x 3 mL cartridges

1763T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	5	1	0.00	*137.99	25.00	Humulin 30/70 [LY]

Insulins and analogues for injection, long-acting

INSULIN DEGLUDEC

Note Special Pricing Arrangements apply.

Restricted benefit
5174
Type 1 diabetes

insulin degludec 100 units/mL injection, 5 x 3 mL cartridges

15393E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	5	1	0.00	*370.79	25.00	Tresiba Penfill [NO]

INSULIN DETEMIR

Note Special Pricing Arrangements apply.

Restricted benefit
5174
Type 1 diabetes

insulin detemir 100 units/mL injection, 5 x 3 mL cartridges

9040T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	5	1	0.00	*346.74	25.00	Levemir Penfill [NO]

insulin detemir 100 units/mL injection, 5 x 3 mL pen devices

12236B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	5	1	0.00	*346.74	25.00	Levemir FlexPen [NF]

INSULIN GLARGINE

insulin glargine 100 units/mL injection, 5 x 3 mL cartridges

9039R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	5	1	0.00	*182.99	25.00	Optisulin [GZ]

insulin glargine 100 units/mL injection, 5 x 3 mL pen devices

11815W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	5	1	0.00	*182.99	25.00	Optisulin SoloStar [WA]

INSULIN GLARGINE

Note Special Pricing Arrangements apply.

insulin glargine 300 units/mL injection, 3 x 1.5 mL pen devices

11308E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	5	1	0.00	*249.44	25.00	Toujeo Solostar [SW]

insulin glargine 300 units/mL injection, 5 x 1.5 mL pen devices

11302W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	5	1	0.00	*409.39	25.00	Toujeo Solostar [SW]

BLOOD GLUCOSE LOWERING DRUGS, EXCL. INSULINS

Biguanides

METFORMIN

Restricted benefit

16261

For prescribing by certain health practitioners

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) a nurse practitioner, (iii) an endorsed midwife who is each of: (a) sharing patient care with a medical practitioner for the current pregnancy episode, (b) continuing existing treatment with this drug that was initiated by a medical practitioner.

metformin hydrochloride 500 mg tablet, 100

2430X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP MW	1	5	0.00	17.60	19.14	[a] APX-METFORMIN [TY]	[a] Blooms The Chemist Metformin 500 mg [BG]
						[a] Diaformin [AF]	[a] Diaformin Viatris [MQ]
						[a] FORMET 500 [RF]	[a] Glucobete 500 [ZS]
						[a] Metformin GH [HQ]	[a] Metformin Sandoz [SZ]
						[a] METFORMIN-WGR [WG]	
			[B]5.20	22.80	19.14	[a] Diabex [AL]	

metformin hydrochloride 500 mg modified release tablet, 120

9435N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP MW	1	5	0.00	18.60	20.14	[a] APO-Metformin XR 500 [TX]	[a] Blooms Metformin XR [BG]
						[a] Diaformin Alphapharm XR [MQ]	[a] Metex XR [RW]
						[a] Metformin Lupin XR [GQ]	[a] Metformin Sandoz XR [SZ]
						[a] METFORMIN-WGR XR [WG]	[a] Pharmacor Metformin XR [CR]
			[B]5.12	23.72	20.14	[a] Diabex XR 500 [AL]	

metformin hydrochloride 850 mg tablet, 60

1801T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP MW	1	5	0.00	17.60	19.14	[a] APX-METFORMIN [TY]	[a] Blooms The Chemist Metformin 850 mg [BG]
						[a] Diaformin 850 [AF]	[a] Diaformin Viatris [MQ]
						[a] FORMET 850 [RF]	[a] Glucobete 850 [ZS]
						[a] Metformin Sandoz [SZ]	[a] METFORMIN-WGR [WG]
			[B]5.20	22.80	19.14	[a] Diabex 850 [AL]	

metformin hydrochloride 1 g modified release tablet, 60

3439B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP MW	1	5	0.00	18.60	20.14	[a] APO-Metformin XR 1000 [TX]	[a] Blooms Metformin XR [BG]
						[a] Diaformin Alphapharm XR [MQ]	[a] Diaformin XR 1000 [AF]
						[a] METEX XR [RF]	[a] Metformin Lupin XR [GQ]
						[a] Metformin Sandoz XR [SZ]	[a] METFORMIN-WGR XR [WG]
						[a] Pharmacor Metformin XR [CR]	
			[B]5.12	23.72	20.14	[a] Diabex XR 1000 [AL]	

metformin hydrochloride 1 g tablet, 90

8607B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP MW	1	5	0.00	18.60	20.14	[a] APX-METFORMIN [TY]	[a] Blooms The Chemist Metformin 1000 mg [BG]
						[a] Diaformin 1000 [AF]	[a] Diaformin Viatris [MQ]
						[a] Formet 1000 [RW]	[a] Glucobete 1000 [ZS]
						[a] Metformin GH [HQ]	[a] Metformin Sandoz [SZ]
						[a] METFORMIN-WGR [WG]	
			[B]4.68	23.28	20.14	[a] Diabex 1000 [AL]	

METFORMIN

Restricted benefit

14238

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

metformin hydrochloride 500 mg modified release tablet, 120

13899M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*22.84	24.38	[a] APO-Metformin XR 500 [TX]	[a] Blooms Metformin XR [BG]
						[a] Diaformin Alphapharm XR [MQ]	[a] Metex XR [RW]
						[a] Metformin Lupin XR [GQ]	[a] Metformin Sandoz XR [SZ]
						[a] METFORMIN-WGR XR [WG]	[a] Pharmacor Metformin XR [CR]
			[B]10.24	33.08	24.38	[a] Diabex XR 500 [AL]	

metformin hydrochloride 500 mg tablet, 100

13976N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*20.84	22.38	[a] APX-METFORMIN [TY]	[a] Blooms The Chemist Metformin 500 mg [BG]
						[a] Diaformin [AF]	[a] Diaformin Viatris [MQ]
						[a] FORMET 500 [RF]	[a] Glucobete 500 [ZS]
						[a] Metformin GH [HQ]	[a] Metformin Sandoz [SZ]
						[a] METFORMIN-WGR [WG]	
			[B]10.40	31.24	22.38	[a] Diabex [AL]	

metformin hydrochloride 850 mg tablet, 60

13952H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*20.84	22.38	[a] APX-METFORMIN [TY]	[a] Blooms The Chemist Metformin 850 mg [BG]
						[a] Diaformin 850 [AF]	[a] Diaformin Viatris [MQ]
						[a] FORMET 850 [RF]	[a] Glucobete 850 [ZS]
						[a] Metformin Sandoz [SZ]	[a] METFORMIN-WGR [WG]
			[B]10.40	31.24	22.38	[a] Diabex 850 [AL]	

metformin hydrochloride 1 g modified release tablet, 60

13847T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*22.84	24.38	[a] APO-Metformin XR 1000 [TX]	[a] Blooms Metformin XR [BG]
						[a] Diaformin Alphapharm XR [MQ]	[a] Diaformin XR 1000 [AF]
						[a] METEX XR [RF]	[a] Metformin Lupin XR [GQ]
						[a] Metformin Sandoz XR [SZ]	[a] METFORMIN-WGR XR [WG]
						[a] Pharmacor Metformin XR [CR]	
			[B]10.24	33.08	24.38	[a] Diabex XR 1000 [AL]	

metformin hydrochloride 1 g tablet, 90

14056T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*22.84	24.38	[a] APX-METFORMIN [TY]	[a] Blooms The Chemist Metformin 1000 mg [BG]
						[a] Diaformin 1000 [AF]	[a] Diaformin Viatris [MQ]
						[a] Formet 1000 [RW]	[a] Glucobete 1000 [ZS]
						[a] Metformin GH [HQ]	[a] Metformin Sandoz [SZ]
						[a] METFORMIN-WGR [WG]	
			[B]9.36	32.20	24.38	[a] Diabex 1000 [AL]	

Sulfonylureas

GLIBENCLAMIDE

Caution Sulfonylureas may cause hypoglycaemia, particularly in the elderly.

glibenclamide 5 mg tablet, 100

2939Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	18.10	19.64	Daonil [SW]

GLIBENCLAMIDE

Caution Sulfonylureas may cause hypoglycaemia, particularly in the elderly.

Restricted benefit

14238

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

glibenclamide 5 mg tablet, 100

13868X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*21.84	23.38	Daonil [SW]

GLICLAZIDE

Caution Sulfonylureas may cause hypoglycaemia, particularly in the elderly.

gliclazide 30 mg modified release tablet, 100

8535F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	19.51	21.05	[a] APO-Gliclazide MR [TX]	[a] Gliclazide MR Viatris [AL]
						[a] Gliclazide Sandoz MR [SZ]	[a] Pharmacor Gliclazide MR [CR]

gliclazide 60 mg modified release tablet, 60

9302N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	18.52	20.06	[a] ARDIX GLICLAZIDE 60mg MR [XT]	[a] ARX-Gliclazide MR [XW]
						[a] Gliclazide Lupin MR [GQ]	[a] Gliclazide Sandoz MR [SZ]
						[a] Pharmacor Gliclazide MR [CR]	
			[B]9.58	28.10	20.06	[a] Diamicron 60mg MR [SE]	

gliclazide 80 mg tablet, 100

2449X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	19.37	20.91	[a] APX-Gliclazide [TY]	[a] Nidem [RW]

GLICLAZIDE

Caution Sulfonylureas may cause hypoglycaemia, particularly in the elderly.

Restricted benefit

14238

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

gliclazide 30 mg modified release tablet, 100

14740T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*24.66	25.00	[a] APO-Gliclazide MR [TX]	[a] Gliclazide MR Viatris [AL]
						[a] Gliclazide Sandoz MR [SZ]	[a] Pharmacor Gliclazide MR [CR]

gliclazide 60 mg modified release tablet, 60

13922R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*22.68	24.22	[a] ARDIX GLICLAZIDE 60mg MR [XT]	[a] ARX-Gliclazide MR [XW]
						[a] Gliclazide Lupin MR [GQ]	[a] Gliclazide Sandoz MR [SZ]
						[a] Pharmacor Gliclazide MR [CR]	
			[B]19.16	41.84	24.22	[a] Diamicron 60mg MR [SE]	

gliclazide 80 mg tablet, 100

13896J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*24.38	25.00	[a] APX-Gliclazide [TY]	[a] Nidem [RW]

GLIMEPIRIDE

Caution Sulfonylureas may cause hypoglycaemia, particularly in the elderly.

glimepiride 1 mg tablet, 30

8450R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	17.10	18.64	[a] ARX-GLIMEPIRIDE [XT]	[a] Glimepiride Sandoz [SZ]
						[a] GLIMEPIRIDE-WGR [WG]	

glimepiride 2 mg tablet, 30

8451T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	17.10	18.64	[a] ARX-GLIMEPIRIDE [XT]	[a] Glimepiride Sandoz [SZ]
						[a] GLIMEPIRIDE-WGR [WG]	

glimepiride 3 mg tablet, 30

8533D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	17.29	18.83	[a] ARX-GLIMEPIRIDE [XT]	[a] Glimepiride Sandoz [SZ]

glimepiride 4 mg tablet, 30

8452W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	17.80	19.34	[a] ARX-GLIMEPIRIDE [XT]	[a] Glimepiride Sandoz [SZ]
						[a] GLIMEPIRIDE-WGR [WG]	

GLIMEPIRIDE

Caution Sulfonylureas may cause hypoglycaemia, particularly in the elderly.

Restricted benefit

14238

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

glimepiride 1 mg tablet, 30

13848W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*19.84	21.38	[a] ARX-GLIMEPIRIDE [XT]	[a] Glimepiride Sandoz [SZ]
						[a] GLIMEPIRIDE-WGR [WG]	

glimepiride 2 mg tablet, 30

13870B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*19.84	21.38	[a] ARX-GLIMEPIRIDE [XT]	[a] Glimepiride Sandoz [SZ]
						[a] GLIMEPIRIDE-WGR [WG]	

glimepiride 3 mg tablet, 30

14020X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*20.22	21.76	[a] ARX-GLIMEPIRIDE [XT]	[a] Glimepiride Sandoz [SZ]

glimepiride 4 mg tablet, 30

14055R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*21.24	22.78	[a] ARX-GLIMEPIRIDE [XT]	[a] Glimepiride Sandoz [SZ]
						[a] GLIMEPIRIDE-WGR [WG]	

GLIPIZIDE

Caution Sulfonylureas may cause hypoglycaemia, particularly in the elderly.

glipizide 5 mg tablet, 100

2440K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	20.85	22.39	[a] Melizide [AF]	[a] Minidiab [PF]

GLIPIZIDE

Caution Sulfonylureas may cause hypoglycaemia, particularly in the elderly.

Restricted benefit

14238

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

glipizide 5 mg tablet, 100

14019W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*27.34	25.00	[a] Melizide [AF]	[a] Minidiab [PF]

Combinations of oral blood glucose lowering drugs

ALOGLIPTIN + METFORMIN

Note Definition:

A HbA1c measurement greater than 7% despite treatment with the specified prior therapy/therapies indicates inadequate responsiveness. Where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2-week period indicates inadequate responsiveness.

Blood glucose monitoring is an alternative to HbA1c measurement where at least one of the following circumstances applies:

(a) A clinical condition with reduced red blood cell survival (inclusive of haemolytic anaemias, haemoglobinopathies),

(b) Red cell transfusion within the previous 3 months.

Document HbA1c measurements (blood glucose measurements where relevant), as well as any intolerances/contraindications in the patient's medical records.

Note Abbreviations used in the restriction are as follows:

SGLT2 - sodium glucose co-transporter-2 inhibitor (drug names ending in 'flozin')

DPP4 - dipeptidyl peptidase-4 inhibitor (drug names ending in 'gliptin')

GLP-1 - glucagon-like peptide-1 receptor agonist

Authority Required (STREAMLINED)

15276

Diabetes mellitus type 2

Clinical criteria:

- The condition must be inadequately responsive to metformin.

Treatment criteria:

- Patient must not be undergoing concomitant PBS-subsidised treatment with any of: a GLP-1 receptor agonist, another DPP4 inhibitor.

alogliptin 12.5 mg + metformin hydrochloride 500 mg tablet, 56

10033C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	53.09	25.00	Nesina Met 12.5/500 [TK]

alogliptin 12.5 mg + metformin hydrochloride 850 mg tablet, 56

10032B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	54.03	25.00	Nesina Met 12.5/850 [TK]

alogliptin 12.5 mg + metformin hydrochloride 1 g tablet, 56

10035E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	54.40	25.00	Nesina Met 12.5/1000 [TK]

ALOGLIPTIN + METFORMIN

Note Definition:

A HbA1c measurement greater than 7% despite treatment with the specified prior therapy/therapies indicates inadequate responsiveness. Where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2-week period indicates inadequate responsiveness.

Blood glucose monitoring is an alternative to HbA1c measurement where at least one of the following circumstances applies:

(a) A clinical condition with reduced red blood cell survival (inclusive of haemolytic anaemias, haemoglobinopathies),

(b) Red cell transfusion within the previous 3 months.

Document HbA1c measurements (blood glucose measurements where relevant), as well as any intolerances/contraindications in the patient's medical records.

Note Abbreviations used in the restriction are as follows:

SGLT2 - sodium glucose co-transporter-2 inhibitor (drug names ending in 'flozin')

DPP4 - dipeptidyl peptidase-4 inhibitor (drug names ending in 'gliptin')

GLP-1 - glucagon-like peptide-1 receptor agonist

Authority Required (STREAMLINED)

15288

Diabetes mellitus type 2

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must be inadequately responsive to metformin.

Treatment criteria:

- Patient must not be undergoing concomitant PBS-subsidised treatment with any of: a GLP-1 receptor agonist, another DPP4 inhibitor.

alogliptin 12.5 mg + metformin hydrochloride 500 mg tablet, 56

14062D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*91.82	25.00	Nesina Met 12.5/500 [TK]

alogliptin 12.5 mg + metformin hydrochloride 850 mg tablet, 56

14061C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*93.70	25.00	Nesina Met 12.5/850 [TK]

alogliptin 12.5 mg + metformin hydrochloride 1 g tablet, 56

13989G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*94.44	25.00	Nesina Met 12.5/1000 [TK]

DAPAGLIFLOZIN + METFORMIN

Note Abbreviations used in the restriction are as follows:

SGLT2 - sodium glucose co-transporter-2 inhibitor (drug names ending in 'flozin')

DPP4 - dipeptidyl peptidase-4 inhibitor (drug names ending in 'gliptin')

GLP-1 - glucagon-like peptide-1 receptor agonist

Authority Required (STREAMLINED)

16158

Diabetes mellitus type 2

Clinical criteria:

- Patient must have cardiovascular disease; **OR**
- Patient must be at high risk of a cardiovascular event; **OR**
- Patient must identify as Aboriginal or Torres Strait Islander.

Treatment criteria:

- Patient must not be undergoing concomitant PBS-subsidised treatment for this condition with any of: (i) a GLP-1 receptor agonist, (ii) another SGLT2 inhibitor.

Note The Australian Absolute Cardiovascular Disease Risk Calculator is available at www.cvdcheck.org.au.

High cardiovascular risk is defined as an estimated risk of a cardiovascular event of at least 10% over 5 years.

Authority Required (STREAMLINED)

15289

Diabetes mellitus type 2

Clinical criteria:

- The condition must be inadequately responsive to metformin.

Treatment criteria:

- Patient must not be undergoing concomitant PBS-subsidised treatment with any of: a GLP-1 receptor agonist, another SGLT2 inhibitor.

Note Definition:

A HbA1c measurement greater than 7% despite treatment with the specified prior therapy/therapies indicates inadequate responsiveness. Where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2-week period indicates inadequate responsiveness.

Blood glucose monitoring is an alternative to HbA1c measurement where at least one of the following circumstances applies:

(a) A clinical condition with reduced red blood cell survival (inclusive of haemolytic anaemias, haemoglobinopathies), (b) Red cell transfusion within the previous 3 months.

Document HbA1c measurements (blood glucose measurements where relevant), as well as any intolerances/contraindications in the patient's medical records.

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dapagliflozin 5 mg + metformin hydrochloride 1 g modified release tablet, 56

10510E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	54.32	25.00	Xigduo XR 5/1000 [AP]

dapagliflozin 10 mg + metformin hydrochloride 500 mg modified release tablet, 28

10516L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	52.29	25.00	Xigduo XR 10/500 [AP]

dapagliflozin 10 mg + metformin hydrochloride 1 g modified release tablet, 28

10515K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	53.06	25.00	Xigduo XR 10/1000 [AP]

DAPAGLIFLOZIN + METFORMIN

Note Abbreviations used in the restriction are as follows:

SGLT2 - sodium glucose co-transporter-2 inhibitor (drug names ending in 'flozin')

DPP4 - dipeptidyl peptidase-4 inhibitor (drug names ending in 'gliptin')

GLP-1 - glucagon-like peptide-1 receptor agonist

Authority Required (STREAMLINED)

16162

Diabetes mellitus type 2

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have cardiovascular disease; **OR**
- Patient must be at high risk of a cardiovascular event; **OR**
- Patient must identify as Aboriginal or Torres Strait Islander.

Treatment criteria:

- Patient must not be undergoing concomitant PBS-subsidised treatment for this condition with any of: (i) a GLP-1 receptor agonist, (ii) another SGLT2 inhibitor.

Note The Australian Absolute Cardiovascular Disease Risk Calculator is available at www.cvdcheck.org.au.

High cardiovascular risk is defined as an estimated risk of a cardiovascular event of at least 10% over 5 years.

Authority Required (STREAMLINED)

15267

Diabetes mellitus type 2

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**

- The condition must be inadequately responsive to metformin.

Treatment criteria:

- Patient must not be undergoing concomitant PBS-subsidised treatment with any of: a GLP-1 receptor agonist, another SGLT2 inhibitor.

Note Definition:

A HbA1c measurement greater than 7% despite treatment with the specified prior therapy/therapies indicates inadequate responsiveness. Where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2-week period indicates inadequate responsiveness.

Blood glucose monitoring is an alternative to HbA1c measurement where at least one of the following circumstances applies:

(a) A clinical condition with reduced red blood cell survival (inclusive of haemolytic anaemias, haemoglobinopathies), (b) Red cell transfusion within the previous 3 months.

Document HbA1c measurements (blood glucose measurements where relevant), as well as any intolerances/contraindications in the patient's medical records.

dapagliflozin 5 mg + metformin hydrochloride 1 g modified release tablet, 56

13851B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*94.28	25.00	Xigduo XR 5/1000 [AP]

dapagliflozin 10 mg + metformin hydrochloride 500 mg modified release tablet, 28

14028H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*90.22	25.00	Xigduo XR 10/500 [AP]

dapagliflozin 10 mg + metformin hydrochloride 1 g modified release tablet, 28

13875G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*91.76	25.00	Xigduo XR 10/1000 [AP]

DAPAGLIFLOZIN + SITAGLIPTIN

Note Definition:

A HbA1c measurement greater than 7% despite treatment with the specified prior therapy/therapies indicates inadequate responsiveness. Where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2-week period indicates inadequate responsiveness.

Blood glucose monitoring is an alternative to HbA1c measurement where at least one of the following circumstances applies:

(a) A clinical condition with reduced red blood cell survival (inclusive of haemolytic anaemias, haemoglobinopathies),

(b) Red cell transfusion within the previous 3 months.

Document HbA1c measurements (blood glucose measurements where relevant), as well as any intolerances/contraindications in the patient's medical records.

Note Abbreviations used in the restriction are as follows:

SGLT2 - sodium glucose co-transporter-2 inhibitor (drug names ending in 'flozin')

DPP4 - dipeptidyl peptidase-4 inhibitor (drug names ending in 'gliptin')

GLP-1 - glucagon-like peptide-1 receptor agonist

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

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

Authority Required (STREAMLINED)

15269

Diabetes mellitus type 2

Clinical criteria:

- The treatment must be in combination with at least metformin, **AND**
- The condition must be inadequately responsive to dual therapy consisting of metformin with either: a DDP-4 inhibitor, an SGLT2 inhibitor.

Treatment criteria:

- Patient must not be undergoing concomitant PBS-subsidised treatment with any of: a GLP-1 receptor agonist, another SGLT2 inhibitor, another DPP4 inhibitor.

Dapagliflozin 10 mg + sitagliptin 100 mg tablet, 28

14638K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	66.10	25.00	Sidapvia 10/100 [AP]

DAPAGLIFLOZIN + SITAGLIPTIN

Note Definition:

A HbA1c measurement greater than 7% despite treatment with the specified prior therapy/therapies indicates inadequate responsiveness. Where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2-week period indicates inadequate responsiveness.

Blood glucose monitoring is an alternative to HbA1c measurement where at least one of the following circumstances applies:

(a) A clinical condition with reduced red blood cell survival (inclusive of haemolytic anaemias, haemoglobinopathies),

(b) Red cell transfusion within the previous 3 months.

Document HbA1c measurements (blood glucose measurements where relevant), as well as any intolerances/contraindications in the patient's medical records.

Note Abbreviations used in the restriction are as follows:

SGLT2 - sodium glucose co-transporter-2 inhibitor (drug names ending in 'flozin')

DPP4 - dipeptidyl peptidase-4 inhibitor (drug names ending in 'gliptin')

GLP-1 - glucagon-like peptide-1 receptor agonist

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

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

Authority Required (STREAMLINED)

15270

Diabetes mellitus type 2

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The treatment must be in combination with at least metformin, **AND**
- The condition must be inadequately responsive to dual therapy consisting of metformin with either: a DDP-4 inhibitor, an SGLT2 inhibitor.

Treatment criteria:

- Patient must not be undergoing concomitant PBS-subsidised treatment with any of: a GLP-1 receptor agonist, another SGLT2 inhibitor, another DPP4 inhibitor.

Dapagliflozin 10 mg + sitagliptin 100 mg tablet, 28

14645T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*118.02	25.00	Sidapvia 10/100 [AP]

EMPAGLIFLOZIN + LINAGLIPTIN

Note Definition:

A HbA1c measurement greater than 7% despite treatment with the specified prior therapy/therapies indicates inadequate responsiveness. Where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2-week period indicates inadequate responsiveness.

Blood glucose monitoring is an alternative to HbA1c measurement where at least one of the following circumstances applies:

(a) A clinical condition with reduced red blood cell survival (inclusive of haemolytic anaemias, haemoglobinopathies),

(b) Red cell transfusion within the previous 3 months.

Document HbA1c measurements (blood glucose measurements where relevant), as well as any intolerances/contraindications in the patient's medical records.

Note Abbreviations used in the restriction are as follows:

SGLT2 - sodium glucose co-transporter-2 inhibitor (drug names ending in 'flozin')

DPP4 - dipeptidyl peptidase-4 inhibitor (drug names ending in 'gliptin')

GLP-1 - glucagon-like peptide-1 receptor agonist

Authority Required (STREAMLINED)

15269

Diabetes mellitus type 2

Clinical criteria:

- The treatment must be in combination with at least metformin, **AND**
- The condition must be inadequately responsive to dual therapy consisting of metformin with either: a DDP-4 inhibitor, an SGLT2 inhibitor.

Treatment criteria:

- Patient must not be undergoing concomitant PBS-subsidised treatment with any of: a GLP-1 receptor agonist, another SGLT2 inhibitor, another DPP4 inhibitor.

empagliflozin 10 mg + linagliptin 5 mg tablet, 30

11269D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	76.64	25.00	Glyxambi [BY]

empagliflozin 25 mg + linagliptin 5 mg tablet, 30

11303X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	76.64	25.00	Glyxambi [BY]

EMPAGLIFLOZIN + LINAGLIPTIN

Note Definition:

A HbA1c measurement greater than 7% despite treatment with the specified prior therapy/therapies indicates inadequate responsiveness. Where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2-week period indicates inadequate responsiveness.

Blood glucose monitoring is an alternative to HbA1c measurement where at least one of the following circumstances applies:

(a) A clinical condition with reduced red blood cell survival (inclusive of haemolytic anaemias, haemoglobinopathies),

(b) Red cell transfusion within the previous 3 months.

Document HbA1c measurements (blood glucose measurements where relevant), as well as any intolerances/contraindications in the patient's medical records.

Note Abbreviations used in the restriction are as follows:

SGLT2 - sodium glucose co-transporter-2 inhibitor (drug names ending in 'flozin')

DPP4 - dipeptidyl peptidase-4 inhibitor (drug names ending in 'gliptin')

GLP-1 - glucagon-like peptide-1 receptor agonist

Authority Required (STREAMLINED)

15270

Diabetes mellitus type 2

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The treatment must be in combination with at least metformin, **AND**
- The condition must be inadequately responsive to dual therapy consisting of metformin with either: a DDP-4 inhibitor, an SGLT2 inhibitor.

Treatment criteria:

- Patient must not be undergoing concomitant PBS-subsidised treatment with any of: a GLP-1 receptor agonist, another SGLT2 inhibitor, another DPP4 inhibitor.

empagliflozin 10 mg + linagliptin 5 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13904T NP	2	5	0.00	*140.14	25.00	Glyxambi [BY]

empagliflozin 25 mg + linagliptin 5 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13958P NP	2	5	0.00	*140.14	25.00	Glyxambi [BY]

EMPAGLIFLOZIN + METFORMIN

Note Abbreviations used in the restriction are as follows:

SGLT2 - sodium glucose co-transporter-2 inhibitor (drug names ending in 'flozin')

DPP4 - dipeptidyl peptidase-4 inhibitor (drug names ending in 'gliptin')

GLP-1 - glucagon-like peptide-1 receptor agonist

Authority Required (STREAMLINED)

16158

Diabetes mellitus type 2

Clinical criteria:

- Patient must have cardiovascular disease; **OR**
- Patient must be at high risk of a cardiovascular event; **OR**
- Patient must identify as Aboriginal or Torres Strait Islander.

Treatment criteria:

- Patient must not be undergoing concomitant PBS-subsidised treatment for this condition with any of: (i) a GLP-1 receptor agonist, (ii) another SGLT2 inhibitor.

Note The Australian Absolute Cardiovascular Disease Risk Calculator is available at www.cvdcheck.org.au.

High cardiovascular risk is defined as an estimated risk of a cardiovascular event of at least 10% over 5 years.

Authority Required (STREAMLINED)

15289

Diabetes mellitus type 2

Clinical criteria:

- The condition must be inadequately responsive to metformin.

Treatment criteria:

- Patient must not be undergoing concomitant PBS-subsidised treatment with any of: a GLP-1 receptor agonist, another SGLT2 inhibitor.

Note Definition:

A HbA1c measurement greater than 7% despite treatment with the specified prior therapy/therapies indicates inadequate responsiveness. Where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2-week period indicates inadequate responsiveness.

Blood glucose monitoring is an alternative to HbA1c measurement where at least one of the following circumstances applies:

(a) A clinical condition with reduced red blood cell survival (inclusive of haemolytic anaemias, haemoglobinopathies), (b) Red cell transfusion within the previous 3 months.

Document HbA1c measurements (blood glucose measurements where relevant), as well as any intolerances/contraindications in the patient's medical records.

empagliflozin 5 mg + metformin hydrochloride 500 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10626G NP	1	5	0.00	55.56	25.00	Jardiamet 5 mg/500 mg [BY]

empagliflozin 5 mg + metformin hydrochloride 1 g tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10627H NP	1	5	0.00	56.95	25.00	Jardiamet 5 mg/1000 mg [BY]

empagliflozin 12.5 mg + metformin hydrochloride 500 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10633P NP	1	5	0.00	55.56	25.00	Jardiamet 12.5 mg/500 mg [BY]

empagliflozin 12.5 mg + metformin hydrochloride 1 g tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10677Y NP	1	5	0.00	56.95	25.00	Jardiamet 12.5 mg/1000 mg [BY]

EMPAGLIFLOZIN + METFORMIN

Note Abbreviations used in the restriction are as follows:

SGLT2 - sodium glucose co-transporter-2 inhibitor (drug names ending in 'flozin')

DPP4 - dipeptidyl peptidase-4 inhibitor (drug names ending in 'gliptin')

GLP-1 - glucagon-like peptide-1 receptor agonist

Authority Required (STREAMLINED)

16162

Diabetes mellitus type 2

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have cardiovascular disease; **OR**
- Patient must be at high risk of a cardiovascular event; **OR**
- Patient must identify as Aboriginal or Torres Strait Islander.

Treatment criteria:

- Patient must not be undergoing concomitant PBS-subsidised treatment for this condition with any of: (i) a GLP-1 receptor agonist, (ii) another SGLT2 inhibitor.

Note The Australian Absolute Cardiovascular Disease Risk Calculator is available at www.cvdcheck.org.au.

High cardiovascular risk is defined as an estimated risk of a cardiovascular event of at least 10% over 5 years.

Authority Required (STREAMLINED)

15267

Diabetes mellitus type 2

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must be inadequately responsive to metformin.

Treatment criteria:

- Patient must not be undergoing concomitant PBS-subsidised treatment with any of: a GLP-1 receptor agonist, another SGLT2 inhibitor.

Note Definition:

A HbA1c measurement greater than 7% despite treatment with the specified prior therapy/therapies indicates inadequate responsiveness. Where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2-week period indicates inadequate responsiveness.

Blood glucose monitoring is an alternative to HbA1c measurement where at least one of the following circumstances applies:

(a) A clinical condition with reduced red blood cell survival (inclusive of haemolytic anaemias, haemoglobinopathies), (b) Red cell transfusion within the previous 3 months.

Document HbA1c measurements (blood glucose measurements where relevant), as well as any intolerances/contraindications in the patient's medical records.

empagliflozin 5 mg + metformin hydrochloride 500 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14029J NP	2	5	0.00	*96.76	25.00	Jardiamet 5 mg/500 mg [BY]

empagliflozin 5 mg + metformin hydrochloride 1 g tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13852C NP	2	5	0.00	*99.54	25.00	Jardiamet 5 mg/1000 mg [BY]

empagliflozin 12.5 mg + metformin hydrochloride 500 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13903R NP	2	5	0.00	*96.76	25.00	Jardiamet 12.5 mg/500 mg [BY]

empagliflozin 12.5 mg + metformin hydrochloride 1 g tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13987E NP	2	5	0.00	*99.54	25.00	Jardiamet 12.5 mg/1000 mg [BY]

LINAGLIPTIN + METFORMIN

Note Definition:

A HbA1c measurement greater than 7% despite treatment with the specified prior therapy/therapies indicates inadequate responsiveness. Where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2-week period indicates inadequate responsiveness.

Blood glucose monitoring is an alternative to HbA1c measurement where at least one of the following circumstances applies:

(a) A clinical condition with reduced red blood cell survival (inclusive of haemolytic anaemias, haemoglobinopathies),

(b) Red cell transfusion within the previous 3 months.

Document HbA1c measurements (blood glucose measurements where relevant), as well as any intolerances/contraindications in the patient's medical records.

Note Abbreviations used in the restriction are as follows:

SGLT2 - sodium glucose co-transporter-2 inhibitor (drug names ending in 'flozin')

DPP4 - dipeptidyl peptidase-4 inhibitor (drug names ending in 'gliptin')

GLP-1 - glucagon-like peptide-1 receptor agonist

Authority Required (STREAMLINED)

15276

Diabetes mellitus type 2

Clinical criteria:

- The condition must be inadequately responsive to metformin.

Treatment criteria:

- Patient must not be undergoing concomitant PBS-subsidised treatment with any of: a GLP-1 receptor agonist, another DPP4 inhibitor.

linagliptin 2.5 mg + metformin hydrochloride 500 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10038H NP	1	5	0.00	56.32	25.00	Trajentamet [BY]

linagliptin 2.5 mg + metformin hydrochloride 850 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10045Q NP	1	5	0.00	57.13	25.00	Trajentamet [BY]

linagliptin 2.5 mg + metformin hydrochloride 1 g tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10044P NP	1	5	0.00	57.59	25.00	Trajentamet [BY]

LINAGLIPTIN + METFORMIN

Note Definition:

A HbA1c measurement greater than 7% despite treatment with the specified prior therapy/therapies indicates inadequate responsiveness. Where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2-week period indicates inadequate responsiveness.

Blood glucose monitoring is an alternative to HbA1c measurement where at least one of the following circumstances applies:

(a) A clinical condition with reduced red blood cell survival (inclusive of haemolytic anaemias, haemoglobinopathies),

(b) Red cell transfusion within the previous 3 months.

Document HbA1c measurements (blood glucose measurements where relevant), as well as any intolerances/contraindications in the patient's medical records.

Note Abbreviations used in the restriction are as follows:

SGLT2 - sodium glucose co-transporter-2 inhibitor (drug names ending in 'flozin')

DPP4 - dipeptidyl peptidase-4 inhibitor (drug names ending in 'gliptin')

GLP-1 - glucagon-like peptide-1 receptor agonist

Authority Required (STREAMLINED)

15288
Diabetes mellitus type 2
Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must be inadequately responsive to metformin.

Treatment criteria:

- Patient must not be undergoing concomitant PBS-subsidised treatment with any of: a GLP-1 receptor agonist, another DPP4 inhibitor.

linagliptin 2.5 mg + metformin hydrochloride 500 mg tablet, 60

13959Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*98.28	25.00	Trajentamet [BY]

linagliptin 2.5 mg + metformin hydrochloride 850 mg tablet, 60

14065G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*99.90	25.00	Trajentamet [BY]

linagliptin 2.5 mg + metformin hydrochloride 1 g tablet, 60

13879L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*100.82	25.00	Trajentamet [BY]

SAXAGLIPTIN + METFORMIN

Note Definition:

A HbA1c measurement greater than 7% despite treatment with the specified prior therapy/therapies indicates inadequate responsiveness. Where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2-week period indicates inadequate responsiveness.

Blood glucose monitoring is an alternative to HbA1c measurement where at least one of the following circumstances applies:

(a) A clinical condition with reduced red blood cell survival (inclusive of haemolytic anaemias, haemoglobinopathies),

(b) Red cell transfusion within the previous 3 months.

Document HbA1c measurements (blood glucose measurements where relevant), as well as any intolerances/contraindications in the patient's medical records.

Note Abbreviations used in the restriction are as follows:

SGLT2 - sodium glucose co-transporter-2 inhibitor (drug names ending in 'flozin')

DPP4 - dipeptidyl peptidase-4 inhibitor (drug names ending in 'gliptin')

GLP-1 - glucagon-like peptide-1 receptor agonist

Authority Required (STREAMLINED)
15276
Diabetes mellitus type 2
Clinical criteria:

- The condition must be inadequately responsive to metformin.

Treatment criteria:

- Patient must not be undergoing concomitant PBS-subsidised treatment with any of: a GLP-1 receptor agonist, another DPP4 inhibitor.

saxagliptin 2.5 mg + metformin hydrochloride 1 g modified release tablet, 56

10048W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	54.42	25.00	Kombiglyze XR 2.5/1000 [AP]

saxagliptin 5 mg + metformin hydrochloride 500 mg modified release tablet, 28

10055F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	52.47	25.00	Kombiglyze XR 5/500 [AP]

saxagliptin 5 mg + metformin hydrochloride 1 g modified release tablet, 28

10051B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	53.24	25.00	Kombiglyze XR 5/1000 [AP]

SAXAGLIPTIN + METFORMIN

Note Definition:

A HbA1c measurement greater than 7% despite treatment with the specified prior therapy/therapies indicates inadequate responsiveness. Where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2-week period indicates inadequate responsiveness.

Blood glucose monitoring is an alternative to HbA1c measurement where at least one of the following circumstances applies:

(a) A clinical condition with reduced red blood cell survival (inclusive of haemolytic anaemias, haemoglobinopathies),

(b) Red cell transfusion within the previous 3 months.

Document HbA1c measurements (blood glucose measurements where relevant), as well as any intolerances/contraindications in the patient's medical records.

Note Abbreviations used in the restriction are as follows:

SGLT2 - sodium glucose co-transporter-2 inhibitor (drug names ending in 'flozin')

DPP4 - dipeptidyl peptidase-4 inhibitor (drug names ending in 'gliptin')

GLP-1 - glucagon-like peptide-1 receptor agonist

Authority Required (STREAMLINED)

15288

Diabetes mellitus type 2

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must be inadequately responsive to metformin.

Treatment criteria:

- Patient must not be undergoing concomitant PBS-subsidised treatment with any of: a GLP-1 receptor agonist, another DPP4 inhibitor.

saxagliptin 2.5 mg + metformin hydrochloride 1 g modified release tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13880M NP	2	5	0.00	*94.48	25.00	Kombiglyze XR 2.5/1000 [AP]

saxagliptin 5 mg + metformin hydrochloride 500 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14030K NP	2	5	0.00	*90.58	25.00	Kombiglyze XR 5/500 [AP]

saxagliptin 5 mg + metformin hydrochloride 1 g modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13876H NP	2	5	0.00	*92.12	25.00	Kombiglyze XR 5/1000 [AP]

SITAGLIPTIN + METFORMIN

Note Definition:

A HbA1c measurement greater than 7% despite treatment with the specified prior therapy/therapies indicates inadequate responsiveness. Where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2-week period indicates inadequate responsiveness.

Blood glucose monitoring is an alternative to HbA1c measurement where at least one of the following circumstances applies:

(a) A clinical condition with reduced red blood cell survival (inclusive of haemolytic anaemias, haemoglobinopathies),

(b) Red cell transfusion within the previous 3 months.

Document HbA1c measurements (blood glucose measurements where relevant), as well as any intolerances/contraindications in the patient's medical records.

Note Abbreviations used in the restriction are as follows:

SGLT2 - sodium glucose co-transporter-2 inhibitor (drug names ending in 'flozin')

DPP4 - dipeptidyl peptidase-4 inhibitor (drug names ending in 'gliptin')

GLP-1 - glucagon-like peptide-1 receptor agonist

Authority Required (STREAMLINED)

15276

Diabetes mellitus type 2

Clinical criteria:

- The condition must be inadequately responsive to metformin.

Treatment criteria:

- Patient must not be undergoing concomitant PBS-subsidised treatment with any of: a GLP-1 receptor agonist, another DPP4 inhibitor.

sitagliptin 50 mg + metformin hydrochloride 500 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9449H NP	1	5	0.00	35.56	25.00	[a] Blooms The Chemist Sitagliptin/Metformin 50/500 [BG]	[a] Janumet [MK]
						[a] SITAGLIPTIN/METFORMIN 50/500 SUN [RA]	[a] Sitagliptin/Metformin Mylan 50/500 [AF]
						[a] Sitagliptin/Metformin Sandoz [SZ]	[a] SITAGLO-MET [CR]
						[a] Velmetia [XT]	

sitagliptin 50 mg + metformin hydrochloride 850 mg tablet, 56

9450J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	36.27	25.00	[a] Blooms The Chemist Sitagliptin/Metformin 50/850 [BG]	[a] Janumet [MK]
						[a] SITAGLIPTIN/METFORMIN 50/850 SUN [RA]	[a] Sitagliptin/Metformin Mylan 50/850 [AF]
						[a] Sitagliptin/Metformin Sandoz [SZ]	[a] SITAGLO-MET [CR]
						[a] Velmetia [XT]	

sitagliptin 50 mg + metformin hydrochloride 1 g tablet, 56

9451K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	36.59	25.00	[a] Blooms The Chemist Sitagliptin/Metformin 50/1000 [BG]	[a] Janumet [MK]
						[a] SITAGLIPTIN/METFORMIN 50/1000 SUN [RA]	[a] Sitagliptin/Metformin Mylan 50/1000 [AF]
						[a] Sitagliptin/Metformin Sandoz [SZ]	[a] SITAGLO-MET [CR]
						[a] Velmetia [XT]	

sitagliptin 50 mg + metformin hydrochloride 1 g modified release tablet, 56

10090C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	46.14	25.00	[a] Janumet XR [MK]	[a] Sitagliptin/Metformin Sandoz XR [SZ]
						[a] Sitagliptin/Metformin XR KND [CR]	[a] Sitagliptin/Metformin XR Mylan [AL]

sitagliptin 100 mg + metformin hydrochloride 1 g modified release tablet, 28

10089B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	45.11	25.00	[a] Janumet XR [MK]	[a] Sitagliptin/Metformin Sandoz XR [SZ]
						[a] Sitagliptin/Metformin XR KND [CR]	[a] Sitagliptin/Metformin XR Mylan [AL]

SITAGLIPTIN + METFORMIN

Note Definition:

A HbA1c measurement greater than 7% despite treatment with the specified prior therapy/therapies indicates inadequate responsiveness. Where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2-week period indicates inadequate responsiveness.

Blood glucose monitoring is an alternative to HbA1c measurement where at least one of the following circumstances applies:

(a) A clinical condition with reduced red blood cell survival (inclusive of haemolytic anaemias, haemoglobinopathies),

(b) Red cell transfusion within the previous 3 months.

Document HbA1c measurements (blood glucose measurements where relevant), as well as any intolerances/contraindications in the patient's medical records.

Note Abbreviations used in the restriction are as follows:

SGLT2 - sodium glucose co-transporter-2 inhibitor (drug names ending in 'flozin')

DPP4 - dipeptidyl peptidase-4 inhibitor (drug names ending in 'gliptin')

GLP-1 - glucagon-like peptide-1 receptor agonist

Authority Required (STREAMLINED)

15288

Diabetes mellitus type 2

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must be inadequately responsive to metformin.

Treatment criteria:

- Patient must not be undergoing concomitant PBS-subsidised treatment with any of: a GLP-1 receptor agonist, another DPP4 inhibitor.

sitagliptin 50 mg + metformin hydrochloride 500 mg tablet, 56

13994M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*56.76	25.00	[a] Blooms The Chemist Sitagliptin/Metformin 50/500 [BG]	[a] Janumet [MK]

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13994M						[a] SITAGLIPTIN/METFORMIN 50/500 SUN [RA]	[a] Sitagliptin/Metformin Mylan 50/500 [AF]
						[a] Sitagliptin/Metformin Sandoz [SZ]	[a] SITAGLO-MET [CR]
						[a] Velmetia [XT]	

sitagliptin 50 mg + metformin hydrochloride 850 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14064F							
NP	2	5	0.00	*58.18	25.00	[a] Blooms The Chemist Sitagliptin/Metformin 50/850 [BG]	[a] Janumet [MK]
						[a] SITAGLIPTIN/METFORMIN 50/850 SUN [RA]	[a] Sitagliptin/Metformin Mylan 50/850 [AF]
						[a] Sitagliptin/Metformin Sandoz [SZ]	[a] SITAGLO-MET [CR]
						[a] Velmetia [XT]	

sitagliptin 50 mg + metformin hydrochloride 1 g modified release tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13990H							
NP	2	5	0.00	*77.92	25.00	[a] Janumet XR [MK]	[a] Sitagliptin/Metformin Sandoz XR [SZ]
						[a] Sitagliptin/Metformin XR KND [CR]	[a] Sitagliptin/Metformin XR Mylan [AL]

sitagliptin 50 mg + metformin hydrochloride 1 g tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14035Q							
NP	2	5	0.00	*58.82	25.00	[a] Blooms The Chemist Sitagliptin/Metformin 50/1000 [BG]	[a] Janumet [MK]
						[a] SITAGLIPTIN/METFORMIN 50/1000 SUN [RA]	[a] Sitagliptin/Metformin Mylan 50/1000 [AF]
						[a] Sitagliptin/Metformin Sandoz [SZ]	[a] SITAGLO-MET [CR]
						[a] Velmetia [XT]	

sitagliptin 100 mg + metformin hydrochloride 1 g modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14031L							
NP	2	5	0.00	*75.86	25.00	[a] Janumet XR [MK]	[a] Sitagliptin/Metformin Sandoz XR [SZ]
						[a] Sitagliptin/Metformin XR KND [CR]	[a] Sitagliptin/Metformin XR Mylan [AL]

VILDAGLIPTIN + METFORMIN

Note Definition:

A HbA1c measurement greater than 7% despite treatment with the specified prior therapy/therapies indicates inadequate responsiveness. Where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2-week period indicates inadequate responsiveness.

Blood glucose monitoring is an alternative to HbA1c measurement where at least one of the following circumstances applies:

(a) A clinical condition with reduced red blood cell survival (inclusive of haemolytic anaemias, haemoglobinopathies),

(b) Red cell transfusion within the previous 3 months.

Document HbA1c measurements (blood glucose measurements where relevant), as well as any intolerances/contraindications in the patient's medical records.

Note Abbreviations used in the restriction are as follows:

SGLT2 - sodium glucose co-transporter-2 inhibitor (drug names ending in 'flozin')

DPP4 - dipeptidyl peptidase-4 inhibitor (drug names ending in 'gliptin')

GLP-1 - glucagon-like peptide-1 receptor agonist

Authority Required (STREAMLINED)

15276

Diabetes mellitus type 2

Clinical criteria:

- The condition must be inadequately responsive to metformin.

Treatment criteria:

- Patient must not be undergoing concomitant PBS-subsidised treatment with any of: a GLP-1 receptor agonist, another DPP4 inhibitor.

vildagliptin 50 mg + metformin hydrochloride 500 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5474D NP	1	5	0.00	41.04	25.00	[a] ARX-Vildagliptin/Metformin 50/500 [XT]	[a] Galvumet 50/500 [NV]

vildagliptin 50 mg + metformin hydrochloride 850 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5475E NP	1	5	0.00	41.64	25.00	[a] ARX-Vildagliptin/Metformin 50/850 [XT]	[a] Galvumet 50/850 [NV]

vildagliptin 50 mg + metformin hydrochloride 1 g tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5476F NP	1	5	0.00	41.97	25.00	[a] ARX-Vildagliptin/Metformin 50/1000 [XT]	[a] Galvumet 50/1000 [NV]

VILDAGLIPTIN + METFORMIN

Note Definition:

A HbA1c measurement greater than 7% despite treatment with the specified prior therapy/therapies indicates inadequate responsiveness. Where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2-week period indicates inadequate responsiveness.

Blood glucose monitoring is an alternative to HbA1c measurement where at least one of the following circumstances applies:

(a) A clinical condition with reduced red blood cell survival (inclusive of haemolytic anaemias, haemoglobinopathies),

(b) Red cell transfusion within the previous 3 months.

Document HbA1c measurements (blood glucose measurements where relevant), as well as any intolerances/contraindications in the patient's medical records.

Note Abbreviations used in the restriction are as follows:

SGLT2 - sodium glucose co-transporter-2 inhibitor (drug names ending in 'flozin')

DPP4 - dipeptidyl peptidase-4 inhibitor (drug names ending in 'gliptin')

GLP-1 - glucagon-like peptide-1 receptor agonist

Authority Required (STREAMLINED)

15288

Diabetes mellitus type 2

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must be inadequately responsive to metformin.

Treatment criteria:

- Patient must not be undergoing concomitant PBS-subsidised treatment with any of: a GLP-1 receptor agonist, another DPP4 inhibitor.

vildagliptin 50 mg + metformin hydrochloride 500 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13877J NP	2	5	0.00	*67.72	25.00	[a] ARX-Vildagliptin/Metformin 50/500 [XT]	[a] Galvumet 50/500 [NV]

vildagliptin 50 mg + metformin hydrochloride 850 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13991J NP	2	5	0.00	*68.92	25.00	[a] ARX-Vildagliptin/Metformin 50/850 [XT]	[a] Galvumet 50/850 [NV]

vildagliptin 50 mg + metformin hydrochloride 1 g tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14032M NP	2	5	0.00	*69.58	25.00	[a] ARX-Vildagliptin/Metformin 50/1000 [XT]	[a] Galvumet 50/1000 [NV]

Alpha glucosidase inhibitors

ACARBOSE

acarbose 50 mg tablet, 90

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8188Y NP	1	5	0.00	28.42	25.00	[a] Acarbose Viatris [AL]	[a] GLYBOSAY [RW]

acarbose 100 mg tablet, 90

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8189B NP	1	5	0.00	34.27	25.00	[a] Acarbose Viatris [AL]	[a] GLYBOSAY [RW]

ACARBOSE

Restricted benefit

14238

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

acarbose 50 mg tablet, 90

13955L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*42.48	25.00	[a] Acarbose Viatris [AL]	[a] GLYBOSAY [RW]

acarbose 100 mg tablet, 90

13869Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*54.18	25.00	[a] Acarbose Viatris [AL]	[a] GLYBOSAY [RW]

Thiazolidinediones

PIOGLITAZONE

Restricted benefit

15321

Diabetes mellitus type 2

pioglitazone 15 mg tablet, 28

8694N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	20.81	22.35	[a] ARX-PIOGLITAZONE [XT]	[a] Vexazone [AF]

Pioglitazone 15 mg tablet, 30

15261F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	5	0.00	21.26	22.80	Actos [GQ]

pioglitazone 30 mg tablet, 28

8695P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	24.28	25.00	[a] ARX-PIOGLITAZONE [XT]	[a] Vexazone [AF]

Pioglitazone 30 mg tablet, 30

15223F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	5	0.00	24.99	25.00	Actos [GQ]

pioglitazone 45 mg tablet, 28

8696Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	27.26	25.00	[a] ARX-PIOGLITAZONE [XT]	[a] Vexazone [AF]

Pioglitazone 45 mg tablet, 30

15222E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	5	0.00	28.18	25.00	Actos [GQ]

PIOGLITAZONE

Restricted benefit

15290

Diabetes mellitus type 2

Clinical criteria:

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

pioglitazone 15 mg tablet, 28

13898L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*27.26	25.00	[a] ARX-PIOGLITAZONE [XT]	[a] Vexazone [AF]

Pioglitazone 15 mg tablet, 30

15236X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*28.16	25.00	Actos [GQ]

pioglitazone 30 mg tablet, 28

13921Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*34.20	25.00	[a] ARX-PIOGLITAZONE [XT]	[a] Vexazone [AF]

Pioglitazone 30 mg tablet, 30

15267M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*35.62	25.00	Actos [GQ]

pioglitazone 45 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14057W NP	2	5	0.00	*40.16	25.00	[a] ARX-PIOGLITAZONE [XT]	[a] Vexazone [AF]

Pioglitazone 45 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15229M NP	2	5	0.00	*42.00	25.00	Actos [GQ]

Dipeptidyl peptidase 4 (DPP-4) inhibitors

ALOGLIPTIN

Note Definition:

A HbA1c measurement greater than 7% despite treatment with the specified prior therapy/therapies indicates inadequate responsiveness. Where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2-week period indicates inadequate responsiveness.

Blood glucose monitoring is an alternative to HbA1c measurement where at least one of the following circumstances applies:

(a) A clinical condition with reduced red blood cell survival (inclusive of haemolytic anaemias, haemoglobinopathies),

(b) Red cell transfusion within the previous 3 months.

Document HbA1c measurements (blood glucose measurements where relevant), as well as any intolerances/contraindications in the patient's medical records.

Note Abbreviations used in the restriction are as follows:

SGLT2 - sodium glucose co-transporter-2 inhibitor (drug names ending in 'flozin')

DPP4 - dipeptidyl peptidase-4 inhibitor (drug names ending in 'gliptin')

GLP-1 - glucagon-like peptide-1 receptor agonist

Authority Required (STREAMLINED)

15261

Diabetes mellitus type 2

Clinical criteria:

- The treatment must be used in combination with at least one of: metformin, a sulfonylurea, insulin, **AND**
- The condition must be inadequately responsive to at least one of: metformin, a sulfonylurea, insulin.

Treatment criteria:

- Patient must not be undergoing concomitant PBS-subsidised treatment with any of: a GLP-1 receptor agonist, another DPP4 inhibitor.

alogliptin 6.25 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2944Y NP	1	5	0.00	51.70	25.00	Nesina [TK]

alogliptin 12.5 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2933J NP	1	5	0.00	51.70	25.00	Nesina [TK]

alogliptin 25 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2986E NP	1	5	0.00	51.70	25.00	Nesina [TK]

ALOGLIPTIN

Note Definition:

A HbA1c measurement greater than 7% despite treatment with the specified prior therapy/therapies indicates inadequate responsiveness. Where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2-week period indicates inadequate responsiveness.

Blood glucose monitoring is an alternative to HbA1c measurement where at least one of the following circumstances applies:

(a) A clinical condition with reduced red blood cell survival (inclusive of haemolytic anaemias, haemoglobinopathies),

(b) Red cell transfusion within the previous 3 months.

Document HbA1c measurements (blood glucose measurements where relevant), as well as any intolerances/contraindications in the patient's medical records.

Note Abbreviations used in the restriction are as follows:

SGLT2 - sodium glucose co-transporter-2 inhibitor (drug names ending in 'flozin')

DPP4 - dipeptidyl peptidase-4 inhibitor (drug names ending in 'gliptin')

GLP-1 - glucagon-like peptide-1 receptor agonist

Authority Required (STREAMLINED)

15287

Diabetes mellitus type 2

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The treatment must be used in combination with at least one of: metformin, a sulfonylurea, insulin, **AND**
- The condition must be inadequately responsive to at least one of: metformin, a sulfonylurea, insulin.

Treatment criteria:

- Patient must not be undergoing concomitant PBS-subsidised treatment with any of: a GLP-1 receptor agonist, another DPP4 inhibitor.

alogliptin 6.25 mg tablet, 28

13897K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*89.04	25.00	Nesina [TK]

alogliptin 12.5 mg tablet, 28

13977P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*89.04	25.00	Nesina [TK]

alogliptin 25 mg tablet, 28

13953J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*89.04	25.00	Nesina [TK]

LINAGLIPTIN

Note Definition:

A HbA1c measurement greater than 7% despite treatment with the specified prior therapy/therapies indicates inadequate responsiveness. Where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2-week period indicates inadequate responsiveness.

Blood glucose monitoring is an alternative to HbA1c measurement where at least one of the following circumstances applies:

(a) A clinical condition with reduced red blood cell survival (inclusive of haemolytic anaemias, haemoglobinopathies),

(b) Red cell transfusion within the previous 3 months.

Document HbA1c measurements (blood glucose measurements where relevant), as well as any intolerances/contraindications in the patient's medical records.

Note Abbreviations used in the restriction are as follows:

SGLT2 - sodium glucose co-transporter-2 inhibitor (drug names ending in 'flozin')

DPP4 - dipeptidyl peptidase-4 inhibitor (drug names ending in 'gliptin')

GLP-1 - glucagon-like peptide-1 receptor agonist

Authority Required (STREAMLINED)

15261

Diabetes mellitus type 2

Clinical criteria:

- The treatment must be used in combination with at least one of: metformin, a sulfonylurea, insulin, **AND**
- The condition must be inadequately responsive to at least one of: metformin, a sulfonylurea, insulin.

Treatment criteria:

- Patient must not be undergoing concomitant PBS-subsidised treatment with any of: a GLP-1 receptor agonist, another DPP4 inhibitor.

linagliptin 5 mg tablet, 30

3387G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	54.37	25.00	Trajenta [BY]

LINAGLIPTIN

Note Definition:

A HbA1c measurement greater than 7% despite treatment with the specified prior therapy/therapies indicates inadequate responsiveness. Where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2-week period indicates inadequate responsiveness.

Blood glucose monitoring is an alternative to HbA1c measurement where at least one of the following circumstances applies:

(a) A clinical condition with reduced red blood cell survival (inclusive of haemolytic anaemias, haemoglobinopathies),

(b) Red cell transfusion within the previous 3 months.

Document HbA1c measurements (blood glucose measurements where relevant), as well as any intolerances/contraindications in the patient's medical records.

Note Abbreviations used in the restriction are as follows:

SGLT2 - sodium glucose co-transporter-2 inhibitor (drug names ending in 'flozin')

DPP4 - dipeptidyl peptidase-4 inhibitor (drug names ending in 'gliptin')

GLP-1 - glucagon-like peptide-1 receptor agonist

Authority Required (STREAMLINED)

15287

Diabetes mellitus type 2

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The treatment must be used in combination with at least one of: metformin, a sulfonylurea, insulin, **AND**
- The condition must be inadequately responsive to at least one of: metformin, a sulfonylurea, insulin.

Treatment criteria:

- Patient must not be undergoing concomitant PBS-subsidised treatment with any of: a GLP-1 receptor agonist, another DPP4 inhibitor.

linagliptin 5 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13954K NP	2	5	0.00	*94.38	25.00	Trajenta [BY]

SAXAGLIPTIN

Note Definition:

A HbA1c measurement greater than 7% despite treatment with the specified prior therapy/therapies indicates inadequate responsiveness. Where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2-week period indicates inadequate responsiveness.

Blood glucose monitoring is an alternative to HbA1c measurement where at least one of the following circumstances applies:

(a) A clinical condition with reduced red blood cell survival (inclusive of haemolytic anaemias, haemoglobinopathies),

(b) Red cell transfusion within the previous 3 months.

Document HbA1c measurements (blood glucose measurements where relevant), as well as any intolerances/contraindications in the patient's medical records.

Note Abbreviations used in the restriction are as follows:

SGLT2 - sodium glucose co-transporter-2 inhibitor (drug names ending in 'flozin')

DPP4 - dipeptidyl peptidase-4 inhibitor (drug names ending in 'gliptin')

GLP-1 - glucagon-like peptide-1 receptor agonist

Authority Required (STREAMLINED)

15261

Diabetes mellitus type 2

Clinical criteria:

- The treatment must be used in combination with at least one of: metformin, a sulfonylurea, insulin, **AND**
- The condition must be inadequately responsive to at least one of: metformin, a sulfonylurea, insulin.

Treatment criteria:

- Patient must not be undergoing concomitant PBS-subsidised treatment with any of: a GLP-1 receptor agonist, another DPP4 inhibitor.

saxagliptin 2.5 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10128C NP	1	5	0.00	51.70	25.00	Onglyza [AP]

saxagliptin 5 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8983T NP	1	5	0.00	51.70	25.00	Onglyza [AP]

SAXAGLIPTIN

Note Definition:

A HbA1c measurement greater than 7% despite treatment with the specified prior therapy/therapies indicates inadequate responsiveness. Where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2-week period indicates inadequate responsiveness.

Blood glucose monitoring is an alternative to HbA1c measurement where at least one of the following circumstances applies:

(a) A clinical condition with reduced red blood cell survival (inclusive of haemolytic anaemias, haemoglobinopathies),

(b) Red cell transfusion within the previous 3 months.

Document HbA1c measurements (blood glucose measurements where relevant), as well as any intolerances/contraindications in the patient's medical records.

Note Abbreviations used in the restriction are as follows:

SGLT2 - sodium glucose co-transporter-2 inhibitor (drug names ending in 'flozin')

DPP4 - dipeptidyl peptidase-4 inhibitor (drug names ending in 'gliptin')

GLP-1 - glucagon-like peptide-1 receptor agonist

Authority Required (STREAMLINED)

15287

Diabetes mellitus type 2

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The treatment must be used in combination with at least one of: metformin, a sulfonylurea, insulin, **AND**
- The condition must be inadequately responsive to at least one of: metformin, a sulfonylurea, insulin.

Treatment criteria:

- Patient must not be undergoing concomitant PBS-subsidised treatment with any of: a GLP-1 receptor agonist, another DPP4 inhibitor.

saxagliptin 2.5 mg tablet, 28

13895H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*89.04	25.00	Onglyza [AP]

saxagliptin 5 mg tablet, 28

13923T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*89.04	25.00	Onglyza [AP]

SITAGLIPTIN

Note Definition:

A HbA1c measurement greater than 7% despite treatment with the specified prior therapy/therapies indicates inadequate responsiveness. Where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2-week period indicates inadequate responsiveness.

Blood glucose monitoring is an alternative to HbA1c measurement where at least one of the following circumstances applies:

(a) A clinical condition with reduced red blood cell survival (inclusive of haemolytic anaemias, haemoglobinopathies),

(b) Red cell transfusion within the previous 3 months.

Document HbA1c measurements (blood glucose measurements where relevant), as well as any intolerances/contraindications in the patient's medical records.

Note Abbreviations used in the restriction are as follows:

SGLT2 - sodium glucose co-transporter-2 inhibitor (drug names ending in 'flozin')

DPP4 - dipeptidyl peptidase-4 inhibitor (drug names ending in 'gliptin')

GLP-1 - glucagon-like peptide-1 receptor agonist

Authority Required (STREAMLINED)

15261

Diabetes mellitus type 2

Clinical criteria:

- The treatment must be used in combination with at least one of: metformin, a sulfonylurea, insulin, **AND**
- The condition must be inadequately responsive to at least one of: metformin, a sulfonylurea, insulin.

Treatment criteria:

- Patient must not be undergoing concomitant PBS-subsidised treatment with any of: a GLP-1 receptor agonist, another DPP4 inhibitor.

sitagliptin 25 mg tablet, 28

9180E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	31.55	25.00	[a] Januvia [MK]	[a] Sitagliptin Lupin [GQ]
						[a] Sitagliptin Mylan [AF]	[a] Sitagliptin Sandoz Pharma [SZ]
						[a] Sitagliptin SUN [RA]	[a] Sitaglo [CR]
						[a] Xelevia [XT]	

sitagliptin 50 mg tablet, 28

9181F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	31.55	25.00	[a] Januvia [MK]	[a] Sitagliptin Lupin [GQ]
						[a] Sitagliptin Mylan [AF]	[a] Sitagliptin Sandoz Pharma [SZ]
						[a] Sitagliptin SUN [RA]	[a] Sitaglo [CR]
						[a] Xelevia [XT]	

sitagliptin 100 mg tablet, 28

9182G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	31.55	25.00	[a] Januvia [MK]	[a] Sitagliptin Lupin [GQ]
						[a] Sitagliptin Mylan [AF]	[a] Sitagliptin Sandoz Pharma [SZ]
						[a] Sitagliptin SUN [RA]	[a] Sitaglo [CR]
						[a] Xelevia [XT]	

SITAGLIPTIN

Note Definition:

A HbA1c measurement greater than 7% despite treatment with the specified prior therapy/therapies indicates inadequate responsiveness. Where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2-week period indicates inadequate responsiveness.

Blood glucose monitoring is an alternative to HbA1c measurement where at least one of the following circumstances applies:

(a) A clinical condition with reduced red blood cell survival (inclusive of haemolytic anaemias, haemoglobinopathies),

(b) Red cell transfusion within the previous 3 months.

Document HbA1c measurements (blood glucose measurements where relevant), as well as any intolerances/contraindications in the patient's medical records.

Note Abbreviations used in the restriction are as follows:

SGLT2 - sodium glucose co-transporter-2 inhibitor (drug names ending in 'flozin')

DPP4 - dipeptidyl peptidase-4 inhibitor (drug names ending in 'gliptin')

GLP-1 - glucagon-like peptide-1 receptor agonist

Authority Required (STREAMLINED)

15287

Diabetes mellitus type 2

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The treatment must be used in combination with at least one of: metformin, a sulfonylurea, insulin, **AND**
- The condition must be inadequately responsive to at least one of: metformin, a sulfonylurea, insulin.

Treatment criteria:

- Patient must not be undergoing concomitant PBS-subsidised treatment with any of: a GLP-1 receptor agonist, another DPP4 inhibitor.

sitagliptin 25 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14021Y							
NP	2	5	0.00	*48.74	25.00	[a] Januvia [MK]	[a] Sitagliptin Lupin [GQ]
						[a] Sitagliptin Mylan [AF]	[a] Sitagliptin Sandoz Pharma [SZ]
						[a] Sitagliptin SUN [RA]	[a] Sitaglo [CR]
						[a] Xelevia [XT]	

sitagliptin 50 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14058X							
NP	2	5	0.00	*48.74	25.00	[a] Januvia [MK]	[a] Sitagliptin Lupin [GQ]
						[a] Sitagliptin Mylan [AF]	[a] Sitagliptin Sandoz Pharma [SZ]
						[a] Sitagliptin SUN [RA]	[a] Sitaglo [CR]
						[a] Xelevia [XT]	

sitagliptin 100 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13871C							
NP	2	5	0.00	*48.74	25.00	[a] Januvia [MK]	[a] Sitagliptin Lupin [GQ]
						[a] Sitagliptin Mylan [AF]	[a] Sitagliptin Sandoz Pharma [SZ]
						[a] Sitagliptin SUN [RA]	[a] Sitaglo [CR]
						[a] Xelevia [XT]	

VILDAGLIPTIN

Note Definition:

A HbA1c measurement greater than 7% despite treatment with the specified prior therapy/therapies indicates inadequate responsiveness. Where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2-week period indicates inadequate responsiveness.

Blood glucose monitoring is an alternative to HbA1c measurement where at least one of the following circumstances applies:

(a) A clinical condition with reduced red blood cell survival (inclusive of haemolytic anaemias, haemoglobinopathies),

(b) Red cell transfusion within the previous 3 months.

Document HbA1c measurements (blood glucose measurements where relevant), as well as any intolerances/contraindications in the patient's medical records.

Note Abbreviations used in the restriction are as follows:

SGLT2 - sodium glucose co-transporter-2 inhibitor (drug names ending in 'flozin')

DPP4 - dipeptidyl peptidase-4 inhibitor (drug names ending in 'gliptin')

GLP-1 - glucagon-like peptide-1 receptor agonist

Authority Required (STREAMLINED)

15261

Diabetes mellitus type 2

Clinical criteria:

- The treatment must be used in combination with at least one of: metformin, a sulfonylurea, insulin, **AND**
- The condition must be inadequately responsive to at least one of: metformin, a sulfonylurea, insulin.

Treatment criteria:

- Patient must not be undergoing concomitant PBS-subsidised treatment with any of: a GLP-1 receptor agonist, another DPP4 inhibitor.

vildagliptin 50 mg tablet, 60

3415R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	40.98	25.00	Galvus [NV]

VILDAGLIPTIN

Note Definition:

A HbA1c measurement greater than 7% despite treatment with the specified prior therapy/therapies indicates inadequate responsiveness. Where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2-week period indicates inadequate responsiveness.

Blood glucose monitoring is an alternative to HbA1c measurement where at least one of the following circumstances applies:

(a) A clinical condition with reduced red blood cell survival (inclusive of haemolytic anaemias, haemoglobinopathies),

(b) Red cell transfusion within the previous 3 months.

Document HbA1c measurements (blood glucose measurements where relevant), as well as any intolerances/contraindications in the patient's medical records.

Note Abbreviations used in the restriction are as follows:

SGLT2 - sodium glucose co-transporter-2 inhibitor (drug names ending in 'flozin')

DPP4 - dipeptidyl peptidase-4 inhibitor (drug names ending in 'gliptin')

GLP-1 - glucagon-like peptide-1 receptor agonist

Authority Required (STREAMLINED)

15287

Diabetes mellitus type 2

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The treatment must be used in combination with at least one of: metformin, a sulfonylurea, insulin, **AND**
- The condition must be inadequately responsive to at least one of: metformin, a sulfonylurea, insulin.

Treatment criteria:

- Patient must not be undergoing concomitant PBS-subsidised treatment with any of: a GLP-1 receptor agonist, another DPP4 inhibitor.

vildagliptin 50 mg tablet, 60

13846R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*67.60	25.00	Galvus [NV]

Glucagon-like peptide-1 (GLP-1) analogues

DULAGLUTIDE

Note Special Pricing Arrangements apply.

Authority Required

15301

Diabetes mellitus type 2

Treatment Phase: First PBS-prescription for this drug

Clinical criteria:

- The treatment must be used in combination with at least one of: metformin, a sulfonylurea, insulin, **AND**
- The condition must be inadequately responsive to at least one of: metformin, a sulfonylurea, insulin, **AND**
- Patient must not have achieved a clinically meaningful glycaemic response with an SGLT2 inhibitor; **OR**
- Patient must have a contraindication/intolerance requiring treatment discontinuation of an SGLT2 inhibitor.

Treatment criteria:

- Patient must not be undergoing concomitant PBS-subsidised treatment for type 2 diabetes mellitus with any of: an SGLT2 inhibitor, a DPP4 inhibitor, another GLP-1 receptor agonist.

Note Definition:

A HbA1c measurement greater than 7% despite treatment with the specified prior therapy/therapies indicates inadequate responsiveness. Where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2-week period indicates inadequate responsiveness.

Blood glucose monitoring is an alternative to HbA1c measurement where at least one of the following circumstances applies:

(a) A clinical condition with reduced red blood cell survival (inclusive of haemolytic anaemias, haemoglobinopathies), (b) Red cell transfusion within the previous 3 months.

Document HbA1c measurements (blood glucose measurements where relevant), as well as any intolerances/contraindications in the patient's medical records.

Note Abbreviations used in the restriction are as follows:

SGLT2 - sodium glucose co-transporter-2 inhibitor (drug names ending in 'flozin')

DPP4 - dipeptidyl peptidase-4 inhibitor (drug names ending in 'gliptin')

GLP-1 - glucagon-like peptide-1 receptor agonist

Note Where an SGLT2 inhibitor is being accessed through a PBS indication other than diabetes, the clinical criterion excluding concomitant treatment with an SGLT2 inhibitor is in relation to diabetes mellitus type 2 only.

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

dulaglutide 1.5 mg/0.5 mL injection, 4 x 0.5 mL pen devices

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11364D NP	1	5	0.00	131.40	25.00	Trulicity [LY]

DULAGLUTIDE

Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)

15263

Diabetes mellitus type 2

Treatment Phase: Subsequent PBS-prescriptions for any GLP-1 receptor agonist

Treatment criteria:

- Patient must not be undergoing concomitant PBS-subsidised treatment for type 2 diabetes mellitus with any of: an SGLT2 inhibitor, a DPP4 inhibitor, another GLP-1 receptor agonist.

Note Abbreviations used in the restriction are as follows:

SGLT2 - sodium glucose co-transporter-2 inhibitor (drug names ending in 'flozin')

DPP4 - dipeptidyl peptidase-4 inhibitor (drug names ending in 'gliptin')

GLP-1 - glucagon-like peptide-1 receptor agonist

Note Where an SGLT2 inhibitor is being accessed through a PBS indication other than diabetes, the clinical criterion excluding concomitant treatment with an SGLT2 inhibitor is in relation to diabetes mellitus type 2 only.

dulaglutide 1.5 mg/0.5 mL injection, 4 x 0.5 mL pen devices

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14150R NP	1	5	0.00	131.40	25.00	Trulicity [LY]

SEMAGLUTIDE

Note Special Pricing Arrangements apply.

Authority Required

15301

Diabetes mellitus type 2

Treatment Phase: First PBS-prescription for this drug

Clinical criteria:

- The treatment must be used in combination with at least one of: metformin, a sulfonylurea, insulin, **AND**
- The condition must be inadequately responsive to at least one of: metformin, a sulfonylurea, insulin, **AND**
- Patient must not have achieved a clinically meaningful glycaemic response with an SGLT2 inhibitor; **OR**
- Patient must have a contraindication/intolerance requiring treatment discontinuation of an SGLT2 inhibitor.

Treatment criteria:

- Patient must not be undergoing concomitant PBS-subsidised treatment for type 2 diabetes mellitus with any of: an SGLT2 inhibitor, a DPP4 inhibitor, another GLP-1 receptor agonist.

Note Definition:

A HbA1c measurement greater than 7% despite treatment with the specified prior therapy/therapies indicates inadequate responsiveness. Where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2-week period indicates inadequate responsiveness.

Blood glucose monitoring is an alternative to HbA1c measurement where at least one of the following circumstances applies:

(a) A clinical condition with reduced red blood cell survival (inclusive of haemolytic anaemias, haemoglobinopathies), (b) Red cell transfusion within the previous 3 months.

Document HbA1c measurements (blood glucose measurements where relevant), as well as any intolerances/contraindications in the patient's medical records.

Note Abbreviations used in the restriction are as follows:

SGLT2 - sodium glucose co-transporter-2 inhibitor (drug names ending in 'flozin')

DPP4 - dipeptidyl peptidase-4 inhibitor (drug names ending in 'gliptin')

GLP-1 - glucagon-like peptide-1 receptor agonist

Note Where an SGLT2 inhibitor is being accessed through a PBS indication other than diabetes, the clinical criterion excluding concomitant treatment with an SGLT2 inhibitor is in relation to diabetes mellitus type 2 only.

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

semaglutide 0.68 mg/mL injection, 1 x 3 mL pen device

14844G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	131.40	25.00	Ozempic [NO]

semaglutide 1.34 mg/mL injection, 1 x 3 mL pen device

12075M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	5	0.00	131.40	25.00	Ozempic [NO]

SEMAGLUTIDE

Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)

15263

Diabetes mellitus type 2

Treatment Phase: Subsequent PBS-prescriptions for any GLP-1 receptor agonist

Treatment criteria:

- Patient must not be undergoing concomitant PBS-subsidised treatment for type 2 diabetes mellitus with any of: an SGLT2 inhibitor, a DPP4 inhibitor, another GLP-1 receptor agonist.

Note Abbreviations used in the restriction are as follows:

SGLT2 - sodium glucose co-transporter-2 inhibitor (drug names ending in 'flozin')

DPP4 - dipeptidyl peptidase-4 inhibitor (drug names ending in 'gliptin')

GLP-1 - glucagon-like peptide-1 receptor agonist

Note Where an SGLT2 inhibitor is being accessed through a PBS indication other than diabetes, the clinical criterion excluding concomitant treatment with an SGLT2 inhibitor is in relation to diabetes mellitus type 2 only.

semaglutide 0.68 mg/mL injection, 1 x 3 mL pen device

14846J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	131.40	25.00	Ozempic [NO]

semaglutide 1.34 mg/mL injection, 1 x 3 mL pen device

14163K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	5	0.00	131.40	25.00	Ozempic [NO]

SEMAGLUTIDE

Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)

18495

Diabetes mellitus type 2

Treatment Phase: Subsequent PBS-prescriptions for any GLP-1 receptor agonist

Clinical criteria:

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

Treatment criteria:

- Patient must not be undergoing concomitant PBS-subsidised treatment for type 2 diabetes mellitus with any of: an SGLT2 inhibitor, a DPP4 inhibitor, another GLP-1 receptor agonist.

Note Abbreviations used in the restriction are as follows:

SGLT2 - sodium glucose co-transporter-2 inhibitor (drug names ending in 'flozin')

DPP4 - dipeptidyl peptidase-4 inhibitor (drug names ending in 'gliptin')

GLP-1 - glucagon-like peptide-1 receptor agonist

Note Where an SGLT2 inhibitor is being accessed through a PBS indication other than diabetes, the clinical criterion excluding concomitant treatment with an SGLT2 inhibitor is in relation to diabetes mellitus type 2 only.

semaglutide 0.68 mg/mL injection, 1 x 3 mL pen device

15311W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*253.44	25.00	Ozempic [NO]

semaglutide 1.34 mg/mL injection, 1 x 3 mL pen device

15322K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*253.44	25.00	Ozempic [NO]

Sodium-glucose co-transporter 2 (SGLT2) inhibitors

DAPAGLIFLOZIN

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

Authority Required (STREAMLINED)
15047
Chronic heart failure
Clinical criteria:

- Patient must be symptomatic with NYHA classes II, III or IV prior to initiating treatment with this drug, **AND**
- Patient must have a documented left ventricular ejection fraction (LVEF) of less than or equal to 40%, **AND**
- The treatment must be an add-on therapy to optimal standard chronic heart failure treatment, which must include a beta-blocker, unless contraindicated according to the TGA-approved Product Information or cannot be tolerated, **AND**
- The treatment must be an add-on therapy to optimal standard chronic heart failure treatment, which must include an ACE inhibitor, unless contraindicated according to the TGA-approved Product Information or cannot be tolerated; **OR**
- The treatment must be an add-on therapy to optimal standard chronic heart failure treatment, which must include an angiotensin II antagonist, unless contraindicated according to the TGA-approved Product Information or cannot be tolerated; **OR**
- The treatment must be an add-on therapy to optimal standard chronic heart failure treatment, which must include an angiotensin receptor with neprilysin inhibitor combination therapy unless contraindicated according to the TGA-approved Product Information or cannot be tolerated, **AND**
- Patient must not be receiving treatment with another sodium-glucose co-transporter 2 (SGLT2) inhibitor.

dapagliflozin 10 mg tablet, 28

12823X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	52.35	25.00	Forxiga [AP]

DAPAGLIFLOZIN

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

Authority Required (STREAMLINED)
18624
Chronic kidney disease
Clinical criteria:

- Patient must have a diagnosis of chronic kidney disease, defined as abnormalities of at least one of: (i) kidney structure, (ii) kidney function, present for at least 3 months, prior to initiating treatment with this drug, **AND**
- Patient must have an estimated glomerular filtration rate of between 20 to 90 mL/min/1.73 m^2 inclusive prior to initiating treatment with this drug, **AND**
- Patient must have an estimated glomerular filtration rate of between 45 to 90 mL/min/1.73 m^2 inclusive, with a urinary albumin to creatinine ratio of at least 200 mg/g (22.6 mg/mmol) prior to initiating treatment with this drug; **OR**
- Patient must have an estimated glomerular filtration rate of between 20 to 45 mL/min/1.73 m^2 inclusive, with any level of urinary albumin to creatinine ratio prior to initiating treatment with this drug, **AND**
- Patient must discontinue treatment with this drug prior to initiating renal replacement therapy, defined as dialysis or kidney transplant, **AND**
- Patient must not be receiving treatment with another sodium-glucose co-transporter 2 (SGLT2) inhibitor, **AND**
- Patient must be stabilised, for at least 4 weeks, on either: (i) an ACE inhibitor or (ii) an angiotensin II receptor antagonist, unless medically contraindicated, prior to initiation of combination therapy with this drug.

Patients with polycystic kidney disease, lupus nephritis or ANCA-associated vasculitis; patients requiring or with a recent history of cytotoxic or immunosuppressive therapy for kidney disease; and patients with an organ transplant are not eligible for treatment with this drug.

dapagliflozin 10 mg tablet, 28

13106T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	52.35	25.00	Forxiga [AP]

DAPAGLIFLOZIN

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

Authority Required (STREAMLINED)
15051
Chronic heart failure
Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must be symptomatic with NYHA classes II, III or IV prior to initiating treatment with this drug, **AND**
- Patient must have a documented left ventricular ejection fraction (LVEF) of less than or equal to 40%, **AND**

- The treatment must be an add-on therapy to optimal standard chronic heart failure treatment, which must include a beta-blocker, unless contraindicated according to the TGA-approved Product Information or cannot be tolerated, **AND**
- The treatment must be an add-on therapy to optimal standard chronic heart failure treatment, which must include an ACE inhibitor, unless contraindicated according to the TGA-approved Product Information or cannot be tolerated; **OR**
- The treatment must be an add-on therapy to optimal standard chronic heart failure treatment, which must include an angiotensin II antagonist, unless contraindicated according to the TGA-approved Product Information or cannot be tolerated; **OR**
- The treatment must be an add-on therapy to optimal standard chronic heart failure treatment, which must include an angiotensin receptor with neprilysin inhibitor combination therapy unless contraindicated according to the TGA-approved Product Information or cannot be tolerated, **AND**
- Patient must not be receiving treatment with another sodium-glucose co-transporter 2 (SGLT2) inhibitor.

dapagliflozin 10 mg tablet, 28

14054Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*90.34	25.00	Forxiga [AP]

DAPAGLIFLOZIN

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

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

Authority Required (STREAMLINED)

18623

Chronic kidney disease

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have a diagnosis of chronic kidney disease, defined as abnormalities of at least one of: (i) kidney structure, (ii) kidney function, present for at least 3 months, prior to initiating treatment with this drug, **AND**
- Patient must have an estimated glomerular filtration rate of between 20 to 90 mL/min/1.73 m^2 inclusive prior to initiating treatment with this drug, **AND**
- Patient must have an estimated glomerular filtration rate of between 45 to 90 mL/min/1.73 m^2 inclusive, with a urinary albumin to creatinine ratio of at least 200 mg/g (22.6 mg/mmol) prior to initiating treatment with this drug; **OR**
- Patient must have an estimated glomerular filtration rate of between 20 to 45 mL/min/1.73 m^2 inclusive, with any level of urinary albumin to creatinine ratio prior to initiating treatment with this drug, **AND**
- Patient must discontinue treatment with this drug prior to initiating renal replacement therapy, defined as dialysis or kidney transplant, **AND**
- Patient must not be receiving treatment with another sodium-glucose co-transporter 2 (SGLT2) inhibitor, **AND**
- Patient must be stabilised, for at least 4 weeks, on either: (i) an ACE inhibitor or (ii) an angiotensin II receptor antagonist, unless medically contraindicated, prior to initiation of combination therapy with this drug.

Patients with polycystic kidney disease, lupus nephritis or ANCA-associated vasculitis; patients requiring or with a recent history of cytotoxic or immunosuppressive therapy for kidney disease; and patients with an organ transplant are not eligible for treatment with this drug.

dapagliflozin 10 mg tablet, 28

15257B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*90.34	25.00	Forxiga [AP]

DAPAGLIFLOZIN

Note Abbreviations used in the restriction are as follows:

SGLT2 - sodium glucose co-transporter-2 inhibitor (drug names ending in 'flozin')

DPP4 - dipeptidyl peptidase-4 inhibitor (drug names ending in 'gliptin')

GLP-1 - glucagon-like peptide-1 receptor agonist

Authority Required (STREAMLINED)

16220

Diabetes mellitus type 2

Clinical criteria:

- The treatment must be in combination with metformin; unless contraindicated/intolerant, **AND**
- Patient must have cardiovascular disease; **OR**
- Patient must be at high risk of a cardiovascular event; **OR**
- Patient must identify as Aboriginal or Torres Strait Islander.

Treatment criteria:

- Patient must not be undergoing concomitant PBS-subsidised treatment for this condition with any of: (i) a GLP-1 receptor agonist, (ii) another SGLT2 inhibitor.

Note The Australian Absolute Cardiovascular Disease Risk Calculator is available at www.cvdcheck.org.au.

High cardiovascular risk is defined as an estimated risk of a cardiovascular event of at least 10% over 5 years.

Authority Required (STREAMLINED)

15311

Diabetes mellitus type 2

Clinical criteria:

- The treatment must be used in combination with at least one of: metformin, a sulfonylurea, insulin, **AND**
- The condition must be inadequately responsive to at least one of: metformin, a sulfonylurea, insulin.

Treatment criteria:

- Patient must not be undergoing concomitant PBS-subsidised treatment with any of: a GLP-1 receptor agonist, another SGLT2 inhibitor.

Note Definition:

A HbA1c measurement greater than 7% despite treatment with the specified prior therapy/therapies indicates inadequate responsiveness. Where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2-week period indicates inadequate responsiveness.

Blood glucose monitoring is an alternative to HbA1c measurement where at least one of the following circumstances applies:

(a) A clinical condition with reduced red blood cell survival (inclusive of haemolytic anaemias, haemoglobinopathies), (b) Red cell transfusion within the previous 3 months.

Document HbA1c measurements (blood glucose measurements where relevant), as well as any intolerances/contraindications in the patient's medical records.

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dapagliflozin 10 mg tablet, 28

10011X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	52.35	25.00	Forxiga [AP]

DAPAGLIFLOZIN

Note Abbreviations used in the restriction are as follows:

SGLT2 - sodium glucose co-transporter-2 inhibitor (drug names ending in 'flozin')

DPP4 - dipeptidyl peptidase-4 inhibitor (drug names ending in 'gliptin')

GLP-1 - glucagon-like peptide-1 receptor agonist

Authority Required (STREAMLINED)

16164

Diabetes mellitus type 2

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The treatment must be in combination with metformin; unless contraindicated/intolerant, **AND**
- Patient must have cardiovascular disease; **OR**
- Patient must be at high risk of a cardiovascular event; **OR**
- Patient must identify as Aboriginal or Torres Strait Islander.

Treatment criteria:

- Patient must not be undergoing concomitant PBS-subsidised treatment for this condition with any of: (i) a GLP-1 receptor agonist, (ii) another SGLT2 inhibitor.

Note The Australian Absolute Cardiovascular Disease Risk Calculator is available at www.cvdcheck.org.au.

High cardiovascular risk is defined as an estimated risk of a cardiovascular event of at least 10% over 5 years.

Authority Required (STREAMLINED)

15265

Diabetes mellitus type 2

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The treatment must be used in combination with at least one of: metformin, a sulfonylurea, insulin, **AND**
- The condition must be inadequately responsive to at least one of: metformin, a sulfonylurea, insulin.

Treatment criteria:

- Patient must not be undergoing concomitant PBS-subsidised treatment with any of: a GLP-1 receptor agonist, another SGLT2 inhibitor.

Note Definition:

A HbA1c measurement greater than 7% despite treatment with the specified prior therapy/therapies indicates inadequate responsiveness. Where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2-week period indicates inadequate responsiveness.

Blood glucose monitoring is an alternative to HbA1c measurement where at least one of the following circumstances applies:

(a) A clinical condition with reduced red blood cell survival (inclusive of haemolytic anaemias, haemoglobinopathies), (b) Red cell transfusion within the previous 3 months.

Document HbA1c measurements (blood glucose measurements where relevant), as well as any intolerances/contraindications in the patient's medical records.

dapagliflozin 10 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13844P NP	2	5	0.00	*90.34	25.00	Forxiga [AP]

DAPAGLIFLOZIN

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)
14471
Chronic heart failure
Clinical criteria:

- Patient must be symptomatic with NYHA classes II, III or IV prior to initiating treatment with this drug, **AND**
- Patient must have a documented left ventricular ejection fraction (LVEF) of greater than 40%, **AND**
- Patient must have documented evidence of structural changes in the heart on echocardiography that would be expected to cause diastolic dysfunction (e.g. left ventricular hypertrophy), **AND**
- Patient must have documented evidence of at least one of the following: (i) diastolic dysfunction with high filling pressure on echocardiography, stress echocardiography or cardiac catheterisation; (ii) hospitalisation for heart failure in the 12 months prior to initiating treatment with this drug; (iii) requirement for intravenous diuretic therapy in the 12 months prior to initiating treatment with this drug; (iv) elevated N-terminal pro brain natriuretic peptide (NT-proBNP) levels in the absence of another cause, **AND**
- Patient must not be receiving treatment with another sodium-glucose co-transporter 2 (SGLT2) inhibitor.

dapagliflozin 10 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14073Q NP	1	5	0.00	52.35	25.00	Forxiga [AP]

DAPAGLIFLOZIN

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)
18113
Chronic heart failure
Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must be symptomatic with NYHA classes II, III or IV prior to initiating treatment with this drug, **AND**
- Patient must have a documented left ventricular ejection fraction (LVEF) of greater than 40%, **AND**
- Patient must have documented evidence of structural changes in the heart on echocardiography that would be expected to cause diastolic dysfunction (e.g. left ventricular hypertrophy), **AND**
- Patient must have documented evidence of at least one of the following: (i) diastolic dysfunction with high filling pressure on echocardiography, stress echocardiography or cardiac catheterisation; (ii) hospitalisation for heart failure in the 12 months prior to initiating treatment with this drug; (iii) requirement for intravenous diuretic therapy in the 12 months prior to initiating treatment with this drug; (iv) elevated N-terminal pro brain natriuretic peptide (NT-proBNP) levels in the absence of another cause, **AND**
- Patient must not be receiving treatment with another sodium-glucose co-transporter 2 (SGLT2) inhibitor.

dapagliflozin 10 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15353C NP	2	5	0.00	*90.34	25.00	Forxiga [AP]

EMPAGLIFLOZIN

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

Authority Required (STREAMLINED)
15047
Chronic heart failure
Clinical criteria:

- Patient must be symptomatic with NYHA classes II, III or IV prior to initiating treatment with this drug, **AND**
- Patient must have a documented left ventricular ejection fraction (LVEF) of less than or equal to 40%, **AND**
- The treatment must be an add-on therapy to optimal standard chronic heart failure treatment, which must include a beta-blocker, unless contraindicated according to the TGA-approved Product Information or cannot be tolerated, **AND**
- The treatment must be an add-on therapy to optimal standard chronic heart failure treatment, which must include an ACE inhibitor, unless contraindicated according to the TGA-approved Product Information or cannot be tolerated; **OR**

- The treatment must be an add-on therapy to optimal standard chronic heart failure treatment, which must include an angiotensin II antagonist, unless contraindicated according to the TGA-approved Product Information or cannot be tolerated; **OR**
- The treatment must be an add-on therapy to optimal standard chronic heart failure treatment, which must include an angiotensin receptor with neprilysin inhibitor combination therapy unless contraindicated according to the TGA-approved Product Information or cannot be tolerated, **AND**
- Patient must not be receiving treatment with another sodium-glucose co-transporter 2 (SGLT2) inhibitor.

empagliflozin 10 mg tablet, 30

12918X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	55.06	25.00	Jardiance [BY]

EMPAGLIFLOZIN

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

Authority Required (STREAMLINED)

15051

Chronic heart failure

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must be symptomatic with NYHA classes II, III or IV prior to initiating treatment with this drug, **AND**
- Patient must have a documented left ventricular ejection fraction (LVEF) of less than or equal to 40%, **AND**
- The treatment must be an add-on therapy to optimal standard chronic heart failure treatment, which must include a beta-blocker, unless contraindicated according to the TGA-approved Product Information or cannot be tolerated, **AND**
- The treatment must be an add-on therapy to optimal standard chronic heart failure treatment, which must include an ACE inhibitor, unless contraindicated according to the TGA-approved Product Information or cannot be tolerated; **OR**
- The treatment must be an add-on therapy to optimal standard chronic heart failure treatment, which must include an angiotensin II antagonist, unless contraindicated according to the TGA-approved Product Information or cannot be tolerated; **OR**
- The treatment must be an add-on therapy to optimal standard chronic heart failure treatment, which must include an angiotensin receptor with neprilysin inhibitor combination therapy unless contraindicated according to the TGA-approved Product Information or cannot be tolerated, **AND**
- Patient must not be receiving treatment with another sodium-glucose co-transporter 2 (SGLT2) inhibitor.

empagliflozin 10 mg tablet, 30

14018T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*95.76	25.00	Jardiance [BY]

EMPAGLIFLOZIN

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

Authority Required (STREAMLINED)

18624

Chronic kidney disease

Clinical criteria:

- Patient must have a diagnosis of chronic kidney disease, defined as abnormalities of at least one of: (i) kidney structure, (ii) kidney function, present for at least 3 months, prior to initiating treatment with this drug, **AND**
- Patient must have an estimated glomerular filtration rate of between 20 to 90 mL/min/1.73 m^2 inclusive prior to initiating treatment with this drug, **AND**
- Patient must have an estimated glomerular filtration rate of between 45 to 90 mL/min/1.73 m^2 inclusive, with a urinary albumin to creatinine ratio of at least 200 mg/g (22.6 mg/mmol) prior to initiating treatment with this drug; **OR**
- Patient must have an estimated glomerular filtration rate of between 20 to 45 mL/min/1.73 m^2 inclusive, with any level of urinary albumin to creatinine ratio prior to initiating treatment with this drug, **AND**
- Patient must discontinue treatment with this drug prior to initiating renal replacement therapy, defined as dialysis or kidney transplant, **AND**
- Patient must not be receiving treatment with another sodium-glucose co-transporter 2 (SGLT2) inhibitor, **AND**
- Patient must be stabilised, for at least 4 weeks, on either: (i) an ACE inhibitor or (ii) an angiotensin II receptor antagonist, unless medically contraindicated, prior to initiation of combination therapy with this drug.

Patients with polycystic kidney disease, lupus nephritis or ANCA-associated vasculitis; patients requiring or with a recent history of cytotoxic or immunosuppressive therapy for kidney disease; and patients with an organ transplant are not eligible for treatment with this drug.

empagliflozin 10 mg tablet, 30

14092Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	55.06	25.00	Jardiance [BY]

EMPAGLIFLOZIN

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

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

Authority Required (STREAMLINED)

18623

Chronic kidney disease

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have a diagnosis of chronic kidney disease, defined as abnormalities of at least one of: (i) kidney structure, (ii) kidney function, present for at least 3 months, prior to initiating treatment with this drug, **AND**
- Patient must have an estimated glomerular filtration rate of between 20 to 90 mL/min/1.73 m^2 inclusive prior to initiating treatment with this drug, **AND**
- Patient must have an estimated glomerular filtration rate of between 45 to 90 mL/min/1.73 m^2 inclusive, with a urinary albumin to creatinine ratio of at least 200 mg/g (22.6 mg/mmol) prior to initiating treatment with this drug; **OR**
- Patient must have an estimated glomerular filtration rate of between 20 to 45 mL/min/1.73 m^2 inclusive, with any level of urinary albumin to creatinine ratio prior to initiating treatment with this drug, **AND**
- Patient must discontinue treatment with this drug prior to initiating renal replacement therapy, defined as dialysis or kidney transplant, **AND**
- Patient must not be receiving treatment with another sodium-glucose co-transporter 2 (SGLT2) inhibitor, **AND**
- Patient must be stabilised, for at least 4 weeks, on either: (i) an ACE inhibitor or (ii) an angiotensin II receptor antagonist, unless medically contraindicated, prior to initiation of combination therapy with this drug.

Patients with polycystic kidney disease, lupus nephritis or ANCA-associated vasculitis; patients requiring or with a recent history of cytotoxic or immunosuppressive therapy for kidney disease; and patients with an organ transplant are not eligible for treatment with this drug.

empagliflozin 10 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15253T NP	2	5	0.00	*95.76	25.00	Jardiance [BY]

EMPAGLIFLOZIN

Note Abbreviations used in the restriction are as follows:

SGLT2 - sodium glucose co-transporter-2 inhibitor (drug names ending in 'flozin')

DPP4 - dipeptidyl peptidase-4 inhibitor (drug names ending in 'gliptin')

GLP-1 - glucagon-like peptide-1 receptor agonist

Authority Required (STREAMLINED)

16220

Diabetes mellitus type 2

Clinical criteria:

- The treatment must be in combination with metformin; unless contraindicated/intolerant, **AND**
- Patient must have cardiovascular disease; **OR**
- Patient must be at high risk of a cardiovascular event; **OR**
- Patient must identify as Aboriginal or Torres Strait Islander.

Treatment criteria:

- Patient must not be undergoing concomitant PBS-subsidised treatment for this condition with any of: (i) a GLP-1 receptor agonist, (ii) another SGLT2 inhibitor.

Note The Australian Absolute Cardiovascular Disease Risk Calculator is available at www.cvdcheck.org.au.

High cardiovascular risk is defined as an estimated risk of a cardiovascular event of at least 10% over 5 years.

Authority Required (STREAMLINED)

15311

Diabetes mellitus type 2

Clinical criteria:

- The treatment must be used in combination with at least one of: metformin, a sulfonylurea, insulin, **AND**
- The condition must be inadequately responsive to at least one of: metformin, a sulfonylurea, insulin.

Treatment criteria:

- Patient must not be undergoing concomitant PBS-subsidised treatment with any of: a GLP-1 receptor agonist, another SGLT2 inhibitor.

Note Definition:

A HbA1c measurement greater than 7% despite treatment with the specified prior therapy/therapies indicates inadequate responsiveness. Where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2-week period indicates inadequate responsiveness.

Blood glucose monitoring is an alternative to HbA1c measurement where at least one of the following circumstances applies:

(a) A clinical condition with reduced red blood cell survival (inclusive of haemolytic anaemias, haemoglobinopathies), (b) Red cell transfusion within the previous 3 months.

Document HbA1c measurements (blood glucose measurements where relevant), as well as any intolerances/contraindications in the patient's medical records.

empagliflozin 10 mg tablet, 30

10206E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	55.06	25.00	Jardiance [BY]

empagliflozin 25 mg tablet, 30

10202Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	55.27	25.00	Jardiance [BY]

EMPAGLIFLOZIN

Note Abbreviations used in the restriction are as follows:

SGLT2 - sodium glucose co-transporter-2 inhibitor (drug names ending in 'flozin')

DPP4 - dipeptidyl peptidase-4 inhibitor (drug names ending in 'gliptin')

GLP-1 - glucagon-like peptide-1 receptor agonist

Authority Required (STREAMLINED)

16164

Diabetes mellitus type 2

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The treatment must be in combination with metformin; unless contraindicated/intolerant, **AND**
- Patient must have cardiovascular disease; **OR**
- Patient must be at high risk of a cardiovascular event; **OR**
- Patient must identify as Aboriginal or Torres Strait Islander.

Treatment criteria:

- Patient must not be undergoing concomitant PBS-subsidised treatment for this condition with any of: (i) a GLP-1 receptor agonist, (ii) another SGLT2 inhibitor.

Note The Australian Absolute Cardiovascular Disease Risk Calculator is available at www.cvdcheck.org.au.

High cardiovascular risk is defined as an estimated risk of a cardiovascular event of at least 10% over 5 years.

Authority Required (STREAMLINED)

15265

Diabetes mellitus type 2

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The treatment must be used in combination with at least one of: metformin, a sulfonylurea, insulin, **AND**
- The condition must be inadequately responsive to at least one of: metformin, a sulfonylurea, insulin.

Treatment criteria:

- Patient must not be undergoing concomitant PBS-subsidised treatment with any of: a GLP-1 receptor agonist, another SGLT2 inhibitor.

Note Definition:

A HbA1c measurement greater than 7% despite treatment with the specified prior therapy/therapies indicates inadequate responsiveness. Where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2-week period indicates inadequate responsiveness.

Blood glucose monitoring is an alternative to HbA1c measurement where at least one of the following circumstances applies:

(a) A clinical condition with reduced red blood cell survival (inclusive of haemolytic anaemias, haemoglobinopathies), (b) Red cell transfusion within the previous 3 months.

Document HbA1c measurements (blood glucose measurements where relevant), as well as any intolerances/contraindications in the patient's medical records.

empagliflozin 10 mg tablet, 30

13845Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*95.76	25.00	Jardiance [BY]

empagliflozin 25 mg tablet, 30

13920P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*96.18	25.00	Jardiance [BY]

EMPAGLIFLOZIN

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

Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)
14471
Chronic heart failure
Clinical criteria:

- Patient must be symptomatic with NYHA classes II, III or IV prior to initiating treatment with this drug, **AND**
- Patient must have a documented left ventricular ejection fraction (LVEF) of greater than 40%, **AND**
- Patient must have documented evidence of structural changes in the heart on echocardiography that would be expected to cause diastolic dysfunction (e.g. left ventricular hypertrophy), **AND**
- Patient must have documented evidence of at least one of the following: (i) diastolic dysfunction with high filling pressure on echocardiography, stress echocardiography or cardiac catheterisation; (ii) hospitalisation for heart failure in the 12 months prior to initiating treatment with this drug; (iii) requirement for intravenous diuretic therapy in the 12 months prior to initiating treatment with this drug; (iv) elevated N-terminal pro brain natriuretic peptide (NT-proBNP) levels in the absence of another cause, **AND**
- Patient must not be receiving treatment with another sodium-glucose co-transporter 2 (SGLT2) inhibitor.

empagliflozin 10 mg tablet, 30

13695T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	55.06	25.00	Jardiance [BY]

EMPAGLIFLOZIN

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)
18113
Chronic heart failure
Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must be symptomatic with NYHA classes II, III or IV prior to initiating treatment with this drug, **AND**
- Patient must have a documented left ventricular ejection fraction (LVEF) of greater than 40%, **AND**
- Patient must have documented evidence of structural changes in the heart on echocardiography that would be expected to cause diastolic dysfunction (e.g. left ventricular hypertrophy), **AND**
- Patient must have documented evidence of at least one of the following: (i) diastolic dysfunction with high filling pressure on echocardiography, stress echocardiography or cardiac catheterisation; (ii) hospitalisation for heart failure in the 12 months prior to initiating treatment with this drug; (iii) requirement for intravenous diuretic therapy in the 12 months prior to initiating treatment with this drug; (iv) elevated N-terminal pro brain natriuretic peptide (NT-proBNP) levels in the absence of another cause, **AND**
- Patient must not be receiving treatment with another sodium-glucose co-transporter 2 (SGLT2) inhibitor.

empagliflozin 10 mg tablet, 30

15252R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*95.76	25.00	Jardiance [BY]

VITAMINS

VITAMIN A AND D, INCL. COMBINATIONS OF THE TWO

Vitamin D and analogues

CALCITRIOL

Authority Required (STREAMLINED)
5401
Hypocalcaemia
Clinical criteria:

- The condition must be due to renal disease.

Authority Required (STREAMLINED)
5255
Hypoparathyroidism
Authority Required (STREAMLINED)
5089
Hypophosphataemic rickets
Authority Required (STREAMLINED)
5114
Vitamin D-resistant rickets
Authority Required (STREAMLINED)

5402
Established osteoporosis
Clinical criteria:

- Patient must have fracture due to minimal trauma.

The fracture must have been demonstrated radiologically and the year of plain x-ray or computed tomography (CT) scan or magnetic resonance imaging (MRI) scan must be documented in the patient's medical records when treatment is initiated.
A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

calcitriol 0.25 microgram capsule, 100

2502Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	3	0.00	29.99	25.00	[a] Calciprox [ZS]	[a] CALITROL [XT]
						[a] Sical [AF]	
			[B]2.23	32.22	25.00	[a] Rocaltrol [IX]	

CALCITRIOL

Authority Required (STREAMLINED)
14322
Hypocalcaemia
Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must be due to renal disease.

Authority Required (STREAMLINED)
14287
Hypoparathyroidism
Clinical criteria:

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

Authority Required (STREAMLINED)
14231
Hypophosphataemic rickets
Clinical criteria:

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

Authority Required (STREAMLINED)
14296
Vitamin D-resistant rickets
Clinical criteria:

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

Authority Required (STREAMLINED)
14259
Established osteoporosis
Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have fracture due to minimal trauma.

The fracture must have been demonstrated radiologically and the year of plain x-ray or computed tomography (CT) scan or magnetic resonance imaging (MRI) scan must be documented in the patient's medical records when treatment is initiated.
A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

calcitriol 0.25 microgram capsule, 100

13457G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	3	0.00	*45.62	25.00	[a] Calciprox [ZS]	[a] CALITROL [XT]
						[a] Sical [AF]	
			[B]4.46	50.08	25.00	[a] Rocaltrol [IX]	

VITAMIN B1, PLAIN AND IN COMBINATION WITH VITAMIN B6 AND B12

Vitamin B1, plain

THIAMINE

Authority Required (STREAMLINED)

5139
Thiamine deficiency
Clinical criteria:
- The treatment must be for prophylaxis.

Population criteria:
- Patient must be an Aboriginal or a Torres Strait Islander person.

thiamine hydrochloride 100 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1070H NP	1	2	0.00	18.22	19.76	Betavit [PP]

THIAMINE

Authority Required (STREAMLINED)
14319
Thiamine deficiency
Clinical criteria:
- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The treatment must be for prophylaxis.

Population criteria:
- Patient must be an Aboriginal or a Torres Strait Islander person.

thiamine hydrochloride 100 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13354W NP	2	2	0.00	*22.08	23.62	Betavit [PP]

MINERAL SUPPLEMENTS

CALCIUM

Calcium

CALCIUM

Authority Required (STREAMLINED)
4586
Hyperphosphataemia
Clinical criteria:
- The condition must be associated with chronic renal failure.

calcium carbonate 1.25 g (calcium 500 mg) chewable tablet, 120

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11726E NP	2	1	0.00	*29.96	25.00	Cal-500 [PP]

calcium carbonate 1.5 g (calcium 600 mg) tablet, 240

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3117C NP	1	1	0.00	25.17	25.00	Calci-Tab 600 [AE]

CALCIUM

Authority Required (STREAMLINED)
14228
Hyperphosphataemia
Clinical criteria:
- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must be associated with chronic renal failure.

calcium carbonate 1.25 g (calcium 500 mg) chewable tablet, 120

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13485R NP	4	1	0.00	*45.56	25.00	Cal-500 [PP]

calcium carbonate 1.5 g (calcium 600 mg) tablet, 240

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13547B NP	2	1	0.00	*35.98	25.00	Calci-Tab 600 [AE]

POTASSIUM

Potassium

POTASSIUM CHLORIDE

potassium chloride 600 mg (potassium 8 mmol) modified release tablet, 200

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1841X						
NP	1	1	0.00	30.29	25.00	Span-K [AS]

POTASSIUM CHLORIDE

Restricted benefit

14238

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

potassium chloride 600 mg (potassium 8 mmol) modified release tablet, 200

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13357B						
NP	2	1	0.00	*46.22	25.00	Span-K [AS]

POTASSIUM CHLORIDE + POTASSIUM BICARBONATE + POTASSIUM CARBONATE

potassium chloride 595 mg + potassium bicarbonate 384 mg + potassium carbonate 152 mg (total potassium 14 mmol) effervescent tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3012M						
NP	1	1	0.00	34.18	25.00	Chlorvescent [AS]

POTASSIUM CHLORIDE + POTASSIUM BICARBONATE + POTASSIUM CARBONATE

Restricted benefit

14238

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

potassium chloride 595 mg + potassium bicarbonate 384 mg + potassium carbonate 152 mg (total potassium 14 mmol) effervescent tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13486T						
NP	2	1	0.00	*54.00	25.00	Chlorvescent [AS]

OTHER MINERAL SUPPLEMENTS

Magnesium

MAGNESIUM

Authority Required (STREAMLINED)

5506

Hypomagnesaemia

Population criteria:

- Patient must be an Aboriginal or a Torres Strait Islander person.

Authority Required (STREAMLINED)

5466

Chronic renal disease

Population criteria:

- Patient must be an Aboriginal or a Torres Strait Islander person.

magnesium 37.4 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5146W							
NP	1	5	0.00	19.92	21.46	MagMin (PBS) [BB]	Mag-Sup [PP]

OTHER ALIMENTARY TRACT AND METABOLISM PRODUCTS

OTHER ALIMENTARY TRACT AND METABOLISM PRODUCTS

Amino acids and derivatives

BETAINE

Authority Required

4599

Homocystinuria

Clinical criteria:

- The treatment must be as adjunctive therapy to current standard care, **AND**
- The condition must be treated by or in consultation with a metabolic physician.

The name of the specialist must be included in the authority application.

betaine 1 g/g powder for oral liquid, 180 g

10119N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	5	0.00	507.69	25.00	Cystadane [RJ]

Various alimentary tract and metabolism products

GIVOSIRAN

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

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

Applications for authorisation under this restriction should be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)

Alternatively, applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

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

Note Special Pricing Arrangements apply.

Authority Required

18460

Chronic treatment of Acute Hepatic Porphyria (AHP)

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have a confirmed diagnosis of AHP based on clinical features, **AND**
- Patient must have a previous result that showed a 4 times greater than the upper limit of normal (ULN) on one of the following tests: (i) urinary porphobilinogen, (ii) plasma porphobilinogen, (iii) delta-aminolevulinic acid, **AND**
- Patient must have had at least 2 porphyria attacks (requiring hospitalisation, presentation at an emergency department, or medical intervention via a porphyria clinic) within the 6 months prior to: (i) commencement of this drug; or (ii) prophylactic treatment with gonadotropin-releasing hormone analogues or hemin, **AND**
- Patient must not have previously undergone a liver transplant, **AND**
- The treatment must be initiated under the supervision of a healthcare professional experienced in the management of porphyria.

Population criteria:

- Patient must be at least 12 years of age.

For the purposes of administering this restriction, clinical features to confirm a diagnosis of AHP can include but are not limited to acute attacks of: abdominal, back, chest, extremities, and/or limb pain.

At the time of the authority application, prescribers should request the appropriate number of vials for a single dose based on the patient's weight, as per the TGA-approved Product Information.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(1) The baseline number of porphyria attacks within a defined 6-month period [dates of the 6-month period must be included].

(2) Pathology measurements that indicate 4 times greater than the ULN of one of the following tests:

(i) urinary porphobilinogen;

(ii) plasma porphobilinogen;

(iii) delta-aminolevulinic acid.

Date of pathology report and unique identifying number/code that links the pathology result to the individual patient must be included.

(3) Current weight of the patient.

If the application is submitted through HPOS form upload or mail, it must include:

(i) details of the proposed prescription; and

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

Authority Required

18388

Chronic treatment of Acute Hepatic Porphyria (AHP)

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must demonstrate improvement in the frequency or severity of AHP attacks from baseline while on treatment with this drug.

Treatment criteria:

- Must be treated by a healthcare professional experienced in the management of porphyria or in consultation with a healthcare professional experienced in the management of porphyria.

Clinical criteria:

- Patient must not have previously undergone a liver transplant.

Population criteria:

- Patient must be at least 12 years of age.

The number of AHP attacks while on treatment must be documented in the patient's medical records.

At the time of the authority application, prescribers should request the appropriate number of vials for a single dose based on the patient's weight, as per the TGA-approved Product Information.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail.

If the application is submitted through HPOS form upload or mail, it must include:

(i) details of the proposed prescription; and

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

givosiran 189 mg/mL injection, 1 mL vial

15289Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	0.00	*164,300.92	25.00	Givlaari [WM]

LUMASIRAN

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

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

Applications for authorisation under this restriction should be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)

Alternatively, applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

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

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

Note Special Pricing Arrangements apply.

Authority Required

17401

Primary hyperoxaluria type 1

Treatment Phase: Initial treatment - loading dose

Clinical criteria:

- The condition must be primary hyperoxaluria type 1 confirmed by genetic testing, **AND**
- Patient must have undergone treatment with pyridoxine therapy; **OR**
- Patient must have a PH1 allele that is considered not responsive to pyridoxine therapy; **OR**
- Patient must be contraindicated for pyridoxine therapy as determined by the treating or consulting clinician, **AND**
- Patient must have urinary oxalate greater than or equal to 0.70 mmol/24 h/1.73 m^2 measured by mean 24-h urinary oxalate excretion from a valid 24-h urine collection; **OR**
- Patient must have urinary oxalate: creatinine ratio greater than the upper limit of normal based on age on at least two of three single-void collections during screening; **OR**
- Patient must have clinical symptoms indicative of hyperoxaluria, such as (i) nephrocalcinosis; (ii) renal stones; (iii) renal impairment; (iv) systemic oxalosis, **AND**
- Patient must not have previously undergone liver transplant for primary hyperoxaluria type 1.

Treatment criteria:

- Must be treated by a nephrologist with experience in the management of hyperoxaluria; **OR**
- Must be treated by a paediatrician with experience in the management of hyperoxaluria; **OR**
- Must be treated by an authorised prescriber in consultation with one of the above specialty types.

At the time of the authority application, prescribers should request the appropriate number of vials based on the patient's weight, as per the TGA approved Product Information. Up to 2 repeats may be requested for initial treatment.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail.

If the application is submitted through HPOS form upload or mail, it must include:

(i) details of the proposed prescription; and

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

Lumasiran 94.5 mg/0.5 mL injection, 0.5 mL vial

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15052F NP	‡5	2	0.00	*491,157.19	25.00	Oxlumo [WM]

LUMASIRAN

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

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

Applications for authorisation under this restriction should be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)

Alternatively, applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

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

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

Note Special Pricing Arrangements apply.

Authority Required

17399

Primary hyperoxaluria type 1

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must continue to demonstrate clinical benefit as assessed by the treating physician, **AND**
- Patient must not have previously undergone liver transplant for primary hyperoxaluria type 1.

Treatment criteria:

- Must be treated by a nephrologist with experience in the management of hyperoxaluria; **OR**
- Must be treated by a paediatrician with experience in the management of hyperoxaluria; **OR**
- Must be treated by an authorised prescriber in consultation with one of the above specialty types.

At the time of the authority application, prescribers should request the appropriate number of vials based on the patient's weight, as per the TGA approved Product Information. Up to 1 repeat may be requested for continuing treatment.

The authority application must be made via the Online PBS Authorities System (real time assessment), or in writing via HPOS form upload or mail.

If the application is submitted through HPOS form upload or mail, it must include:

(i) details of the proposed prescription; and

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

Lumasiran 94.5 mg/0.5 mL injection, 0.5 mL vial

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15060P NP	‡5	1	0.00	*491,157.19	25.00	Oxlumo [WM]

MIGALASTAT

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

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

Note Special Pricing Arrangements apply.

Authority Required

19038

Fabry disease

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have at least one of: (i) documented deficiency of alpha-galactosidase enzyme activity in blood, (ii) presence of genetic mutations known to result in deficiency of alpha-galactosidase enzyme activity, **AND**
- Patient must have a documented migalastat amenable galactosidase alpha (GLA) gene variant, **AND**
- Patient must have an estimated glomerular filtration rate (eGFR) of at least 30 mL/min/1.73 m^2, **AND**
- Patient must be male with Fabry-related renal disease confirmed by at least one of the following: (i) abnormal albuminuria of more than 20 mcg/min, as determined by 2 separate samples at least 24 hours apart, (ii) abnormal proteinuria of more than 150 mg/24 hours, (iii) albumin:creatinine ratio greater than upper limit of normal in 2 separate samples at least 24 hours apart, (iv) renal disease due to long-term accumulation of glycosphingolipids in the kidneys; **OR**

- Patient must be female with Fabry-related renal disease confirmed by at least one of the following: (i) proteinuria of more than 300 mg/24 hours with clinical evidence of progression, (ii) renal disease due to long-term accumulation of glycosphingolipids in the kidneys; **OR**
- Patient must have Fabry-related cardiac disease confirmed by at least one of the following: (i) left ventricular hypertrophy, as evidenced by cardiac magnetic resonance imaging (MRI) or echocardiogram data, in the absence of hypertension, (ii) significant life-threatening arrhythmia or conduction defect, (iii) late gadolinium enhancement or a low T1 on cardiac MRI; **OR**
- Patient must have Fabry-related either: (i) ischaemic disease, (ii) cerebrovascular disease as shown on objective testing with no other cause or risk factors identified; **OR**
- Patient must have Fabry-related uncontrolled chronic pain despite the use of recommended doses of appropriate analgesia and antiseizure medications for peripheral neuropathy; **OR**
- Patient must have significant Fabry-related gastrointestinal symptoms despite the use of the recommended doses of appropriate pharmacological therapies, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Treatment criteria:

- Must be treated by a physician with expertise in the management of Fabry disease.

Population criteria:

- Patient must be at least 12 years of age.

If hypertension is present in patients relying their eligibility on Fabry-related cardiac disease, the prescriber must treat it optimally for at least 6 months prior to submitting the first PBS authority application.

Confirmation of eligibility for treatment with diagnostic reports including the confirmed mutations must be documented in the patient's medical records.

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

(1) details of the proposed prescription; and

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

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

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

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

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

19034

Fabry disease

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated clinical improvement or stabilisation of condition, the details of which must be kept with the patient's record, **AND**
- Patient must not have developed another life threatening/severe disease where long term prognosis is unlikely to be influenced by migalastat, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Treatment criteria:

- Must be treated by a physician with expertise in the management of Fabry disease.

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

Authority Required

18998

Fabry disease

Treatment Phase: Grandfather arrangement (transition from LSDP-funded Fabry disease therapy)

Clinical criteria:

- Patient must have previously received treatment with this drug for this condition funded under the Australian Government's Life Saving Drugs Program (LSDP) prior to 1 September 2024; **OR**
- Patient must have previously received treatment with Enzyme Replacement Therapy for this condition funded under the Australian Government's Life Saving Drugs Program (LSDP) prior to 1 September 2024, **AND**
- Patient must have a documented migalastat amenable galactosidase alpha (GLA) gene variant prior to commencing treatment with this drug, **AND**

- Patient must have/have had an estimated glomerular filtration rate (eGFR) of at least 30 mL/min/1.73 m^2 prior to commencing treatment with this drug, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Treatment criteria:

- Must be treated by a physician with expertise in the management of Fabry disease.

Population criteria:

- Patient must be at least 12 years of age.

A patient may qualify for PBS-subsidised treatment under this restriction once only. For continuing PBS-subsidised treatment, a Grandfathered patient must qualify under the Continuing treatment criteria.

Confirmation of eligibility for treatment with diagnostic reports including the confirmed mutations must be documented in the patient's medical records.

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

(1) details of the proposed prescription; and

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

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

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

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

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

19044

Fabry disease

Treatment Phase: Switching from PBS-subsidised pegunigalsidase alfa

Clinical criteria:

- Patient must have received prior treatment with PBS-subsidised pegunigalsidase alfa for this condition, **AND**
- Patient must not have developed another life threatening/severe disease where long term prognosis is unlikely to be influenced by this drug, **AND**
- Patient must have a documented migalastat amenable galactosidase alpha (GLA) gene variant, **AND**
- Patient must have an estimated glomerular filtration rate (eGFR) of at least 30 mL/min/1.73 m^2, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must not have failed to demonstrate clinical improvement or stabilisation of this condition with previous PBS-subsidised treatment with this drug.

Treatment criteria:

- Must be treated by a physician with expertise in the management of Fabry disease.

Population criteria:

- Patient must be at least 12 years of age.

Confirmation of eligibility for treatment with diagnostic reports including the confirmed mutations must be documented in the patient's medical records.

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

migalastat 123 mg capsule, 14

14573B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	6	0.00	28,246.21	25.00	Galafold [FT]

SAPROPTERIN

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

Authority Required

10076

Hyperphenylalaninaemia

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by a metabolic physician.

Clinical criteria:

- Patient must have hyperphenylalaninaemia (HPA) due to tetrahydrobiopterin (BH4) deficiency.

Patient must have documented tetrahydrobiopterin (BH4) deficiency using tests for BH4 loading and/or urine pterin metabolites, blood spot dihydropteridine reductase (DHPR) and have cerebrospinal fluid neurotransmitter metabolites measured.

Note Patient will be eligible for a maximum of one PBS-subsidised prescription as initial therapy to enable their response to treatment with sapropterin to be assessed.

sapropterin dihydrochloride 100 mg soluble tablet, 30

10086W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	6	0	0.00	*4,966.50	25.00	Kuvan [IO]

SAPROPTERIN

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

Authority Required

10390

Hyperphenylalaninaemia

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a metabolic physician; **OR**
- Must be treated by a nurse practitioner experienced in the treatment of phenylketonuria in consultation with a metabolic physician.

Clinical criteria:

- Patient must have hyperphenylalaninaemia (HPA) due to tetrahydrobiopterin (BH4) deficiency, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition.

Patient must have documented tetrahydrobiopterin (BH4) deficiency using tests for BH4 loading and/or urine pterin metabolites, blood spot dihydropteridine reductase (DHPR) and have cerebrospinal fluid neurotransmitter metabolites measured.

sapropterin dihydrochloride 100 mg soluble tablet, 30

10087X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	6	5	0.00	*4,966.50	25.00	Kuvan [IO]

SAPROPTERIN

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

Authority Required

10355

Hyperphenylalaninaemia (HPA) due to tetrahydrobiopterin (BH4) deficiency

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a metabolic physician; **OR**
- Must be treated by a nurse practitioner experienced in the treatment of phenylketonuria in consultation with a metabolic physician.

Clinical criteria:

- Patient must have hyperphenylalaninaemia (HPA) due to tetrahydrobiopterin (BH4) deficiency, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition.

Patient must have documented tetrahydrobiopterin (BH4) deficiency using tests for BH4 loading and/or urine pterin metabolites, blood spot dihydropteridine reductase (DHPR) and have cerebrospinal fluid neurotransmitter metabolites measured.

sapropterin dihydrochloride 500 mg powder for oral liquid, 30 sachets

11970B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	4,090.73	25.00	Kuvan [IO]

SAPROPTERIN

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

Authority Required

10391

Hyperphenylalaninaemia (HPA) due to tetrahydrobiopterin (BH4) deficiency

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by a metabolic physician.

Clinical criteria:

- Patient must have hyperphenylalaninaemia (HPA) due to tetrahydrobiopterin (BH4) deficiency.

Patient must have documented tetrahydrobiopterin (BH4) deficiency using tests for BH4 loading and/or urine pterin metabolites, blood spot dihydropteridine reductase (DHPR) and have cerebrospinal fluid neurotransmitter metabolites measured.

Note Patient will be eligible for a maximum of one PBS-subsidised prescription as initial therapy to enable their response to treatment with sapropterin to be assessed.

sapropterin dihydrochloride 500 mg powder for oral liquid, 30 sachets

11973E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	0	0.00	4,090.73	25.00	Kuvan [IO]

SAPROPTERIN

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

Note Special Pricing Arrangements apply.

Authority Required

13885

Hyperphenylalaninaemia (HPA) due to phenylketonuria (PKU)

Treatment Phase: Initial treatment - responsiveness testing

Treatment criteria:

- Must be treated by a metabolic physician.

Clinical criteria:

- Patient must be untreated with this drug; **OR**
- Patient must have completed prior responsiveness testing on only 1 occasion - this occurred when the patient was less than 1 month of age, but this benefit is for a second attempt at responsiveness testing in a patient aged at least 1 month old, **AND**
- Patient must have a baseline blood phenylalanine level above 360 micromole per L and be less than one month of age; **OR**
- Patient must have a baseline blood phenylalanine level above 600 micromole per L and be more than one month of age, **AND**
- The treatment must be for the purpose of initial responsiveness testing for a period of 24 hours in a patient less than one month of age; **OR**
- The treatment must be for the purpose of initial responsiveness testing for a period of 7 days in a patient aged more than one month.

Dietary phenylalanine intake must be maintained at a constant level.

Patients or their parent/guardian should be assessed for their ability to comply with the sapropterin protocol and PKU diet prior to conducting initial responsiveness testing.

sapropterin dihydrochloride 100 mg soluble tablet, 30

11676M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	0	0.00	859.36	25.00	Kuvan [IO]

sapropterin dihydrochloride 500 mg powder for oral liquid, 30 sachets

11971C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	0	0.00	4,090.73	25.00	Kuvan [IO]

SAPROPTERIN

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

Note Special Pricing Arrangements apply.

Authority Required

13880

Hyperphenylalaninaemia (HPA) due to phenylketonuria (PKU)

Treatment Phase: First continuing treatment

Treatment criteria:

- Must be treated by a metabolic physician; **OR**
- Must be treated by a nurse practitioner experienced in the treatment of phenylketonuria in consultation with a metabolic physician.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment under the Initial treatment - responsiveness testing restriction with this drug for this condition, **AND**
- Patient must have demonstrated a response to treatment with this drug of greater than or equal to a 30% reduction in phenylalanine levels from baseline during initial responsiveness testing.

Blood phenylalanine levels must be based on measurements taken during stable periods of the condition.

Dietary phenylalanine intake must be maintained at a constant level.

Authority Required

13912

Hyperphenylalaninaemia (HPA) due to phenylketonuria (PKU)
Treatment Phase: Subsequent continuing

Treatment criteria:

- Must be treated by a metabolic physician; **OR**
- Must be treated by a nurse practitioner experienced in the treatment of phenylketonuria in consultation with a metabolic physician.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must be undergoing regular phenylalanine testing and assessment of adherence to dietary modifications.

sapropterin dihydrochloride 100 mg soluble tablet, 30

11691H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	6	5	0.00	*4,966.50	25.00	Kuvan [IO]

sapropterin dihydrochloride 500 mg powder for oral liquid, 30 sachets

11983Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	4,090.73	25.00	Kuvan [IO]

SAPROPTERIN

Note Special Pricing Arrangements apply.

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

Authority Required

11836

Maternal hyperphenylalaninaemia (HPA) due to phenylketonuria (PKU)
Treatment Phase: Pre-conception through to when pregnancy first becomes known

Clinical criteria:

- Patient must have demonstrated an adequate response to treatment with this drug at least once in a lifetime, with an adequate response defined as a reduction in phenylalanine levels from baseline during initial responsiveness testing of no less than 30%.

Treatment criteria:

- Must be treated by a metabolic physician; **OR**
- Must be treated by a nurse practitioner experienced in the treatment of phenylketonuria in consultation with a metabolic physician, **AND**
- Patient must not be undergoing treatment with this drug under this Treatment phase, following completion of this authority application, for more than 13 cumulative months (assuming 1 month consists of 30 days), **AND**
- Patient must not be undergoing simultaneous treatment with this drug under another non-maternal PBS-listing (apply under either listing type, but not both simultaneously).

Population criteria:

- Patient must be actively trying to conceive.

Note Request an appropriate maximum quantity (with the number of packs being a whole number) to provide approximately 30 days treatment duration per dispensing, based on dosing no greater than 20 mg/kg per day.

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

Note This PBS listing intends to subsidise up to 13 cumulative months (assuming 1 month consists of 30 days) of treatment during the pre-conception phase per known pregnancy. The time taken to conceive can vary for each patient, but where this treatment phase of 'pre-conception through to when pregnancy becomes first known' exceeds a cumulative 13 months, continued treatment beyond this time up to the point of conception, is not PBS subsidised.

13 cumulative months comprises of the time taken to achieve desired phenylalanine level control and the time taken for pregnancy to become known (e.g. If it takes 3 months to reach desired phenylalanine level control, 10 months of PBS-subsidised treatment remain in which to achieve pregnancy; if it takes only 1 month to reach desired phenylalanine level control, 12 months of PBS-subsidised treatment remain in which to achieve pregnancy)

Authority Required

11960

Maternal hyperphenylalaninaemia (HPA) due to phenylketonuria (PKU)
Treatment Phase: Existing pregnancy to birth

Population criteria:

- Patient must be pregnant.

Clinical criteria:

- Patient must have demonstrated an adequate response to treatment with this drug at least once in a lifetime, with an adequate response defined as a reduction in phenylalanine levels from baseline during initial responsiveness testing of no less than 30%.

Treatment criteria:

- Must be treated by a metabolic physician; **OR**
- Must be treated by a nurse practitioner experienced in the treatment of phenylketonuria in consultation with a metabolic physician, **AND**

- Patient must not be undergoing further treatment with this drug as a PBS benefit, post-partum in the absence of actively trying to conceive a subsequent child/a known subsequent pregnancy, **AND**
- Patient must not be undergoing simultaneous treatment with this drug under another non-maternal PBS-listing (apply under either listing type, but not both simultaneously).

Note Request an appropriate maximum quantity (with the number of packs being a whole number) to provide approximately 30 days treatment duration per dispensing, based on dosing no greater than 20 mg/kg per day.

Note Request an appropriate number of repeats (whole number) relative to the expected birth date such that treatment is not continued post-partum by a whole prescription quantity. If the expected birth date is within the next 30 days at the time of the authority application, do not request repeats.

Note This PBS listing intends to subsidise treatment only whilst the patient is pregnant. Treatment is to be discontinued upon birth under this listing. Whilst a patient may benefit from continued treatment post-partum, continued treatment with this drug post-partum is not PBS subsidised in the absence of actively trying to conceive again/a known subsequent pregnancy.

sapropterin dihydrochloride 100 mg soluble tablet, 30

12569M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	859.36	25.00	Kuvan [IO]

SAPROPTERIN

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

Note Request an appropriate maximum quantity based on testing response to treatment for 7 days, with the number of packs being a whole number, based on dosing no greater than 20 mg/kg per day. Combinations of the sachets and tablets are permitted to reduce high tablet burden.

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

Note Special Pricing Arrangements apply.

Authority Required

13868

Maternal hyperphenylalaninaemia (HPA) due to phenylketonuria (PKU)

Treatment Phase: Initial treatment - responsiveness testing

Clinical criteria:

- The treatment must be for the purpose of ascertaining the patient's response to treatment over a period of 7 days, with the intent to then use the drug to control phenylalanine levels under the treatment phase: First continuing treatment, Indication: Hyperphenylalaninaemia (HPA) due to phenylketonuria (PKU), **AND**
- Patient must have a baseline blood phenylalanine level above 250 micromol/L prior to commencing treatment with this drug despite best efforts to rely on dietary modifications to control phenylalanine levels.

Treatment criteria:

- Must be treated by a metabolic physician, **AND**
- Patient must be undergoing treatment with this drug for the first time, **AND**
- Patient must not be undergoing treatment with this drug under this Treatment phase, more than once per lifetime following completion of this authority application, **AND**
- Patient must not be undergoing simultaneous treatment with this drug under another PBS-listing (apply under either listing type, but not both simultaneously).

Population criteria:

- Patient must be one of: (i) planning conception, (ii) pregnant.

sapropterin dihydrochloride 100 mg soluble tablet, 30

12579C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	0	0.00	859.36	25.00	Kuvan [IO]

sapropterin dihydrochloride 500 mg powder for oral liquid, 30 sachets

12570N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	0	0.00	4,090.73	25.00	Kuvan [IO]

SODIUM PHENYLBUTYRATE

Authority Required (STREAMLINED)

9993

Urea cycle disorders

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have elevated ammonia levels that are not controlled with diet alone and other adjunct care alone.

An increase in the maximum quantity will be authorised to provide for up to one month's supply at a dose of up to 600 mg/kg/day in patients weighing less than 20 kg and up to 13 g/m^2/day in patients weighing more than 20 kg.

Authority Required (STREAMLINED)

9919

Urea cycle disorders

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition.

An increase in the maximum quantity will be authorised to provide for up to one month's supply at a dose of up to 600 mg/kg/day in patients weighing less than 20 kg and up to 13 g/m^2/day in patients weighing more than 20 kg.

sodium phenylbutyrate 483 mg/g granules, 174 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11865L NP	3	5	0.00	*1,569.96	25.00	Pheburane [OH]

TRIENTINE

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

Authority Required

13321

Chelation of elevated copper levels

Clinical criteria:

- Patient must have a diagnosis of Wilson disease, **AND**
- Patient must be intolerant to penicillamine.

Treatment criteria:

- Must be treated by a specialist medical practitioner, where this authority application is to initiate treatment with this drug, of the following type: (i) gastroenterologist, (ii) hepatologist, (iii) neurologist; the authority prescription must be completed by the specialist prescriber; **OR**
- Must be treated by a medical practitioner (of any type), where this authority application is continuing established trientine treatment (of any specified salt) initiated by one of the above mentioned specialist types; **OR**
- Must be treated by a nurse practitioner where this authority application is continuing established trientine treatment (of any specified salt) initiated by one of the above mentioned specialist types.

Prior to seeking the initial authority approval, establish evidence of excess copper levels based on at least one of: (i) clinical symptoms, (ii) measured serum copper levels, (iii) measured urinary copper levels.

Document what these findings were in the patient's medical records. Do not supply them in this authority application.

Refer to the following definitions if in doubt over what constitutes an acceptable intolerance to penicillamine:

Side effects of penicillamine occurring soon after initiation (within first few weeks/months):

(i) fever, (ii) rash, (iii) enlarged lymph nodes, (iv) neutropenia, (v) thrombocytopenia, (vi) proteinuria, (vii) severe, persistent nausea.

Side effects of penicillamine developing later:

(i) nephrotic syndrome, (ii) glomerulonephritis, (iii) total bone marrow aplasia, (iv) skin changes (cutis laxa, elastosis perforans serpiginosa, pemphigus), (v) myasthenia gravis, (vi) polymyositis, (vii) Goodpasture syndrome, (viii) optic neuritis, (ix) proteinuria (1-2 grams/day or equivalent in children, depending on specialist Wilson disease and renal review), (x) haematuria (if cause unknown), (xi) thrombocytopenia/leukopenia, (xii) bleeding related to thromobocytopenia/leukopenia, (xiii) lupus-like syndrome (haematuria, proteinuria, positive antinuclear antibody), (xiv) arthralgia.

At the time of the first authority application for this drug, document the details (date of reaction, severity of reaction, dose of penicillamine, etc) of the penicillamine intolerance, if not already done, in the patient's medical records. Do not supply these details in this authority application.

trientine dihydrochloride 250 mg capsule, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13124R NP	2	5	0.00	*1,816.36	25.00	[a] Trientine Dr. Reddy's [RZ]	[a] Trientine Waymade [IX]

BLOOD AND BLOOD FORMING ORGANS

ANTITHROMBOTIC AGENTS

ANTITHROMBOTIC AGENTS

Vitamin K antagonists

WARFARIN

Caution The listed brands have NOT been shown to be bioequivalent and should not be interchanged.

warfarin sodium 1 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2843P NP	1	2	0.00	18.95	20.49	Coumadin [GO]	Marevan [GT]

warfarin sodium 2 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2209G NP	1	2	0.00	19.13	20.67	Coumadin [GO]

warfarin sodium 3 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2844Q NP	1	2	0.00	19.19	20.73	Marevan [GT]

warfarin sodium 5 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2211J							
NP	1	2	0.00	19.60	21.14	Coumadin [GO]	Marevan [GT]

Heparin group

ENOXAPARIN SODIUM

Restricted benefit

4910

Haemodialysis

enoxaparin sodium 120 mg/0.8 mL injection, 10 x 0.8 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13688K							
NP	1	3	0.00	89.48	25.00	[a] Enoxaject Safety-Lock [CR] [a] Exarane Forte Safety-Lock [JO]	[a] Exarane Forte [JU]

enoxaparin sodium 150 mg/mL injection, 10 x 1 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13717Y							
NP	1	3	0.00	108.26	25.00	[a] Enoxaject Safety-Lock [CR] [a] Exarane Forte Safety-Lock [JO]	[a] Exarane Forte [JU]

ENOXAPARIN SODIUM

Note Biosimilar prescribing policy

Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Restricted benefit

4910

Haemodialysis

enoxaparin sodium 20 mg/0.2 mL injection, 10 x 0.2 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8716R							
NP	2	3	0.00	*63.04	25.00	[a] Clexane Safety-Lock [AV] [a] Exarane [JU]	[a] Enoxaject Safety-Lock [CR] [a] Exarane Safety-Lock [JO]

enoxaparin sodium 40 mg/0.4 mL injection, 10 x 0.4 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8639Q							
NP	2	3	0.00	*68.78	25.00	[a] Clexane Safety-Lock [AV] [a] Exarane [JU]	[a] Enoxaject Safety-Lock [CR] [a] Exarane Safety-Lock [JO]

enoxaparin sodium 60 mg/0.6 mL injection, 10 x 0.6 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8640R							
NP	2	3	0.00	*108.56	25.00	[a] Clexane Safety-Lock [AV] [a] Exarane [JU]	[a] Enoxaject Safety-Lock [CR] [a] Exarane Safety-Lock [JO]

enoxaparin sodium 80 mg/0.8 mL injection, 10 x 0.8 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5434B							
NP	2	3	0.00	*114.50	25.00	[a] Clexane Safety-Lock [AV] [a] Exarane [JU]	[a] Enoxaject Safety-Lock [CR] [a] Exarane Safety-Lock [JO]

enoxaparin sodium 100 mg/mL injection, 10 x 1 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5435C							
NP	2	3	0.00	*148.82	25.00	[a] Clexane Safety-Lock [AV] [a] Exarane [JU]	[a] Enoxaject Safety-Lock [CR] [a] Exarane Safety-Lock [JO]

ENOXAPARIN SODIUM

Note Biosimilar prescribing policy

Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Restricted benefit

16261

For prescribing by certain health practitioners

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) a nurse practitioner, (iii) an endorsed midwife who is each of: (a) sharing patient care with a medical practitioner for the current pregnancy episode, (b) continuing existing treatment with this drug that was initiated by a medical practitioner.

enoxaparin sodium 20 mg/0.2 mL injection, 10 x 0.2 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8558K							
NP MW	2	1	0.00	*63.04	25.00	[a] Clexane Safety-Lock [AV]	[a] Enoxaject Safety-Lock [CR]
						[a] Exarane [JU]	[a] Exarane Safety-Lock [JO]

enoxaparin sodium 40 mg/0.4 mL injection, 10 x 0.4 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8510X							
NP MW	2	1	0.00	*68.78	25.00	[a] Clexane Safety-Lock [AV]	[a] Enoxaject Safety-Lock [CR]
						[a] Exarane [JU]	[a] Exarane Safety-Lock [JO]

enoxaparin sodium 60 mg/0.6 mL injection, 10 x 0.6 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8262W							
NP MW	1	1	0.00	61.46	25.00	[a] Clexane Safety-Lock [AV]	[a] Enoxaject Safety-Lock [CR]
						[a] Exarane [JU]	[a] Exarane Safety-Lock [JO]

enoxaparin sodium 80 mg/0.8 mL injection, 10 x 0.8 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8263X							
NP MW	1	1	0.00	64.43	25.00	[a] Clexane Safety-Lock [AV]	[a] Enoxaject Safety-Lock [CR]
						[a] Exarane [JU]	[a] Exarane Safety-Lock [JO]

enoxaparin sodium 100 mg/mL injection, 10 x 1 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8264Y							
NP MW	1	1	0.00	80.77	25.00	[a] Clexane Safety-Lock [AV]	[a] Enoxaject Safety-Lock [CR]
						[a] Exarane [JU]	[a] Exarane Safety-Lock [JO]

enoxaparin sodium 120 mg/0.8 mL injection, 10 x 0.8 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13710N							
NP MW	1	1	0.00	89.48	25.00	[a] Clexane Forte Safety-Lock [AV]	[a] Enoxaject Safety-Lock [CR]
						[a] Exarane Forte [JU]	[a] Exarane Forte Safety-Lock [JO]

enoxaparin sodium 150 mg/mL injection, 10 x 1 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13729N							
NP MW	1	1	0.00	108.26	25.00	[a] Clexane Forte Safety-Lock [AV]	[a] Enoxaject Safety-Lock [CR]
						[a] Exarane Forte [JU]	[a] Exarane Forte Safety-Lock [JO]

HEPARIN

heparin sodium 5000 units/0.2 mL injection, 5 x 0.2 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1466E						
NP	1	5	0.00	44.24	25.00	DBL Heparin Sodium [PF]

Platelet aggregation inhibitors excl. heparin

ASPIRIN

Restricted benefit

5884

For treatment of a patient identifying as Aboriginal or Torres Strait Islander

aspirin 100 mg tablet, 112

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8202Q						
NP	1	1	0.00	16.31	17.85	Spren 100 [OW]

CLOPIDOGREL

Note Pharmaceutical benefits that have the forms clopidogrel tablet 75 mg (as besilate) and clopidogrel tablet 75 mg (as hydrogen sulfate) are equivalent for the purposes of substitution.

clopidogrel 75 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8358X							
NP	1	5	0.00	18.40	19.94	[a] Blooms Clopidogrel [BG]	[a] Clopidogrel Lupin [GQ]

8358X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
						[a] Clopidogrel Sandoz Pharma [HX]	[a] Clopidogrel Winthrop [WA]
						[a] Iscover [AV]	[a] Piax [AF]
						[a] Plavicor 75 [CR]	

clopidogrel 75 mg tablet, 28

9354H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	18.40	19.94	[a] CLOPIDOGREL-WGR [WG]	[a] Clovix 75 [RW]
						[a] Plidogrel [RF]	

CLOPIDOGREL

Note Pharmaceutical benefits that have the forms clopidogrel tablet 75 mg (as besilate) and clopidogrel tablet 75 mg (as hydrogen sulfate) are equivalent for the purposes of substitution.

Restricted benefit

14238

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

clopidogrel 75 mg tablet, 28

13365K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*22.44	23.98	[a] CLOPIDOGREL-WGR [WG]	[a] Clovix 75 [RW]
						[a] Plidogrel [RF]	

clopidogrel 75 mg tablet, 28

13399F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*22.44	23.98	[a] Blooms Clopidogrel [BG]	[a] Clopidogrel Lupin [GQ]
						[a] Clopidogrel Sandoz Pharma [HX]	[a] Clopidogrel Winthrop [WA]
						[a] Iscover [AV]	[a] Piax [AF]
						[a] Plavicor 75 [CR]	

CLOPIDOGREL + ASPIRIN

clopidogrel 75 mg + aspirin 100 mg tablet, 30

9296G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	18.60	20.14	[a] APX-Clopidogrel/Aspirin 75/100 [TY]	[a] DuoCover [AV]
						[a] DuoPlidogrel [XT]	[a] Piax Plus Aspirin [AF]

CLOPIDOGREL + ASPIRIN

Restricted benefit

14238

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

clopidogrel 75 mg + aspirin 100 mg tablet, 30

13427Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*22.84	24.38	[a] APX-Clopidogrel/Aspirin 75/100 [TY]	[a] DuoCover [AV]
						[a] DuoPlidogrel [XT]	[a] Piax Plus Aspirin [AF]

PRASUGREL

Authority Required (STREAMLINED)

16443

Acute coronary syndrome (myocardial infarction or unstable angina)

Clinical criteria:

- The treatment must be in combination with aspirin, **AND**
- Patient must have percutaneous coronary intervention planned; **OR**
- Patient must have previously undergone percutaneous coronary intervention, **AND**
- Patient must not have a known history of either: (i) stroke, (ii) transient ischaemic attack, **AND**
- The treatment must be ceased if a percutaneous coronary intervention is not performed.

Treatment criteria:

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

Population criteria:

- Patient must be at least 18 years of age.

Patient must be treated with the recommended maintenance dose of prasugrel according to the TGA-approved Product Information.

prasugrel 5 mg tablet, 28

14818X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	63.64	25.00	Prasugrel Lupin [GQ]

prasugrel 10 mg tablet, 28

14796R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	69.12	25.00	Prasugrel Lupin [GQ]

TICAGRELOR

Authority Required (STREAMLINED)

5746

Acute coronary syndrome (myocardial infarction or unstable angina)

Clinical criteria:

- The treatment must be in combination with aspirin.

ticagrelor 90 mg tablet, 56

1418P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	89.83	25.00	[a] ARX-TICAGRELOR [XT]	[a] Brilinta [AP]
						[a] Pharmacor Ticagrelor [CR]	[a] Ticagrelor Dr.Reddy's [RZ]
						[a] Ticagrelor Lupin [GQ]	[a] Ticagrelor Sandoz [SZ]
						[a] Ticagrelor SUN [RA]	[a] Ticagrelor Viatris [AF]
						[a] TICALOR [BZ]	[a] Tirela [NB]

TICAGRELOR

Authority Required (STREAMLINED)

14240

Acute coronary syndrome (myocardial infarction or unstable angina)

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The treatment must be in combination with aspirin.

ticagrelor 90 mg tablet, 56

13524T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*167.84	25.00	[a] ARX-TICAGRELOR [XT]	[a] Brilinta [AP]
						[a] Pharmacor Ticagrelor [CR]	[a] Ticagrelor Dr.Reddy's [RZ]
						[a] Ticagrelor Lupin [GQ]	[a] Ticagrelor Sandoz [SZ]
						[a] Ticagrelor SUN [RA]	[a] Ticagrelor Viatris [AF]
						[a] TICALOR [BZ]	[a] Tirela [NB]

TIROFIBAN

Authority Required (STREAMLINED)

16123

High risk of unstable angina

Clinical criteria:

- Patient must have new transient or persistent ST-T ischaemic changes, **AND**
- Patient must have pain lasting longer than 20 minutes.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authority Required (STREAMLINED)

16147

High risk of unstable angina

Clinical criteria:

- Patient must have new transient or persistent ST-T ischaemic changes, **AND**
- Patient must have repetitive episodes of angina at rest or during minimal exercise in the previous 12 hours.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authority Required (STREAMLINED)

16063

Non-Q-wave myocardial infarction

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

tirofiban 12.5 mg/50 mL injection, 50 mL vial

8350L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	2	0.00	179.21	25.00	[a] Aggrastat [AS]	[a] Tirofiban Juno [JU]

Direct thrombin inhibitors

BIVALIRUDIN

Authority Required (STREAMLINED)

4919

Coronary artery disease

Treatment criteria:

- Patient must be undergoing percutaneous coronary intervention.

bivalirudin 250 mg injection, 1 vial

8844L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	0	0.00	316.41	25.00	[a] BIVALIRUDIN ARX [XT]	[a] BIVALIRUDIN MEDSURGE [DZ]

DABIGATRAN

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

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

Authority Required (STREAMLINED)

4269

Prevention of stroke or systemic embolism

Clinical criteria:

- Patient must have non-valvular atrial fibrillation, **AND**
- Patient must have one or more risk factors for developing stroke or systemic embolism.

Risk factors for developing stroke or systemic ischaemic embolism are:

(i) Prior stroke (ischaemic or unknown type), transient ischaemic attack or non-central nervous system (CNS) systemic embolism;

(ii) age 75 years or older;

(iii) hypertension;

(iv) diabetes mellitus;

(v) heart failure and/or left ventricular ejection fraction 35% or less.

dabigatran etexilate 110 mg capsule, 60

2753X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	42.96	25.00	[a] ARX-Dabigatran [XT]	[a] Dabigatran Sandoz [SZ]
						[a] Dabigatran Viatris [AF]	[a] PHARMACOR DABIGATRAN [CR]
			[B]7.16	50.12	25.00	[a] Pradaxa [BY]	

dabigatran etexilate 150 mg capsule, 60

2769R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	42.74	25.00	[a] ARX-Dabigatran [XT]	[a] Dabigatran Sandoz [SZ]
						[a] Dabigatran Viatris [AF]	[a] PHARMACOR DABIGATRAN [CR]
			[B]7.16	49.90	25.00	[a] Pradaxa [BY]	

DABIGATRAN

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

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

Authority Required (STREAMLINED)

4369

Prevention of venous thromboembolism

Treatment criteria:

- Patient must be undergoing total hip replacement.

Clinical criteria:

- Patient must require up to 20 days supply to complete a course of treatment.

dabigatran etexilate 75 mg capsule, 10

9318K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	1	0.00	*28.72	25.00	PHARMACOR DABIGATRAN [CR]

dabigatran etexilate 110 mg capsule, 10

9319L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	1	0.00	*23.98	25.00	Pradaxa [BY]

DABIGATRAN

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

Authority Required (STREAMLINED)
4402
Prevention of venous thromboembolism
Treatment criteria:
- Patient must be undergoing total hip replacement.

Clinical criteria:
- Patient must require up to 30 days supply to complete a course of treatment.

dabigatran etexilate 75 mg capsule, 60

9320M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	0	0.00	57.42	25.00	[a] ARX-Dabigatran [XT]	[a] Dabigatran Viatris [AF]
						[a] PHARMACOR DABIGATRAN [CR]	[a] Pradaxa [BY]

dabigatran etexilate 110 mg capsule, 60

9321N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	0	0.00	42.96	25.00	[a] ARX-Dabigatran [XT]	[a] Dabigatran Sandoz [SZ]
						[a] Dabigatran Viatris [AF]	[a] PHARMACOR DABIGATRAN [CR]
			[B]7.16	50.12	25.00	[a] Pradaxa [BY]	

DABIGATRAN

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

Authority Required (STREAMLINED)
4381
Prevention of venous thromboembolism
Treatment criteria:
- Patient must be undergoing total knee replacement.

Clinical criteria:
- Patient must require up to 10 days of therapy.

dabigatran etexilate 75 mg capsule, 10

9322P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	0	0.00	*28.72	25.00	PHARMACOR DABIGATRAN [CR]

dabigatran etexilate 110 mg capsule, 10

9323Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	0	0.00	*23.98	25.00	Pradaxa [BY]

DABIGATRAN

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

Authority Required (STREAMLINED)
14301
Prevention of stroke or systemic embolism
Clinical criteria:
- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have non-valvular atrial fibrillation, **AND**
- Patient must have one or more risk factors for developing stroke or systemic embolism.

Risk factors for developing stroke or systemic ischaemic embolism are:

(i) Prior stroke (ischaemic or unknown type), transient ischaemic attack or non-central nervous system (CNS) systemic embolism;
(ii) age 75 years or older;
(iii) hypertension;
(iv) diabetes mellitus;
(v) heart failure and/or left ventricular ejection fraction 35% or less.

dabigatran etexilate 110 mg capsule, 60

13523R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*71.56	25.00	[a] ARX-Dabigatran [XT]	[a] Dabigatran Sandoz [SZ]
						[a] Dabigatran Viatris [AF]	[a] PHARMACOR DABIGATRAN [CR]
			[B]14.32	85.88	25.00	[a] Pradaxa [BY]	

dabigatran etexilate 150 mg capsule, 60

13489Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*71.12	25.00	[a] ARX-Dabigatran [XT]	[a] Dabigatran Sandoz [SZ]
						[a] Dabigatran Viatris [AF]	[a] PHARMACOR DABIGATRAN [CR]
			[B]14.32	85.44	25.00	[a] Pradaxa [BY]	

Direct factor Xa inhibitors

APIXABAN

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

Authority Required (STREAMLINED)
4402
Prevention of venous thromboembolism
Treatment criteria:

- Patient must be undergoing total hip replacement.

Clinical criteria:

- Patient must require up to 30 days supply to complete a course of treatment.

apixaban 2.5 mg tablet, 60

5061J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	0	0.00	54.88	25.00	[a] Apexa [CR]	[a] Apixaban-APX [XW]
						[a] Apixaban Dr.Reddy's [RI]	[a] Apixaban Lupin [GQ]
						[a] Apixaban Sandoz [SZ]	[a] Apixaban Viatris [AF]
						[a] APIXABAN-WGR [WG]	[a] APO-Apixaban [TX]
						[a] Cip Apixaban 2.5 [LR]	[a] Eliquis [XT]
						[a] MSN-APIXABAN [VM]	

APIXABAN

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

Authority Required (STREAMLINED)
4269
Prevention of stroke or systemic embolism
Clinical criteria:

- Patient must have non-valvular atrial fibrillation, **AND**
- Patient must have one or more risk factors for developing stroke or systemic embolism.

Risk factors for developing stroke or systemic ischaemic embolism are:
(i) Prior stroke (ischaemic or unknown type), transient ischaemic attack or non-central nervous system (CNS) systemic embolism;
(ii) age 75 years or older;
(iii) hypertension;
(iv) diabetes mellitus;
(v) heart failure and/or left ventricular ejection fraction 35% or less.

Authority Required (STREAMLINED)
4132
Prevention of recurrent venous thromboembolism
Treatment Phase: Continuing treatment
Clinical criteria:

- Patient must have a history of venous thromboembolism.

apixaban 2.5 mg tablet, 60

2744K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	54.88	25.00	[a] Apexa [CR]	[a] Apixaban-APX [XW]
						[a] Apixaban Dr.Reddy's [RI]	[a] Apixaban Lupin [GQ]
						[a] Apixaban Sandoz [SZ]	[a] Apixaban Viatris [AF]
						[a] APIXABAN-WGR [WG]	[a] APO-Apixaban [TX]
						[a] Cip Apixaban 2.5 [LR]	[a] Eliquis [XT]
						[a] MSN-APIXABAN [VM]	

APIXABAN

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

Authority Required (STREAMLINED)
4382
Prevention of venous thromboembolism
Treatment criteria:
- Patient must be undergoing total knee replacement.

Clinical criteria:
- Patient must require up to 15 days of therapy.

Authority Required (STREAMLINED)
4409
Prevention of venous thromboembolism
Treatment criteria:
- Patient must be undergoing total hip replacement.

Clinical criteria:
- Patient must require up to 15 days supply to complete a course of treatment.

apixaban 2.5 mg tablet, 30

5054B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	0	0.00	34.63	25.00	[a] Apexa [CR]	[a] Apixaban Dr.Reddy's [RI]
						[a] Cip Apixaban 2.5 [LR]	[a] Eliquis [XT]
						[a] MSN-APIXABAN [VM]	

APIXABAN

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

Authority Required (STREAMLINED)
4381
Prevention of venous thromboembolism
Treatment criteria:
- Patient must be undergoing total knee replacement.

Clinical criteria:
- Patient must require up to 10 days of therapy.

Authority Required (STREAMLINED)
4359
Prevention of venous thromboembolism
Treatment criteria:
- Patient must be undergoing total hip replacement.

Clinical criteria:
- Patient must require up to 10 days supply to complete a course of treatment.

apixaban 2.5 mg tablet, 20

5500L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	0	0.00	27.87	25.00	[a] Apexa [CR]	[a] Apixaban-APX [XW]
						[a] Apixaban Dr.Reddy's [RI]	[a] Cip Apixaban 2.5 [LR]
						[a] Eliquis [XT]	[a] MSN-APIXABAN [VM]

APIXABAN

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

Authority Required (STREAMLINED)
14301
Prevention of stroke or systemic embolism

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have non-valvular atrial fibrillation, **AND**
- Patient must have one or more risk factors for developing stroke or systemic embolism.

Risk factors for developing stroke or systemic ischaemic embolism are:
(i) Prior stroke (ischaemic or unknown type), transient ischaemic attack or non-central nervous system (CNS) systemic embolism;
(ii) age 75 years or older;
(iii) hypertension;
(iv) diabetes mellitus;
(v) heart failure and/or left ventricular ejection fraction 35% or less.

Authority Required (STREAMLINED)

14300

Prevention of recurrent venous thromboembolism
Treatment Phase: Continuing treatment

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have a history of venous thromboembolism.

apixaban 2.5 mg tablet, 60

13464P **NP**

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	0.00	*95.40	25.00	[a] Apexa [CR]	[a] Apixaban-APX [XW]
					[a] Apixaban Dr.Reddy's [RI]	[a] Apixaban Lupin [GQ]
					[a] Apixaban Sandoz [SZ]	[a] Apixaban Viatris [AF]
					[a] APIXABAN-WGR [WG]	[a] APO-Apixaban [TX]
					[a] Cip Apixaban 2.5 [LR]	[a] Eliquis [XT]
					[a] MSN-APIXABAN [VM]	

APIXABAN

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

Authority Required (STREAMLINED)

4269

Prevention of stroke or systemic embolism

Clinical criteria:

- Patient must have non-valvular atrial fibrillation, **AND**
- Patient must have one or more risk factors for developing stroke or systemic embolism.

Risk factors for developing stroke or systemic ischaemic embolism are:
(i) Prior stroke (ischaemic or unknown type), transient ischaemic attack or non-central nervous system (CNS) systemic embolism;
(ii) age 75 years or older;
(iii) hypertension;
(iv) diabetes mellitus;
(v) heart failure and/or left ventricular ejection fraction 35% or less.

Authority Required (STREAMLINED)

18513

Deep vein thrombosis

Clinical criteria:

- Patient must have confirmed acute symptomatic deep vein thrombosis, **AND**
- Patient must not have symptomatic pulmonary embolism.

Authority Required (STREAMLINED)

18522

Pulmonary embolism

Clinical criteria:

- Patient must have confirmed acute symptomatic pulmonary embolism.

apixaban 5 mg tablet, 60

2735Y **NP**

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	0.00	53.79	25.00	[a] Apexa [CR]	[a] Apixaban-APX [XW]
					[a] Apixaban Dr.Reddy's [RI]	[a] Apixaban Lupin [GQ]
					[a] Apixaban Sandoz [SZ]	[a] Apixaban Viatris [AF]
					[a] APIXABAN-WGR [WG]	[a] APO-Apixaban [TX]

2735Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
						[a] Cip Apixaban 5 [LR]	[a] Eliquis [XT]
						[a] MSN-APIXABAN [VM]	

APIXABAN

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

Authority Required (STREAMLINED)
14301
Prevention of stroke or systemic embolism
Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have non-valvular atrial fibrillation, **AND**
- Patient must have one or more risk factors for developing stroke or systemic embolism.

Risk factors for developing stroke or systemic ischaemic embolism are:
(i) Prior stroke (ischaemic or unknown type), transient ischaemic attack or non-central nervous system (CNS) systemic embolism;
(ii) age 75 years or older;
(iii) hypertension;
(iv) diabetes mellitus;
(v) heart failure and/or left ventricular ejection fraction 35% or less.

Authority Required (STREAMLINED)
18525
Deep vein thrombosis
Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have confirmed acute symptomatic deep vein thrombosis, **AND**
- Patient must not have symptomatic pulmonary embolism.

Authority Required (STREAMLINED)
18527
Pulmonary embolism
Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have confirmed acute symptomatic pulmonary embolism.

apixaban 5 mg tablet, 60

13525W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*93.22	25.00	[a] Apexa [CR]	[a] Apixaban-APX [XW]
						[a] Apixaban Dr.Reddy's [RI]	[a] Apixaban Lupin [GQ]
						[a] Apixaban Sandoz [SZ]	[a] Apixaban Viatris [AF]
						[a] APIXABAN-WGR [WG]	[a] APO-Apixaban [TX]
						[a] Cip Apixaban 5 [LR]	[a] Eliquis [XT]
						[a] MSN-APIXABAN [VM]	

RIVAROXABAN

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

Authority Required (STREAMLINED)
4402
Prevention of venous thromboembolism
Treatment criteria:

- Patient must be undergoing total hip replacement.

Clinical criteria:

- Patient must require up to 30 days supply to complete a course of treatment.

rivaroxaban 10 mg tablet, 15

9466F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	1	0.00	23.86	25.00	[a] APO-Rivaroxaban [TX]	[a] ARX-Rivaroxaban 10 [XT]
						[a] RIVAXIB [MQ]	[a] Xarelto [AF]
						[a] XAREMED [DZ]	

rivaroxaban 10 mg tablet, 30

9467G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	0	0.00	33.36	25.00	[a] APO-Rivaroxaban [TX]	[a] ARX-Rivaroxaban 10 [XT]
						[a] iXarola [AL]	[a] Rivarelto [XW]
						[a] Rivaroxaban Dr.Reddy's [RZ]	[a] Rivaroxaban Lupin [GQ]
						[a] Rivaroxaban Sandoz [SZ]	[a] Rivaroxaban-Teva [TB]
						[a] RIVAXIB [MQ]	[a] Rivoxa [CR]
						[a] TROXA [XG]	[a] Xarelto [AF]
						[a] XAREMED [DZ]	

RIVAROXABAN

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

Authority Required (STREAMLINED)
4382
Prevention of venous thromboembolism
Treatment criteria:

- Patient must be undergoing total knee replacement.

Clinical criteria:

- Patient must require up to 15 days of therapy.

rivaroxaban 10 mg tablet, 15

9469J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	0	0.00	23.86	25.00	[a] APO-Rivaroxaban [TX]	[a] ARX-Rivaroxaban 10 [XT]
						[a] RIVAXIB [MQ]	[a] Xarelto [AF]
						[a] XAREMED [DZ]	

RIVAROXABAN

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

Authority Required (STREAMLINED)
4132
Prevention of recurrent venous thromboembolism
Treatment Phase: Continuing treatment
Clinical criteria:

- Patient must have a history of venous thromboembolism.

rivaroxaban 10 mg tablet, 30

11633G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	33.36	25.00	[a] APO-Rivaroxaban [TX]	[a] ARX-Rivaroxaban 10 [XT]
						[a] iXarola [AL]	[a] Rivarelto [XW]
						[a] Rivaroxaban Dr.Reddy's [RZ]	[a] Rivaroxaban Lupin [GQ]
						[a] Rivaroxaban Sandoz [SZ]	[a] Rivaroxaban-Teva [TB]
						[a] RIVAXIB [MQ]	[a] Rivoxa [CR]
						[a] TROXA [XG]	[a] Xarelto [AF]
						[a] XAREMED [DZ]	

RIVAROXABAN

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

Authority Required (STREAMLINED)
11013
Chronic stable atherosclerotic disease
Treatment Phase: Initial treatment
Clinical criteria:

- The treatment must be in combination with aspirin, but not with any other anti-platelet therapy, **AND**
- Patient must have a diagnosis of coronary artery disease in addition to at least one of the following risk factors: (i) diagnosed heart failure (left ventricular ejection fraction of at least 30% but less than 50%) (ii) diagnosed kidney disease classified by an eGFR in the range of 15-60 mL/min (iii) diabetes mellitus combined with at least one of the following: (a) age at least 60 years (b) concomitant microalbuminuria (c) Aboriginal/Torres Strait Islander descent; **OR**
- Patient must have a diagnosis of peripheral artery disease in addition to at least one of the following risk factors: (i) concomitant coronary artery disease (ii) diagnosed heart failure (left ventricular ejection fraction of at least 30% but less than 50%) (iii) diagnosed kidney disease classified by an eGFR in the range of 15-60 mL/min (iv) diabetes mellitus

combined with at least one of the following: (a) age at least 60 years (b) concomitant microalbuminuria (c) Aboriginal/Torres Strait Islander descent, **AND**

- Patient must have at least one of the following if coronary artery disease is present: (i) a previous multi-vessel coronary revascularisation procedure (ii) significant stenosis in at least 2 coronary arteries (iii) a previous single vessel coronary revascularisation procedure with significant stenosis in more than 1 coronary artery; **OR**
- Patient must have at least one of the following if peripheral arterial disease is present: (i) a previous peripheral/carotid artery revascularisation intervention (ii) intermittent claudication with an ankle-brachial index less than 0.9 (iii) asymptomatic carotid artery stenosis greater than 50%, **AND**
- The condition must be diagnosed by at least one of: (i) invasive (selective) angiography (ii) non-invasive imaging (i.e. CT scan, ultrasound) (iii) ankle-brachial index measurement in the case of peripheral arterial disease with intermittent claudication, **AND**
- Patient must have clinical findings/observations by the treating physician that exclude each of the following: (i) high risk of bleeding (ii) prior stroke within one month of treatment initiation (iii) prior haemorrhagic / lacunar stroke (iv) severe heart failure with a known ejection fraction less than 30% (v) New York Heart Association class III to IV heart failure symptoms (i.e. symptoms corresponding to moderate to severe limitation on physical activity, whereby any of fatigue/palpitations/dyspnoea occur upon zero to minimal activity) (vi) an estimated glomerular filtration rate less than 15 mL/minute (vii) a requirement for dual antiplatelet therapy (viii) a requirement for non-acetylsalicylic acid antiplatelet therapy (ix) a requirement for a higher dose of oral anticoagulant therapy.

Treatment criteria:

- Must be treated by a specialist physician; **OR**
- Must be treated by a physician who has consulted a specialist physician.

rivaroxaban 2.5 mg tablet, 60

12197Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	0.00	31.14	25.00	[a] APO-Rivaroxaban [TX]	[a] Rivaroxaban Lupin [GQ]
					[a] Rivaroxaban-Teva [TB]	[a] RIVOXA [CR]
					[a] Xarelto [AF]	

RIVAROXABAN

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

Authority Required (STREAMLINED)

14300

Prevention of recurrent venous thromboembolism
Treatment Phase: Continuing treatment

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have a history of venous thromboembolism.

rivaroxaban 10 mg tablet, 30

13521P
NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	0.00	*52.36	25.00	[a] APO-Rivaroxaban [TX]	[a] ARX-Rivaroxaban 10 [XT]
					[a] iXarola [AL]	[a] Rivarelto [XW]
					[a] Rivaroxaban Dr.Reddy's [RZ]	[a] Rivaroxaban Lupin [GQ]
					[a] Rivaroxaban Sandoz [SZ]	[a] Rivaroxaban-Teva [TB]
					[a] RIVAXIB [MQ]	[a] Rivoxa [CR]
					[a] TROXA [XG]	[a] Xarelto [AF]
					[a] XAREMED [DZ]	

RIVAROXABAN

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Pharmaceutical benefits that have the form rivaroxaban 15 mg capsule and rivaroxaban 15 mg tablet are equivalent for the purposes of substitution, where the pack size is the same.

Authority Required (STREAMLINED)

4269

Prevention of stroke or systemic embolism

Clinical criteria:

- Patient must have non-valvular atrial fibrillation, **AND**
- Patient must have one or more risk factors for developing stroke or systemic embolism.

Risk factors for developing stroke or systemic ischaemic embolism are:
(i) Prior stroke (ischaemic or unknown type), transient ischaemic attack or non-central nervous system (CNS) systemic embolism;
(ii) age 75 years or older;

(iii) hypertension;
(iv) diabetes mellitus;
(v) heart failure and/or left ventricular ejection fraction 35% or less.

rivaroxaban 15 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2691P NP	1	5	0.00	31.10	25.00	[a] APO-Rivaroxaban [TX]	[a] ARX-Rivaroxaban 15 [XT]
						[a] iXarola [AL]	[a] Rivarelto [XW]
						[a] Rivaroxaban Dr.Reddy's [RZ]	[a] Rivaroxaban Lupin [GQ]
						[a] Rivaroxaban Sandoz [SZ]	[a] Rivaroxaban-Teva [TB]
						[a] RIVAXIB [MQ]	[a] Rivoxa [CR]
						[a] TROXA [XG]	[a] Xarelto [AF]
						[a] XAREMED [DZ]	

Rivaroxaban 15 mg capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15037K NP	1	5	0.00	31.10	25.00	[a] Relaban [NB]

RIVAROXABAN

Note Treatment may be continued by a non-specialist prescriber without need for consultation with a specialist.
Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)
10992
Chronic stable atherosclerotic disease
Treatment Phase: Continuing treatment
Clinical criteria:

- Patient must have received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be in combination with aspirin, but not with any other anti-platelet therapy.

rivaroxaban 2.5 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
12192Q NP	1	5	0.00	31.14	25.00	[a] APO-Rivaroxaban [TX]	[a] Rivaroxaban Lupin [GQ]
						[a] Rivaroxaban-Teva [TB]	[a] RIVOXA [CR]
						[a] Xarelto [AF]	

RIVAROXABAN

Note Treatment may be continued by a non-specialist prescriber without need for consultation with a specialist.
Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)
14298
Chronic stable atherosclerotic disease
Treatment Phase: Continuing treatment
Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be in combination with aspirin, but not with any other anti-platelet therapy.

rivaroxaban 2.5 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13366L NP	2	5	0.00	*47.92	25.00	[a] APO-Rivaroxaban [TX]	[a] Rivaroxaban Lupin [GQ]
						[a] Rivaroxaban-Teva [TB]	[a] RIVOXA [CR]
						[a] Xarelto [AF]	

RIVAROXABAN

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Pharmaceutical benefits that have the form rivaroxaban 15 mg capsule and rivaroxaban 15 mg tablet are equivalent for the purposes of substitution, where the pack size is the same.

Authority Required (STREAMLINED)
14301
Prevention of stroke or systemic embolism
Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have non-valvular atrial fibrillation, **AND**
- Patient must have one or more risk factors for developing stroke or systemic embolism.

Risk factors for developing stroke or systemic ischaemic embolism are:
(i) Prior stroke (ischaemic or unknown type), transient ischaemic attack or non-central nervous system (CNS) systemic embolism;
(ii) age 75 years or older;
(iii) hypertension;
(iv) diabetes mellitus;
(v) heart failure and/or left ventricular ejection fraction 35% or less.

rivaroxaban 15 mg tablet, 28

13463N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*47.84	25.00	[a] APO-Rivaroxaban [TX]	[a] ARX-Rivaroxaban 15 [XT]
						[a] iXarola [AL]	[a] Rivarelto [XW]
						[a] Rivaroxaban Dr.Reddy's [RZ]	[a] Rivaroxaban Lupin [GQ]
						[a] Rivaroxaban Sandoz [SZ]	[a] Rivaroxaban-Teva [TB]
						[a] RIVAXIB [MQ]	[a] Rivoxa [CR]
						[a] TROXA [XG]	[a] Xarelto [AF]
						[a] XAREMED [DZ]	

Rivaroxaban 15 mg capsule, 28

14969W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*47.84	25.00	[a] Relaban [NB]

RIVAROXABAN

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

Authority Required (STREAMLINED)
4098
Deep vein thrombosis
Treatment Phase: Initial treatment
Clinical criteria:

- Patient must have confirmed acute symptomatic deep vein thrombosis, **AND**
- Patient must not have symptomatic pulmonary embolism.

Authority Required (STREAMLINED)
5098
Pulmonary embolism
Treatment Phase: Initial treatment
Clinical criteria:

- Patient must have confirmed acute symptomatic pulmonary embolism.

rivaroxaban 15 mg tablet, 42

2160Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	0	0.00	39.48	25.00	[a] APO-Rivaroxaban [TX]	[a] ARX-Rivaroxaban 15 [XT]
						[a] Rivarelto [XW]	[a] Rivaroxaban Lupin [GQ]
						[a] Rivaroxaban Sandoz [SZ]	[a] Rivaroxaban-Teva [TB]
						[a] RIVAXIB [MQ]	[a] Rivoxa [CR]
						[a] Xarelto [AF]	[a] XAREMED [DZ]

RIVAROXABAN

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Pharmaceutical benefits that have the form rivaroxaban 20 mg capsule and rivaroxaban 20 mg tablet are equivalent for the purposes of substitution.

Authority Required (STREAMLINED)
4099
Deep vein thrombosis
Treatment Phase: Continuing treatment
Clinical criteria:

- Patient must have confirmed acute symptomatic deep vein thrombosis, **AND**
- Patient must not have symptomatic pulmonary embolism.

Authority Required (STREAMLINED)

4132
Prevention of recurrent venous thromboembolism
Treatment Phase: Continuing treatment
Clinical criteria:
- Patient must have a history of venous thromboembolism.

Authority Required (STREAMLINED)
4268
Pulmonary embolism
Treatment Phase: Continuing treatment
Clinical criteria:
- Patient must have confirmed acute symptomatic pulmonary embolism.

Authority Required (STREAMLINED)
4269
Prevention of stroke or systemic embolism
Clinical criteria:
- Patient must have non-valvular atrial fibrillation, **AND**
- Patient must have one or more risk factors for developing stroke or systemic embolism.

Risk factors for developing stroke or systemic ischaemic embolism are:
(i) Prior stroke (ischaemic or unknown type), transient ischaemic attack or non-central nervous system (CNS) systemic embolism;
(ii) age 75 years or older;
(iii) hypertension;
(iv) diabetes mellitus;
(v) heart failure and/or left ventricular ejection fraction 35% or less.

rivaroxaban 20 mg tablet, 28

2268J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	0.00	30.89	25.00	[a] APO-Rivaroxaban [TX]	[a] ARX-Rivaroxaban 20 [XT]
					[a] iXarola [AL]	[a] Rivarelto [XW]
					[a] Rivaroxaban Dr.Reddy's [RZ]	[a] Rivaroxaban Lupin [GQ]
					[a] Rivaroxaban Sandoz [SZ]	[a] Rivaroxaban-Teva [TB]
					[a] RIVAXIB [MQ]	[a] Rivoxa [CR]
					[a] TROXA [XG]	[a] Xarelto [AF]
					[a] XAREMED [DZ]	

Rivaroxaban 20 mg capsule, 28

15017J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	0.00	30.89	25.00	[a] Relaban [NB]

RIVAROXABAN

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Pharmaceutical benefits that have the form rivaroxaban 20 mg capsule and rivaroxaban 20 mg tablet are equivalent for the purposes of substitution.

Authority Required (STREAMLINED)
14264
Deep vein thrombosis
Treatment Phase: Continuing treatment
Clinical criteria:
- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have confirmed acute symptomatic deep vein thrombosis, **AND**
- Patient must not have symptomatic pulmonary embolism.

Authority Required (STREAMLINED)
14300
Prevention of recurrent venous thromboembolism
Treatment Phase: Continuing treatment
Clinical criteria:
- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have a history of venous thromboembolism.

Authority Required (STREAMLINED)
14318
Pulmonary embolism

Treatment Phase: Continuing treatment

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have confirmed acute symptomatic pulmonary embolism.

Authority Required (STREAMLINED)

14301

Prevention of stroke or systemic embolism

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have non-valvular atrial fibrillation, **AND**
- Patient must have one or more risk factors for developing stroke or systemic embolism.

Risk factors for developing stroke or systemic ischaemic embolism are:

(i) Prior stroke (ischaemic or unknown type), transient ischaemic attack or non-central nervous system (CNS) systemic embolism;

(ii) age 75 years or older;

(iii) hypertension;

(iv) diabetes mellitus;

(v) heart failure and/or left ventricular ejection fraction 35% or less.

rivaroxaban 20 mg tablet, 28

13462M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*47.42	25.00	[a] APO-Rivaroxaban [TX]	[a] ARX-Rivaroxaban 20 [XT]
						[a] iXarola [AL]	[a] Rivarelto [XW]
						[a] Rivaroxaban Dr.Reddy's [RZ]	[a] Rivaroxaban Lupin [GQ]
						[a] Rivaroxaban Sandoz [SZ]	[a] Rivaroxaban-Teva [TB]
						[a] RIVAXIB [MQ]	[a] Rivoxa [CR]
						[a] TROXA [XG]	[a] Xarelto [AF]
						[a] XAREMED [DZ]	

Rivaroxaban 20 mg capsule, 28

14994E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*47.42	25.00	[a] Relaban [NB]

Other antithrombotic agents

FONDAPARINUX

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

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

Authority Required (STREAMLINED)

5781

Prevention of venous thromboembolism

Treatment criteria:

- Patient must be undergoing major hip surgery.

Authority Required (STREAMLINED)

5808

Prevention of venous thromboembolism

Treatment criteria:

- Patient must be undergoing total knee replacement.

fondaparinux sodium 2.5 mg/0.5 mL injection, 2 x 0.5 mL syringes

8775W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	3.5	0	0.00	*115.63	25.00	Arixtra [AS]

ANTIHEMORRHAGICS

ANTIFIBRINOLYTICS

Amino acids

TRANEXAMIC ACID

tranexamic acid 500 mg tablet, 100

2180R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	2	0.00	39.23	25.00	[a] APO-Tranexamic Acid [TX]	[a] Tranexamic Acid Lupin [GQ]

2180R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
						[a] Tranexamic Acid Waymade [IX]	
			[B]8.06	47.29	25.00	[a] Cyklokapron [PF]	

ANTIANEMIC PREPARATIONS

IRON PREPARATIONS

Iron bivalent, oral preparations

FERROUS FUMARATE

Restricted benefit

6812

For treatment of a patient identifying as Aboriginal or Torres Strait Islander

ferrous fumarate 200 mg (iron 65.7 mg) tablet, 60

8985X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP MW	1	1	0.00	20.50	22.04	Ferro-tab [AE]

FERROUS SULFATE

ferrous sulfate heptahydrate 30 mg/mL (iron 6 mg/mL) oral liquid, 250 mL

8815Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	2	0.00	23.73	25.00	Ferro-Liquid [AE]

Iron, parenteral preparations

FERRIC CARBOXYMALTOSE

iron (as ferric carboxymaltose) 500 mg/10 mL injection, 10 mL vial

10104T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP MW	2	1	0.00	*99.82	25.00	[a] Ferinject [XW]	[a] FERIVO [XT]
						[a] FERRICARBO [RZ]	[a] Ferric Carboxymaltose-Teva [TB]
						[a] Ferrive [AF]	

iron (as ferric carboxymaltose) 1 g/20 mL injection, 20 mL vial

11702X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP MW	1	1	0.00	99.82	25.00	[a] Ferinject [XW]	[a] FERIVO [XT]
						[a] FERRICARBO [RZ]	[a] Ferric Carboxymaltose-Teva [TB]
						[a] Ferrive [AF]	

FERRIC DERISOMALTOSE

Note Special Pricing Arrangements apply.

iron (as ferric derisomaltose) 500 mg/5 mL injection, 5 mL vial

11615H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	3	0	0.00	*412.62	25.00	Monofer [FK]

iron (as ferric derisomaltose) 1 g/10 mL injection, 10 mL vial

12049E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	1	0.00	278.20	25.00	Monofer [FK]

IRON POLYMALTOSE

iron (as polymaltose) 100 mg/2 mL injection, 5 x 2 mL ampoules

2593L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP MW	1	0	0.00	35.22	25.00	Ferrosig [SI]

IRON POLYMALTOSE

Authority Required (STREAMLINED)

4302

Iron deficiency anaemia

Treatment criteria:

- Patient must be undergoing chronic haemodialysis.

iron (as polymaltose) 100 mg/2 mL injection, 5 x 2 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2805P NP	1	5	0.00	35.22	25.00	Ferrosig [SI]

IRON SUCROSE

iron (as sucrose) 100 mg/5 mL injection, 5 x 5 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10229J NP	1	0	0.00	39.65	25.00	Venofer [CS]

IRON SUCROSE

Authority Required (STREAMLINED)

4302

Iron deficiency anaemia

Treatment criteria:

- Patient must be undergoing chronic haemodialysis.

iron (as sucrose) 100 mg/5 mL injection, 5 x 5 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8807M NP	1	5	0.00	39.65	25.00	Venofer [CS]

Iron in combination with folic acid

FERROUS FUMARATE + FOLIC ACID

Restricted benefit

6812

For treatment of a patient identifying as Aboriginal or Torres Strait Islander

ferrous fumarate 310 mg (iron 100 mg) + folic acid 350 microgram tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9011G NP MW	1	1	0.00	21.44	22.98	Ferro-f-tab [AE]

VITAMIN B12 AND FOLIC ACID

Vitamin B12 (cyanocobalamin and analogues)

HYDROXOCOBALAMIN

Note One injection of hydroxocobalamin 1 mg every three months provides appropriate maintenance therapy in vitamin B12 deficiencies.

Note Pharmaceutical benefits that have the form hydroxocobalamin injection 1 mg (as acetate) in 1 mL and pharmaceutical benefits that have the form hydroxocobalamin injection 1 mg (as chloride) in 1 mL are equivalent for the purposes of substitution.

Restricted benefit

16288

Pernicious anaemia

Population criteria:

- Patient must identify as Aboriginal or Torres Strait Islander.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) a nurse practitioner, (iii) an endorsed midwife where patient care is being shared with a medical practitioner.

Restricted benefit

16289

Proven vitamin B12 deficiencies other than pernicious anaemia

Population criteria:

- Patient must identify as Aboriginal or Torres Strait Islander.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) a nurse practitioner, (iii) an endorsed midwife where patient care is being shared with a medical practitioner.

Restricted benefit

16269

Anaemias associated with vitamin B12 deficiency

Clinical criteria:

- Patient must have had a gastrectomy, **AND**
- The treatment must be for prophylaxis.

Population criteria:

- Patient must identify as Aboriginal or Torres Strait Islander.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) a nurse practitioner, (iii) an endorsed midwife where patient care is being shared with a medical practitioner.

hydroxocobalamin 1 mg/mL injection, 3 x 1 mL ampoules

2162T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP MW	1	0	0.00	18.57	20.11	[a] Cobal-B12 [JU]	[a] Vita-B12 [GH]

hydroxocobalamin 1 mg/mL injection, 3 x 1 mL ampoules

9048F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP MW	1	0	0.00	18.57	20.11	[a] Hydroxo-B12 [AS]	[a] Neo-B12 [PF]

Folic acid and derivatives

FOLIC ACID

Restricted benefit

5824

For treatment of a patient identifying as Aboriginal or Torres Strait Islander

folic acid 500 microgram tablet, 100

2958Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP MW	2	0	0.00	*18.62	20.16	[a] Foltabs 500 [PP]	[a] Megafol 0.5 [AF]

FOLIC ACID

Note The 5 mg strength tablet should be used in malabsorption states only.

Restricted benefit

5824

For treatment of a patient identifying as Aboriginal or Torres Strait Islander

folic acid 5 mg tablet, 100

1437P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP MW	2	1	0.00	*20.68	22.22	Megafol 5 [AF]

BLOOD SUBSTITUTES AND PERFUSION SOLUTIONS

BLOOD AND RELATED PRODUCTS

Blood substitutes and plasma protein fractions

HYDROXYETHYL STARCH 130/0.4 + SODIUM CHLORIDE

HYDROXYETHYL STARCH 130/0.4 I.V. infusion 30 g per 500 mL, 500 mL, 1

9487H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	3	0	0.00	*35.70	25.00	Voluven 6% [PK]

OTHER HEMATOLOGICAL AGENTS

OTHER HEMATOLOGICAL AGENTS

Drugs used in hereditary angioedema

GARADACIMAB

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

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

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

Note Special Pricing Arrangements apply.

Authority Required

18496

Chronic treatment of hereditary angioedema Types 1 or 2

Treatment Phase: Initial 1: New patient (commencing with no previous treatment with C1-INH for routine prophylaxis), Initial 2: New patient (commencing from National Blood Authority-funded C1-INH) or Initial 3: New patient (transitioning from PBS-subsidised lanadelumab) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1: New patient (commencing with no previous treatment with C1-INH for routine prophylaxis) restriction to complete 24 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2: New patient (commencing from National Blood Authority-funded C1-INH) restriction to complete 24 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3: New patient (transitioning from PBS-subsidised lanadelumab) restriction to complete 24 weeks treatment, **AND**

- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction, **AND**
- The treatment must not be used in combination with either: (i) a C1-esterase inhibitor concentrate, or (ii) lanadelumab.

Treatment criteria:

- Must be treated by a clinical immunologist or a specialist allergist.

For the purposes of administering this restriction, an adequate response is a reduction of the baseline number of acute attacks of hereditary angioedema of a severity necessitating immediate medical intervention with either (i) icatibant, or (ii) C1-esterase inhibitor concentrate. The details of the reduction must be documented in the patient's medical records for auditing purposes.

garadacimab 200 mg/1.2 mL injection, 1.2 mL pen device

15295B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	4	0.00	30,344.99	25.00	Andembry [VK]

GARADACIMAB

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

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

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

Note Special Pricing Arrangements apply.

Authority Required

18321

Chronic treatment of hereditary angioedema Types 1 or 2

Treatment Phase: Continuing preventative treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated or sustained an adequate response to PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must not be used in combination with either: (i) a C1-esterase inhibitor concentrate, or (ii) lanadelumab.

Treatment criteria:

- Must be treated by a specialist allergist or clinical immunologist, or in consultation with a specialist allergist or clinical immunologist.

For the purposes of administering this restriction, an adequate response is a reduction of the baseline number of acute attacks of hereditary angioedema of a severity necessitating immediate medical intervention with either (i) icatibant, or (ii) C1-esterase inhibitor concentrate. The details of the reduction must be documented in the patient's medical records for auditing purposes.

garadacimab 200 mg/1.2 mL injection, 1.2 mL pen device

15305M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	0.00	30,344.99	25.00	Andembry [VK]

GARADACIMAB

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

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

Applications for authorisation under this restriction should be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)

Alternatively, applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

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

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

Note Special Pricing Arrangements apply.

Authority Required

18139

Chronic treatment of hereditary angioedema Types 1 or 2

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

Clinical criteria:

- Patient must have received non-PBS-subsidised treatment with this drug for this condition as routine prophylaxis for hereditary angioedema prior to 1 April 2026, **AND**

- Patient must have experienced at least 12 treated acute attacks of hereditary angioedema within the 6 month period prior to commencing treatment for this condition; **OR**
- Patient must have been receiving a C1-esterase inhibitor through the National Blood Authority as routine prophylaxis for hereditary angioedema immediately prior to receiving non-PBS-subsidised treatment with this drug for this condition; **OR**
- Patient must have received PBS-subsidised treatment with lanadelumab as routine prophylaxis for hereditary angioedema immediately prior to receiving non-PBS-subsidised treatment with this drug for this condition; **OR**
- Patient must have received non-PBS-subsidised treatment with garadacimab via the VANGUARD open-label extension study as routine prophylaxis for hereditary angioedema, **AND**
- The treatment must not be used in combination with either: (i) a C1-esterase inhibitor concentrate, or (ii) lanadelumab.

Treatment criteria:

- Must be treated by a specialist allergist or clinical immunologist, or in consultation with a specialist allergist or clinical immunologist.

For the purposes of administering this restriction, acute attacks of hereditary angioedema are those of a severity necessitating immediate medical intervention with either (i) icatibant, or (ii) C1-esterase inhibitor concentrate

The baseline measurement of the number of treated acute attacks of hereditary angioedema within the 6 months prior to initiating non-PBS-subsidised treatment must be provided at the time of submitting this application.

For the purposes of administering this restriction, an adequate response is a reduction of the baseline number of acute attacks of hereditary angioedema of a severity necessitating immediate medical intervention with either (i) icatibant, or (ii) C1-esterase inhibitor concentrate. The details of the reduction must be documented in the patient's medical records for auditing purposes.

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

Note Patients may qualify for PBS-subsidised treatment under this restriction once only. For continuing PBS-subsidised treatment, a 'Grandfathered' patient must qualify under the 'Continuing treatment' criteria.

garadacimab 200 mg/1.2 mL injection, 1.2 mL pen device

15332Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	0.00	30,344.99	25.00	Andembry [VK]

GARADACIMAB

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

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

Applications for authorisation under this restriction should be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)

Alternatively, applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

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

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

Note Special Pricing Arrangements apply.

Authority Required

18454

Chronic treatment of hereditary angioedema Types 1 or 2

Treatment Phase: Initial 1: New patient (commencing with no previous treatment with C1-INH for routine prophylaxis)

Clinical criteria:

- Patient must have experienced at least 12 treated acute attacks of hereditary angioedema within the 6 month period prior to commencing treatment with this drug, **AND**
- Patient must not have been receiving a C1-esterase inhibitor through the National Blood Authority as routine prophylaxis for hereditary angioedema at the time of application, **AND**
- The treatment must not be used in combination with either: (i) a C1-esterase inhibitor concentrate, or (ii) lanadelumab.

Treatment criteria:

- Must be treated by a clinical immunologist or a specialist allergist.

For the purposes of administering this restriction, acute attacks of hereditary angioedema are those of a severity necessitating immediate medical intervention with either (i) icatibant, or (ii) C1-esterase inhibitor concentrate

The baseline measurement of the number of treated acute attacks of hereditary angioedema within the 6 months prior to initiating treatment must be provided at the time of submitting this application.

Authority Required

18484

Chronic treatment of hereditary angioedema Types 1 or 2

Treatment Phase: Initial 2: New patient (commencing from National Blood Authority-funded C1-INH)

Clinical criteria:

- Patient must have been receiving a C1-esterase inhibitor through the National Blood Authority as routine prophylaxis for hereditary angioedema immediately prior to receiving this drug, **AND**
- The treatment must not be used in combination with either: (i) a C1-esterase inhibitor concentrate, or (ii) lanadelumab.

Treatment criteria:

- Must be treated by a clinical immunologist or a specialist allergist.

Authority Required

18320

Chronic treatment of hereditary angioedema Types 1 or 2

Treatment Phase: Initial 3: New patient (transitioning from PBS-subsidised lanadelumab)

Clinical criteria:

- Patient must have been receiving lanadelumab through the PBS as routine prophylaxis for hereditary angioedema immediately prior to receiving this drug, **AND**
- The treatment must not be used in combination with either: (i) a C1-esterase inhibitor concentrate, or (ii) lanadelumab.

Treatment criteria:

- Must be treated by a clinical immunologist or a specialist allergist.

garadacimab 200 mg/1.2 mL injection, 1.2 mL pen device

15317E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	0	0.00	*60,580.62	25.00	Andembry [VK]

ICATIBANT

Authority Required

7273

Anticipated emergency treatment of an acute attack of hereditary angioedema

Treatment Phase: Initial

Clinical criteria:

- Patient must have confirmed diagnosis of C1-esterase inhibitor deficiency, **AND**
- Patient must have been assessed to be at significant risk of an acute attack of hereditary angioedema, **AND**
- The condition must be assessed by a clinical immunologist; **OR**
- The condition must be assessed by a respiratory physician; **OR**
- The condition must be assessed by a specialist allergist; **OR**
- The condition must be assessed by a general physician experienced in the management of patients with hereditary angioedema.

The name of the specialist consulted must be provided at the time of application for initial supply.

The date of the pathology report and name of the Approved Pathology Authority must be provided at the time of application.

Increased maximum quantities will be limited to 12 injections per authority prescription.

Note Icatibant should be provided in the framework of a comprehensive hereditary angioedema prophylaxis program and an emergency Action Plan including training in recognition of the symptoms of hereditary angioedema and the self-administration of icatibant. (For further information see the Australasian Society of Clinical Immunology and Allergy website at www.allergy.org.au)

Authority Required

7274

Anticipated emergency treatment of an acute attack of hereditary angioedema

Treatment Phase: Continuing

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition.

Increased maximum quantities will be limited to 12 injections per authority prescription.

Note Icatibant should be provided in the framework of a comprehensive hereditary angioedema prophylaxis program and an emergency Action Plan including training in recognition of the symptoms of hereditary angioedema and the self-administration of icatibant. (For further information see the Australasian Society of Clinical Immunology and Allergy website at www.allergy.org.au)

icatibant 30 mg/3 mL injection, 3 mL syringe

1976B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	0.00	369.25	25.00	[a] Cipla Icatibant [LR]	[a] Fyzant [JU]
					[a] Icatibant Lupin [GQ]	

LANADELUMAB

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

Note Special Pricing Arrangements apply.

Authority Required

18498

Chronic treatment of hereditary angioedema Types 1 or 2

Treatment Phase: Initial 1: New patient (commencing with no previous treatment with C1-INH for routine prophylaxis)

Clinical criteria:

- Patient must have experienced at least 12 treated acute attacks of hereditary angioedema within the 6 month period prior to commencing treatment with this drug, **AND**
- Patient must not have been receiving a C1-esterase inhibitor through the National Blood Authority as routine prophylaxis for hereditary angioedema at the time of application, **AND**
- The treatment must not be used in combination with either: (i) a C1-esterase inhibitor concentrate, or (ii) garadacimab.

Treatment criteria:

- Must be treated by a clinical immunologist or a specialist allergist.

Population criteria:

- Patient must be aged 12 years or older.

For the purposes of administering this restriction, acute attacks of hereditary angioedema are those of a severity necessitating immediate medical intervention with either (i) icatibant, or (ii) C1-esterase inhibitor concentrate

The baseline measurement of the number of treated acute attacks of hereditary angioedema within the 6 months prior to initiating treatment must be provided at the time of submitting this application.

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

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

Applications for authorisation under this restriction should be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)

Alternatively, applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18140

Chronic treatment of hereditary angioedema Types 1 or 2

Treatment Phase: Initial 2: New patient (commencing from National Blood Authority-funded C1-INH)

Clinical criteria:

- Patient must have been receiving a C1-esterase inhibitor through the National Blood Authority as routine prophylaxis for hereditary angioedema immediately prior to receiving lanadelumab, **AND**
- The treatment must not be used in combination with either: (i) a C1-esterase inhibitor concentrate, or (ii) garadacimab.

Treatment criteria:

- Must be treated by a clinical immunologist or a specialist allergist.

Population criteria:

- Patient must be aged 12 years or older.

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

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

Applications for authorisation under this restriction should be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)

Alternatively, applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18424

Chronic treatment of hereditary angioedema Types 1 or 2

Treatment Phase: Initial 3: New patient (transitioning from PBS-subsidised garadacimab)

Clinical criteria:

- Patient must have been receiving garadacimab through the PBS as routine prophylaxis for hereditary angioedema immediately prior to receiving this drug, **AND**
- The treatment must not be used in combination with either: (i) a C1-esterase inhibitor concentrate, or (ii) garadacimab.

Treatment criteria:

- Must be treated by a clinical immunologist or a specialist allergist.

Population criteria:

- Patient must be aged 12 years or older.

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

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

Applications for authorisation under this restriction should be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)

Alternatively, applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18239

Chronic treatment of hereditary angioedema Types 1 or 2

Treatment Phase: Continuing preventative treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated or sustained an adequate response to PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must not be used in combination with either: (i) a C1-esterase inhibitor concentrate, or (ii) garadacimab.

Treatment criteria:

- Must be treated by a specialist allergist or clinical immunologist, or in consultation with a specialist allergist or clinical immunologist.

Population criteria:

- Patient must be aged 12 years or older.

Patients who have successfully transitioned to a lower dosing frequency should be reviewed every 6 months to ensure they continue to demonstrate a sustained response

For the purposes of administering this restriction, an adequate response is a reduction of the baseline number of acute attacks of hereditary angioedema of a severity necessitating immediate medical intervention with either (i) icatibant, or (ii) C1-esterase inhibitor concentrate. The details of the reduction must be documented in the patient's medical records for auditing purposes.

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

lanadelumab 300 mg/2 mL injection, 2 mL syringe

12790E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	0.00	18,772.46	25.00	Takhzyro [TK]

CARDIOVASCULAR SYSTEM

CARDIAC THERAPY

CARDIAC GLYCOSIDES

Digitalis glycosides

DIGOXIN

Restricted benefit

15956

For prescribing by certain health practitioners

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

digoxin 50 microgram/mL oral liquid, 60 mL

3164M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP 2	3	0.00	*43.64	25.00	Lanoxin [AS]

digoxin 62.5 microgram tablet, 200

2605D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP 1	1	0.00	18.10	19.64	[a] Sigmaxin-PG [LN]	
		[B]2.39	20.49	19.64	[a] Lanoxin-PG [AS]	

digoxin 250 microgram tablet, 100

1322N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $		Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	1	0.00	18.10	19.64	a	Sigmaxin [LN]	
			[B]2.39	20.49	19.64	a	Lanoxin [AS]	

ANTIARRHYTHMICS, CLASS I AND III

Antiarrhythmics, class Ia

DISOPYRAMIDE

Note Pharmaceutical benefits that have the form disopyramide 100 mg capsule in a pack size of 84 can be substituted for a pack size of 100 in the case of a shortage.

Restricted benefit

15956

For prescribing by certain health practitioners

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

disopyramide 100 mg capsule, 100

2923W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $		Brand Name and Manufacturer
NP	1	5	0.00	26.46	25.00	a	Rythmodan [PB]

disopyramide 100 mg capsule, 100

15521X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $		Brand Name and Manufacturer
NP	1	5	0.00	83.72	25.00	a	Rythmodan (Japan) [OJ]

disopyramide 100 mg capsule, 84

13280Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $		Brand Name and Manufacturer
NP	1.19047619	5	0.00	*85.96	25.00	a	Rythmodan (UK) [YO]

Antiarrhythmics, class Ib

LIDOCAINE

Restricted benefit

15956

For prescribing by certain health practitioners

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

lidocaine hydrochloride 10% (500 mg/5 mL) injection, 10 x 5 mL ampoules

2876J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	0	0.00	35.79	25.00	Xylocard 500 [AS]

Antiarrhythmics, class Ic

FLECAINIDE

Caution Flecainide acetate should be avoided in patients with poor cardiac function.

Restricted benefit

15965

Serious supra-ventricular cardiac arrhythmias

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Restricted benefit

15966

Serious ventricular cardiac arrhythmias

Clinical criteria:

- The treatment must be initiated in a hospital.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

flecainide acetate 50 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1088G							
NP	1	5	0.00	26.27	25.00	[a] APO-Flecainide [TX]	[a] Flecainide Sandoz [SZ]
						[a] Flecatab [AF]	
			[B]4.86	31.13	25.00	[a] Tambocor [IL]	

flecainide acetate 100 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1090J							
NP	1	5	0.00	29.13	25.00	[a] APO-Flecainide [TX]	[a] Flecainide Sandoz [SZ]
						[a] Flecatab [AF]	
			[B]5.26	34.39	25.00	[a] Tambocor [IL]	

Antiarrhythmics, class III

AMIODARONE

Note This drug has been reported to cause frequent and potentially serious toxicity.
Note Regular monitoring of hepatic and thyroid function is recommended.

Restricted benefit
15967
Severe cardiac arrhythmias
Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

amiodarone hydrochloride 100 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2344J							
NP	1	5	0.00	18.60	20.14	[a] Aratac 100 [AF]	[a] Cordarone X 100 [SW]

amiodarone hydrochloride 200 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2343H							
NP	1	5	0.00	18.60	20.14	[a] Amdarone [XT]	[a] Amiodarone Sandoz [SZ]
						[a] Aratac 200 [AF]	[a] Cordarone X 200 [SW]

SOTALOL

Restricted benefit
15967
Severe cardiac arrhythmias
Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

sotalol hydrochloride 80 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8398B							
NP	1	5	0.00	18.09	19.63	[a] APX-Sotalol [TY]	[a] Cardol [AF]
						[a] Solavert [RF]	[a] Sotalol Sandoz [SZ]
						[a] SOTALOL-WGR [WG]	
			[B]4.50	22.59	19.63	[a] Sotacor [RW]	

sotalol hydrochloride 160 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2043M							
NP	1	5	0.00	21.07	22.61	[a] APX-Sotalol [TY]	[a] Cardol [AF]
						[a] Solavert [RF]	[a] Sotalol Sandoz [SZ]
						[a] SOTALOL-WGR [WG]	
			[B]4.84	25.91	22.61	[a] Sotacor [RW]	

CARDIAC STIMULANTS EXCL. CARDIAC GLYCOSIDES

Adrenergic and dopaminergic agents

ADRENALINE (EPINEPHRINE)

Note Pharmaceutical benefits that have the form adrenaline 1 mg/mL ampoules for injection in a pack size of 10 can be substituted for a pack size of 5 in the case of a shortage.

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

1016L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	1	0.00	21.78	23.32	Link Medical Products Pty Ltd [LM]

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

5004J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
DP	1	0	0.00	21.78	23.32	Link Medical Products Pty Ltd [LM]

ADRENALINE (EPINEPHRINE)

Caution Adrenaline products have different administration techniques. These products should not be prescribed to the same patient without training in their use. Pharmacists should ensure that patients are educated regarding the product differences upon dispensing.

Note The adrenaline devices should be provided in the framework of a comprehensive anaphylaxis prevention program and an emergency action plan including training in recognition of the symptoms of anaphylaxis and the use of the device. (For further information see the Australasian Society of Clinical Immunology and Allergy website at www.allergy.org.au).

Note Pharmaceutical benefits that have the form adrenaline (epinephrine) 150 microgram/0.3 mL injection, 0.3 mL pen device and pharmaceutical benefits that have the form adrenaline (epinephrine) 150 microgram/0.15 mL injection, 0.15 mL pen device are equivalent for the purposes of substitution.

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

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

Note No applications for repeats will be authorised.

Authority Required

4909

Acute allergic reaction with anaphylaxis

Treatment Phase: Initial sole PBS-subsidised supply for anticipated emergency treatment

Clinical criteria:

- Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with a clinical immunologist; **OR**
- Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with an allergist; **OR**
- Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with a paediatrician; **OR**
- Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with a respiratory physician.

The name of the specialist consulted must be provided at the time of application for initial supply.

Authority Required

8734

Acute allergic reaction with anaphylaxis

Treatment Phase: Initial sole PBS-subsidised supply for anticipated emergency treatment

Clinical criteria:

- Patient must have been discharged from hospital or an emergency department after treatment with adrenaline (epinephrine) for acute allergic reaction with anaphylaxis.

Authority Required

18922

Acute allergic reaction with anaphylaxis

Treatment Phase: Continuing sole PBS-subsidised supply for anticipated emergency treatment

Clinical criteria:

- Patient must have previously been issued with an authority prescription for any form of this drug for this indication.

adrenaline (epinephrine) 150 microgram/0.15 mL injection, 0.15 mL pen device

15359J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	0	0.00	*156.52	25.00	[a] Jext Jnr [KF]

adrenaline (epinephrine) 150 microgram/0.3 mL injection, 0.3 mL pen device

8697R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	0	0.00	*156.52	25.00	[a] Adrenaline Jr Viatris [AF] [a] EpiPen Jr. [AL]	[a] Anapen Junior 150 [XT]

ADRENALINE (EPINEPHRINE)

Caution Adrenaline products have different administration techniques. These products should not be prescribed to the same patient without training in their use. Pharmacists should ensure that patients are educated regarding the product differences upon dispensing.

Note The adrenaline devices should be provided in the framework of a comprehensive anaphylaxis prevention program and an emergency action plan including training in recognition of the symptoms of anaphylaxis and the use of the device. (For further information see the Australasian Society of Clinical Immunology and Allergy website at www.allergy.org.au).

Note Pharmaceutical benefits that have the form adrenaline (epinephrine) 300 microgram/0.3 mL injection, 0.3 mL pen device (Adrenaline Viatris, Anapen 300 and EpiPen) and pharmaceutical benefits that have the form adrenaline (epinephrine) 300 microgram/0.3 mL injection, 0.3 mL pen device (Jext) are equivalent for the purposes of substitution.

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

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

Note No applications for repeats will be authorised.

Authority Required

4909

Acute allergic reaction with anaphylaxis

Treatment Phase: Initial sole PBS-subsidised supply for anticipated emergency treatment

Clinical criteria:

- Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with a clinical immunologist; **OR**
- Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with an allergist; **OR**
- Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with a paediatrician; **OR**
- Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with a respiratory physician.

The name of the specialist consulted must be provided at the time of application for initial supply.

Authority Required

8734

Acute allergic reaction with anaphylaxis

Treatment Phase: Initial sole PBS-subsidised supply for anticipated emergency treatment

Clinical criteria:

- Patient must have been discharged from hospital or an emergency department after treatment with adrenaline (epinephrine) for acute allergic reaction with anaphylaxis.

Authority Required

18922

Acute allergic reaction with anaphylaxis

Treatment Phase: Continuing sole PBS-subsidised supply for anticipated emergency treatment

Clinical criteria:

- Patient must have previously been issued with an authority prescription for any form of this drug for this indication.

adrenaline (epinephrine) 300 microgram/0.3 mL injection, 0.3 mL pen device

8698T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	0	0.00	*156.52	25.00	[a] Adrenaline Viatris [AF] [a] EpiPen [AL]	[a] Anapen 300 [XT]

adrenaline (epinephrine) 300 microgram/0.3 mL injection, 0.3 mL pen device

15355E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	0	0.00	*156.52	25.00	[a] Jext [KF]

ADRENALINE (EPINEPHRINE)

Caution Adrenaline products have different administration techniques. These products should not be prescribed to the same patient without training in their use. Pharmacists should ensure that patients are educated regarding the product differences upon dispensing.

Note The adrenaline devices should be provided in the framework of a comprehensive anaphylaxis prevention program and an emergency action plan including training in recognition of the symptoms of anaphylaxis and the use of the device. (For further information see the Australasian Society of Clinical Immunology and Allergy website at www.allergy.org.au).

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

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

Note No applications for repeats will be authorised.

Authority Required

4909

Acute allergic reaction with anaphylaxis

Treatment Phase: Initial sole PBS-subsidised supply for anticipated emergency treatment

Clinical criteria:

- Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with a clinical immunologist; **OR**
- Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with an allergist; **OR**
- Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with a paediatrician; **OR**
- Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with a respiratory physician.

The name of the specialist consulted must be provided at the time of application for initial supply.

Authority Required

8734
Acute allergic reaction with anaphylaxis
Treatment Phase: Initial sole PBS-subsidised supply for anticipated emergency treatment
Clinical criteria:
- Patient must have been discharged from hospital or an emergency department after treatment with adrenaline (epinephrine) for acute allergic reaction with anaphylaxis.

Authority Required
18922
Acute allergic reaction with anaphylaxis
Treatment Phase: Continuing sole PBS-subsidised supply for anticipated emergency treatment
Clinical criteria:
- Patient must have previously been issued with an authority prescription for any form of this drug for this indication.

adrenaline (epinephrine) 500 microgram/0.3 mL injection, 0.3 mL pen device

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12655C NP	2	0	0.00	*156.52	25.00	Anapen 500 [XT]

ADRENALINE (EPINEPHRINE)

Caution Adrenaline products have different administration techniques. These products should not be prescribed to the same patient without training in their use. Pharmacists should ensure that patients are educated regarding the product differences upon dispensing.

Note The adrenaline devices should be provided in the framework of a comprehensive anaphylaxis prevention program and an emergency action plan including training in recognition of the symptoms of anaphylaxis and the use of the device. (For further information see the Australasian Society of Clinical Immunology and Allergy website at www.allergy.org.au).

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

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

Note No applications for repeats will be authorised.

Authority Required
18798
Acute allergic reaction with anaphylaxis
Treatment Phase: Initial sole PBS-subsidised supply for anticipated emergency treatment
Clinical criteria:
- Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with a clinical immunologist; **OR**
- Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with an allergist; **OR**
- Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with a paediatrician; **OR**
- Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with a respiratory physician.

Population criteria:
- Patient must be aged 4 years or older
- Patient must weigh 15 kg or more.

The name of the specialist consulted must be provided at the time of application for initial supply.

Authority Required
18795
Acute allergic reaction with anaphylaxis
Treatment Phase: Initial sole PBS-subsidised supply for anticipated emergency treatment
Clinical criteria:
- Patient must have been discharged from hospital or an emergency department after treatment with adrenaline (epinephrine) for acute allergic reaction with anaphylaxis.

Population criteria:
- Patient must be aged 4 years or older
- Patient must weigh 15 kg or more.

Authority Required
18924
Acute allergic reaction with anaphylaxis
Treatment Phase: Continuing sole PBS-subsidised supply for anticipated emergency treatment
Clinical criteria:
- Patient must have previously been issued with an authority prescription for any form of this drug for this indication.

Population criteria:
- Patient must be aged 4 years or older
- Patient must weigh 15 kg or more.

Adrenaline (epinephrine) 1 mg/actuation nasal spray, 2 x 1 actuation

15414G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	0	0.00	171.25	25.00	neffy [CS]

Adrenaline (epinephrine) 2 mg/actuation nasal spray, 2 x 1 actuation

15404R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	0	0.00	171.25	25.00	neffy [CS]

VASODILATORS USED IN CARDIAC DISEASES

Organic nitrates

GLYCERYL TRINITRATE

glyceryl trinitrate 5 mg/24 hours patch, 30

1515R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	30.10	25.00	Transiderm-Nitro 25 [SZ]

glyceryl trinitrate 10 mg/24 hours patch, 30

1516T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	34.99	25.00	Transiderm-Nitro 50 [SZ]

GLYCERYL TRINITRATE

Note The spray should not be inhaled.

glyceryl trinitrate 400 microgram/actuation spray, 200 actuations

8171C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	5	0.00	26.62	25.00	Nitrolingual Pumpspray [SW]

GLYCERYL TRINITRATE

Restricted benefit

14238

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

glyceryl trinitrate 5 mg/24 hours patch, 30

13490B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*45.84	25.00	Transiderm-Nitro 25 [SZ]

glyceryl trinitrate 10 mg/24 hours patch, 30

13580R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*55.62	25.00	Transiderm-Nitro 50 [SZ]

GLYCERYL TRINITRATE

Note The spray should not be inhaled.

Restricted benefit

14238

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

glyceryl trinitrate 400 microgram/actuation spray, 200 actuations

13549D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡2	5	0.00	*38.88	25.00	Nitrolingual Pumpspray [SW]

ISOSORBIDE DINITRATE

isosorbide dinitrate 5 mg sublingual tablet, 100

2588F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	2	0.00	*21.84	23.38	Isordil Sublingual [RW]

ISOSORBIDE DINITRATE

Restricted benefit

14238

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

isosorbide dinitrate 5 mg sublingual tablet, 100

13491C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	4	2	0.00	*29.32	25.00	Isordil Sublingual [RW]

ISOSORBIDE MONONITRATE

isosorbide mononitrate 60 mg modified release tablet, 30

1558B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	18.10	19.64	[a] APO-Isosorbide Mononitrate [TX]	[a] Duride [AF]
						[a] ISOBIDE MR [RF]	[a] ISOSORBIDE MR-WGR [WG]
			[B]3.19	21.29	19.64	[a] Imdur Durule [IX]	

isosorbide mononitrate 120 mg modified release tablet, 30

8273K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	21.46	23.00	[a] Monodur 120 mg [IY]	
			[B]3.27	24.73	23.00	[a] Imdur 120 mg [IX]	

ISOSORBIDE MONONITRATE

Restricted benefit

14238

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

isosorbide mononitrate 60 mg modified release tablet, 30

13461L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*21.84	23.38	[a] APO-Isosorbide Mononitrate [TX]	[a] Duride [AF]
						[a] ISOBIDE MR [RF]	[a] ISOSORBIDE MR-WGR [WG]
			[B]6.38	28.22	23.38	[a] Imdur Durule [IX]	

isosorbide mononitrate 120 mg modified release tablet, 30

13611J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*28.56	25.00	[a] Monodur 120 mg [IY]	
			[B]6.54	*35.10	25.00	[a] Imdur 120 mg [IX]	

Other vasodilators used in cardiac diseases

NICORANDIL

nicorandil 10 mg tablet, 60

8228C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	‡1	5	0.00	22.78	24.32	[a] APO-Nicorandil [TX]	[a] Ikotab [AF]

nicorandil 20 mg tablet, 60

8229D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	‡1	5	0.00	26.08	25.00	[a] APO-Nicorandil [TX]	[a] Ikotab [AF]

NICORANDIL

Restricted benefit

14238

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

nicorandil 10 mg tablet, 60

13550E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	‡2	5	0.00	*31.20	25.00	[a] APO-Nicorandil [TX]	[a] Ikotab [AF]

nicorandil 20 mg tablet, 60

13551F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	‡2	5	0.00	*37.80	25.00	[a] APO-Nicorandil [TX]	[a] Ikotab [AF]

PERHEXILINE

Note Regular monitoring of drug serum levels is recommended.

Authority Required (STREAMLINED)

16111

Angina

Clinical criteria:

- The condition must not be responding to other therapy.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

perhexiline maleate 100 mg tablet, 100

1822X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	54.61	25.00	Pexsig [AS]

VERICIGUAT

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)
13561
Chronic heart failure
Treatment Phase: Continuing treatment
Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be an add-on therapy to optimal standard chronic heart failure treatment, which must include a beta-blocker, unless contraindicated according to the TGA-approved Product Information or cannot be tolerated, **AND**
- The treatment must be an add-on therapy to optimal standard chronic heart failure treatment, which must include an ACE inhibitor, unless contraindicated according to the TGA-approved Product Information or cannot be tolerated; **OR**
- The treatment must be an add-on therapy to optimal standard chronic heart failure treatment, which must include an angiotensin II antagonist, unless contraindicated according to the TGA-approved Product Information or cannot be tolerated; **OR**
- The treatment must be an add-on therapy to optimal standard chronic heart failure treatment, which must include an angiotensin receptor with neprilysin inhibitor combination therapy unless contraindicated according to the TGA-approved Product Information or cannot be tolerated.

vericiguat 2.5 mg tablet, 28

13178N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	141.22	25.00	Verquvo [BN]

vericiguat 5 mg tablet, 28

13189E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	141.22	25.00	Verquvo [BN]

vericiguat 10 mg tablet, 28

13192H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	141.22	25.00	Verquvo [BN]

VERICIGUAT

Note The date of the decompensation event and date of initiation of treatment with this drug must be documented in the patient's medical records when PBS-subsidised treatment is initiated.
Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.
Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority Required
16562
Chronic heart failure
Treatment Phase: Initial treatment
Treatment criteria:

- Must be treated by a cardiologist; **OR**
- Must be treated by an authorised prescriber (medical practitioner, nurse practitioner) who has been directed to prescribe this medicine by a cardiologist.

Clinical criteria:

- Patient must be symptomatic with NYHA classes II, III or IV, **AND**
- Patient must have a documented left ventricular ejection fraction (LVEF) of less than 45%, **AND**
- The condition must be stabilised following a decompensation event that required at least one of: (i) hospitalisation in the past 6 months, (ii) intravenous diuretic therapy in the past three months, **AND**
- Patient must not have clinical signs of fluid overload, **AND**
- Patient must not have received intravenous treatment for fluid overload in the previous 24 hours, **AND**
- Patient must not have a systolic blood pressure less than 100 mmHg, **AND**
- The treatment must be an add-on therapy to optimal standard chronic heart failure treatment, which must include a beta-blocker, unless contraindicated according to the TGA-approved Product Information or cannot be tolerated, **AND**

- The treatment must be an add-on therapy to optimal standard chronic heart failure treatment, which must include an ACE inhibitor, unless contraindicated according to the TGA-approved Product Information or cannot be tolerated; **OR**
- The treatment must be an add-on therapy to optimal standard chronic heart failure treatment, which must include an angiotensin II antagonist, unless contraindicated according to the TGA-approved Product Information or cannot be tolerated; **OR**
- The treatment must be an add-on therapy to optimal standard chronic heart failure treatment, which must include an angiotensin receptor with neprilysin inhibitor combination therapy unless contraindicated according to the TGA-approved Product Information or cannot be tolerated.

vericiguat 2.5 mg tablet, 28

13181R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	141.22	25.00	Verquvo [BN]

vericiguat 5 mg tablet, 28

13186B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	141.22	25.00	Verquvo [BN]

vericiguat 10 mg tablet, 28

13193J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	141.22	25.00	Verquvo [BN]

OTHER CARDIAC PREPARATIONS

Other cardiac preparations

IVABRADINE

Authority Required (STREAMLINED)

4979

Chronic heart failure

Clinical criteria:

- Patient must be symptomatic with NYHA classes II or III, **AND**
- Patient must be in sinus rhythm, **AND**
- Patient must have a documented left ventricular ejection fraction (LVEF) of less than or equal to 35%, **AND**
- Patient must have a resting heart rate at or above 77 bpm at the time ivabradine treatment is initiated, **AND**
- Patient must receive concomitant optimal standard chronic heart failure treatment, which must include the maximum tolerated dose of a beta-blocker, unless contraindicated or not tolerated.

Resting heart rate should be measured by ECG or echocardiography, after 5 minutes rest.

The ECG or echocardiography, result must be documented in the patient's medical records when treatment is initiated.

ivabradine 5 mg tablet, 56

10012Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	46.72	25.00	[a] APO-Ivabradine [TX]	[a] Coralan [SE]
						[a] IVABRADINE-WGR [WG]	

ivabradine 7.5 mg tablet, 56

2960T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	46.72	25.00	[a] APO-Ivabradine [TX]	[a] Coralan [SE]

IVABRADINE

Authority Required (STREAMLINED)

18079

Chronic heart failure

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must be symptomatic with NYHA classes II or III, **AND**
- Patient must be in sinus rhythm, **AND**
- Patient must have a documented left ventricular ejection fraction (LVEF) of less than or equal to 35%, **AND**
- Patient must have a resting heart rate at or above 77 bpm at the time ivabradine treatment is initiated, **AND**
- Patient must receive concomitant optimal standard chronic heart failure treatment, which must include the maximum tolerated dose of a beta-blocker, unless contraindicated or not tolerated.

Resting heart rate should be measured by ECG or echocardiography, after 5 minutes rest.

The ECG or echocardiography, result must be documented in the patient's medical records when treatment is initiated.

ivabradine 5 mg tablet, 56

15270Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*79.08	25.00	[a] APO-Ivabradine [TX]	[a] Coralan [SE]

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
15270Q						[a] IVABRADINE-WGR [WG]	

ivabradine 7.5 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
15241E NP	2	5	0.00	*79.08	25.00	[a] APO-Ivabradine [TX]	[a] Coralan [SE]

MAVACAMTEN

Caution The patient's condition should be assessed prior to receiving treatment and closely monitored throughout the treatment period.

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

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

Note Special Pricing Arrangements apply.

Authority Required

18625

Symptomatic obstructive hypertrophic cardiomyopathy

Treatment Phase: First continuing treatment (until at least 6 months on optimal dose is achieved)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the initial treatment restriction, **AND**
- Patient must be undergoing concomitant treatment with at least one of: (i) a beta-blocker (ii) non-dihydropyridine calcium channel blocker, unless at least one of the following is present: (a) a contraindication to beta-blocker and/or non-dihydropyridine calcium channel blocker therapy as listed in the TGA approved Product Information; (b) an intolerance to beta-blocker and/or non-dihydropyridine calcium channel blocker therapy, **AND**
- Patient must have a current left ventricular ejection fraction (LVEF) of no less than 50%, **AND**
- Patient must be titrating mavacamten treatment until optimal dose is achieved; **OR**
- Patient must be continuing mavacamten treatment to reach at least 6 months on the optimal dose prior to assessing the response.

Treatment criteria:

- Must be treated by a cardiologist; **OR**
- Must be treated by a consultant physician with experience in the management of hypertrophic cardiomyopathy.

The assessment of response must be conducted after at least 6 months on optimal dose to determine the patient's eligibility for maintenance treatment. Where an assessment is not undertaken, the patient will not be eligible for ongoing treatment. This treatment phase listing intends to provide up to 36 weeks of treatment in 3 treatment courses.

For the purposes of this restriction, an adequate response to treatment is defined as: an improvement in at least one of the following: (i) symptoms, (ii) quality of life, (iii) exercise capacity, (iv) peak left ventricular outflow tract (LVOT) gradient.

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

mavacamten 10 mg capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14137C	1	2	0.00	2,336.27	25.00	Camzyos [BQ]

mavacamten 15 mg capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14139E	1	2	0.00	2,336.27	25.00	Camzyos [BQ]

MAVACAMTEN

Caution The patient's condition should be assessed prior to receiving treatment and closely monitored throughout the treatment period.

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

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

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

Note Special Pricing Arrangements apply.

Authority Required

16425

Symptomatic obstructive hypertrophic cardiomyopathy

Treatment Phase: Subsequent continuing treatment - Maintenance treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must be undergoing concomitant treatment with at least one of: (i) a beta-blocker (ii) non-dihydropyridine calcium channel blocker, unless at least one of the following is present: (a) a contraindication to beta-blocker and/or non-

dihydropyridine calcium channel blocker therapy as listed in the TGA approved Product Information; (b) an intolerance to beta-blocker and/or non-dihydropyridine calcium channel blocker therapy, **AND**

- Patient must have a current left ventricular ejection fraction (LVEF) of no less than 50%, **AND**
- Patient must have demonstrated a response after at least 6 months on the optimal dose of mavacamten treatment defined as an improvement in at least one of the following: (i) symptoms, (ii) quality of life, (iii) exercise capacity, (iv) peak left ventricular outflow tract (LVOT) gradient.

Treatment criteria:

- Must be treated by a cardiologist; **OR**
- Must be treated by a consultant physician with experience in the management of hypertrophic cardiomyopathy.

mavacamten 2.5 mg capsule, 28

14123H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	0.00	2,336.27	25.00	Camzyos [BQ]

mavacamten 5 mg capsule, 28

14113T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	0.00	2,336.27	25.00	Camzyos [BQ]

mavacamten 10 mg capsule, 28

14138D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	0.00	2,336.27	25.00	Camzyos [BQ]

mavacamten 15 mg capsule, 28

14124J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	0.00	2,336.27	25.00	Camzyos [BQ]

MAVACAMTEN

Caution The patient's condition should be assessed prior to receiving treatment and closely monitored throughout the treatment period.

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

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

Note Special Pricing Arrangements apply.

Authority Required

18253

Symptomatic obstructive hypertrophic cardiomyopathy

Treatment Phase: Initial treatment (covering the first 12 weeks of therapy)

Clinical criteria:

- Patient must have confirmed left ventricular hypertrophy due to hypertrophic cardiomyopathy, **AND**
- Patient must have maximal end-diastolic left ventricular wall thickness which is at least one of either: (i) no less than 15 mm; (ii) no less than 13 mm if patient has familial hypertrophic cardiomyopathy (at least one first degree relative with a diagnosis of hypertrophic cardiomyopathy), **AND**
- Patient must have confirmed peak left ventricular outflow tract (LVOT) gradient of no less than 50 mm Hg which is measured either: (i) at rest; (ii) after provocation with at least one of (a) Valsalva manoeuvre, (b) exercise, **AND**
- Patient must have a current left ventricular ejection fraction (LVEF) of no less than 55%, **AND**
- Patient must have had prior treatments with each of a (i) beta-blocker and (ii) non-dihydropyridine calcium channel blocker, unless at least one of the following is present: (a) a contraindication to beta-blocker and/or non-dihydropyridine calcium channel blocker therapy as listed in the TGA approved Product Information; (b) an intolerance to beta-blocker and/or non-dihydropyridine calcium channel blocker therapy, **AND**
- Patient must be undergoing concomitant treatment with at least one of: (i) a beta-blocker (ii) non-dihydropyridine calcium channel blocker, unless at least one of the following is present: (a) a contraindication to beta-blocker and/or non-dihydropyridine calcium channel blocker therapy as listed in the TGA approved Product Information; (b) an intolerance to beta-blocker and/or non-dihydropyridine calcium channel blocker therapy, **AND**
- Patient must be symptomatic with NYHA classes II or III.

Treatment criteria:

- Must be treated by a cardiologist; **OR**
- Must be treated by a consultant physician with experience in the management of hypertrophic cardiomyopathy.

Population criteria:

- Patient must be at least 18 years of age.

The authority application must be made in writing and must include all the following:

(1) Details of the proposed prescription; and

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

(3) The details of the echocardiogram and/ or cardiac magnetic resonance imaging (MRI) report confirming the diagnosis of hypertrophic cardiomyopathy (HCM). State all the following:

(a) the date, unique identifying number/code or provider number of the report;

(b) the left ventricular wall thickness in millimetres (mm).

(4) The details of a genotyping test report if the patient had been tested. State all the following:
(a) the date, unique identifying number/code or provider number of the report;
(b) if a gene has been identified that is associated with HCM;
(c) if any first-degree family relative has a confirmed diagnosis of HCM.
(5) The details of the LVOT gradient report. State all the following:
(a) the date, unique identifying number/code or provider number of the report;
(b) the measured LVOT gradient;
(c) how the LVOT gradient was measured (rest, Valsalva manoeuvre or exercise).
(6) NYHA status.
(7) The current beta-blocker or non-dihydropyridine calcium channel blocker (either diltiazem or verapamil only) therapy if applicable.
(8) Prior beta-blocker or non-dihydropyridine calcium channel blocker trials, including:
(a) if the patient is currently taking beta-blocker therapy, state the previous therapy with non-dihydropyridine calcium channel blocker that was trialled confirming that it was not effective;
(b) if the patient is currently taking non-dihydropyridine calcium channel blocker therapy, state the previous therapy with beta-blocker that was trialled confirming that it was not effective;
(c) if there is contraindication or intolerance to beta-blocker and/or non-dihydropyridine calcium channel blocker therapy as listed in the TGA approved Product Information, specify the details.
All results and reports must be documented in the patient's medical records.

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

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

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

Or mailed to:

Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority Required

18625

Symptomatic obstructive hypertrophic cardiomyopathy

Treatment Phase: First continuing treatment (until at least 6 months on optimal dose is achieved)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the initial treatment restriction, **AND**
- Patient must be undergoing concomitant treatment with at least one of: (i) a beta-blocker (ii) non-dihydropyridine calcium channel blocker, unless at least one of the following is present: (a) a contraindication to beta-blocker and/or non-dihydropyridine calcium channel blocker therapy as listed in the TGA approved Product Information; (b) an intolerance to beta-blocker and/or non-dihydropyridine calcium channel blocker therapy, **AND**
- Patient must have a current left ventricular ejection fraction (LVEF) of no less than 50%, **AND**
- Patient must be titrating mavacamten treatment until optimal dose is achieved; **OR**
- Patient must be continuing mavacamten treatment to reach at least 6 months on the optimal dose prior to assessing the response.

Treatment criteria:

- Must be treated by a cardiologist; **OR**
- Must be treated by a consultant physician with experience in the management of hypertrophic cardiomyopathy.

The assessment of response must be conducted after at least 6 months on optimal dose to determine the patient's eligibility for maintenance treatment. Where an assessment is not undertaken, the patient will not be eligible for ongoing treatment. This treatment phase listing intends to provide up to 36 weeks of treatment in 3 treatment courses.

For the purposes of this restriction, an adequate response to treatment is defined as: an improvement in at least one of the following: (i) symptoms, (ii) quality of life, (iii) exercise capacity, (iv) peak left ventricular outflow tract (LVOT) gradient.

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

mavacamten 2.5 mg capsule, 28

14135Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	0.00	2,336.27	25.00	Camzyos [BQ]

mavacamten 5 mg capsule, 28

14117B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	0.00	2,336.27	25.00	Camzyos [BQ]

ANTIHYPERTENSIVES

ANTIADRENERGIC AGENTS, CENTRALLY ACTING

Methyldopa

METHYLDOPA

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

Authority Required

16273

Hypertension

Population criteria:

- Patient must be pregnant.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) a nurse practitioner, (iii) an endorsed midwife who is each of: (a) sharing patient care with a medical practitioner for the current pregnancy episode, (b) continuing existing treatment with this drug that was initiated by a medical practitioner.

methyldopa 250 mg tablet, 100

1629R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP MW	1	5	0.00	22.89	24.43	[a] Hydopa [AF]	
			[B]3.47	26.36	24.43	[a] Aldomet [AS]	

Imidazoline receptor agonists

CLONIDINE

clonidine hydrochloride 100 microgram tablet, 100

3145M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	26.32	25.00	[a] APO-Clonidine [TX]	[a] Catapres 100 [IX]
						[a] Clonidine Lupin [GQ]	

clonidine hydrochloride 150 microgram tablet, 100

3141H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	32.31	25.00	Catapres [IX]

CLONIDINE

Restricted benefit

14238

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

clonidine hydrochloride 100 microgram tablet, 100

13578P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*38.28	25.00	[a] APO-Clonidine [TX]	[a] Catapres 100 [IX]
						[a] Clonidine Lupin [GQ]	

clonidine hydrochloride 150 microgram tablet, 100

13548C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*50.26	25.00	Catapres [IX]

MOXONIDINE

Restricted benefit

4944

Hypertension

Clinical criteria:

- Patient must be receiving concurrent antihypertensive therapy.

moxonidine 200 microgram tablet, 30

9019Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	18.60	20.14	[a] APO-Moxonidine [TX]	[a] ARX-MOXONIDINE [TY]
						[a] Moxonidine GH [GQ]	[a] Moxonidine GX [SZ]
						[a] Moxonidine Viatris [AL]	[a] MOXONIDINE-WGR [WG]
						[a] Moxotens [RF]	[a] Physiotens [GO]

moxonidine 400 microgram tablet, 30

9020R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	20.64	22.18	[a] APO-Moxonidine [TX]	[a] ARX-MOXONIDINE [TY]

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9020R						[a] Moxonidine GH [GQ]	[a] Moxonidine GX [SZ]
						[a] Moxonidine Viatris [AL]	[a] MOXONIDINE-WGR [WG]
						[a] Moxotens [RF]	[a] Physiotens [GO]

MOXONIDINE

Restricted benefit

14289

Hypertension

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must be receiving concurrent antihypertensive therapy.

moxonidine 200 microgram tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13579Q							
NP	2	5	0.00	*22.84	24.38	[a] APO-Moxonidine [TX]	[a] ARX-MOXONIDINE [TY]
						[a] Moxonidine GH [GQ]	[a] Moxonidine GX [SZ]
						[a] Moxonidine Viatris [AL]	[a] MOXONIDINE-WGR [WG]
						[a] Moxotens [RF]	[a] Physiotens [GO]

moxonidine 400 microgram tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13552G							
NP	2	5	0.00	*26.92	25.00	[a] APO-Moxonidine [TX]	[a] ARX-MOXONIDINE [TY]
						[a] Moxonidine GH [GQ]	[a] Moxonidine GX [SZ]
						[a] Moxonidine Viatris [AL]	[a] MOXONIDINE-WGR [WG]
						[a] Moxotens [RF]	[a] Physiotens [GO]

ANTIADRENERGIC AGENTS, PERIPHERALLY ACTING

Alpha-adrenoreceptor antagonists

PRAZOSIN

prazosin 2 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1480X							
NP	1	5	0.00	20.07	21.61	[a] APO-Prazosin [TX]	[a] Minipress [PF]

prazosin 5 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1478T							
NP	1	5	0.00	24.60	25.00	[a] APO-Prazosin [TX]	[a] Minipress [PF]

PRAZOSIN

Note Pharmaceutical benefits that have the brand Prazosin Hydrochloride Capsules, USP 1 mg (Novitium Pharma, USA) can be substituted for APO-Prazosin and Minipress in the case of a shortage.

prazosin 1 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1479W							
NP	1	5	0.00	18.44	19.98	[a] APO-Prazosin [TX]	[a] Minipress [PF]

prazosin 1 mg capsule, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14793N						
NP	1	5	0.00	55.73	25.00	[a] Prazosin Hydrochloride Capsules, USP 1 mg (Novitium Pharma, USA) [DZ]

PRAZOSIN

Restricted benefit

14238

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

prazosin 2 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13400G							
NP	2	5	0.00	*25.78	25.00	[a] APO-Prazosin [TX]	[a] Minipress [PF]

prazosin 5 mg tablet, 100

13367M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*34.84	25.00	[a] APO-Prazosin [TX]	[a] Minipress [PF]

PRAZOSIN

Note Pharmaceutical benefits that have the brand Prazosin Hydrochloride Capsules, USP 1 mg (Novitium Pharma, USA) can be substituted for APO-Prazosin and Minipress in the case of a shortage.

Restricted benefit

14238

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

prazosin 1 mg tablet, 100

13553H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*22.52	24.06	[a] APO-Prazosin [TX]	[a] Minipress [PF]

prazosin 1 mg capsule, 100

14834R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*97.10	25.00	[a] Prazosin Hydrochloride Capsules, USP 1 mg (Novitium Pharma, USA) [DZ]

ARTERIOLAR SMOOTH MUSCLE, AGENTS ACTING ON

Pyrimidine derivatives

MINOXIDIL

Restricted benefit

5177

Severe refractory hypertension

Clinical criteria:

- The treatment must be initiated by a consultant physician.

minoxidil 10 mg tablet, 100

2313R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	44.36	25.00	Loniten [PF]

MINOXIDIL

Restricted benefit

14994

Severe refractory hypertension

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The treatment must be initiated by a consultant physician.

minoxidil 10 mg tablet, 100

14041B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*74.36	25.00	Loniten [PF]

DIURETICS

LOW-CEILING DIURETICS, THIAZIDES

Thiazides, plain

HYDROCHLOROTHIAZIDE

hydrochlorothiazide 25 mg tablet, 100

1484D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	1	0.00	22.27	23.81	Dithiazide [FF]

HYDROCHLOROTHIAZIDE

Restricted benefit

14238

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

hydrochlorothiazide 25 mg tablet, 100

13409R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	1	0.00	*30.18	25.00	Dithiazide [FF]

LOW-CEILING DIURETICS, EXCL. THIAZIDES

Sulfonamides, plain

CHLORTALIDONE

chlortalidone 25 mg tablet, 50

1585K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	1	0.00	*22.16	23.70	Hygroton 25 [GH]

CHLORTALIDONE

Restricted benefit

14238

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

chlortalidone 25 mg tablet, 50

13500M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	4	1	0.00	*29.96	25.00	Hygroton 25 [GH]

INDAPAMIDE

indapamide hemihydrate 1.5 mg modified release tablet, 90

8532C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	1	0.00	19.67	21.21	[a] APO-Indapamide SR [TX]	[a] Natrilix SR [SE]
						[a] Odaplix SR [AF]	

indapamide hemihydrate 2.5 mg tablet, 90

2436F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	1	0.00	18.60	20.14	[a] Dapa-Tabs [AF]	[a] Insig [RW]

INDAPAMIDE

Restricted benefit

14238

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

indapamide hemihydrate 1.5 mg modified release tablet, 90

13475F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	1	0.00	*24.98	25.00	[a] APO-Indapamide SR [TX]	[a] Natrilix SR [SE]
						[a] Odaplix SR [AF]	

indapamide hemihydrate 2.5 mg tablet, 90

13378D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	1	0.00	*22.84	24.38	[a] Dapa-Tabs [AF]	[a] Insig [RW]

HIGH-CEILING DIURETICS

Sulfonamides, plain

FUROSEMIDE

furosemide 10 mg/mL oral liquid, 30 mL

2411X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	3	0.00	41.27	25.00	Lasix [SW]

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

2413B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	0	0.00	17.47	19.01	Lasix [SW]

furosemide 40 mg tablet, 100

2412Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	1	0.00	17.10	18.64	[a] APO-Frusemide [TX]	[a] Frusax [ZS]
						[a] FUROSEMIDE-WGR [WG]	[a] Uremide [AF]
			[B]0.99	18.09	18.64	[a] Frusemix [TY]	

furosemide 500 mg tablet, 50

2415D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	3	0.00	23.87	25.00	Urex-Forte [RW]

FUROSEMIDE

Note For item codes 2414C and 1810G, pharmaceutical benefits that have the form tablet 20 mg are equivalent for the purposes of substitution.

furosemide 20 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1810G NP	2	1	0.00	*19.84	21.38	[a] Frusemix-M [TY]	[a] UREMIDE 20 [AF]

furosemide 20 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2414C NP	1	1	0.00	19.60	21.14	[a] APO-Frusemide [TX]	[a] FUROSEMIDE-WGR [WG]
						[a] UREMIDE 20 [AF]	
			[B]1.01	20.61	21.14	[a] Frusemix-M [TY]	

FUROSEMIDE

Restricted benefit

14238

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

furosemide 10 mg/mL oral liquid, 30 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13504R NP	‡2	3	0.00	*68.18	25.00	Lasix [SW]

furosemide 40 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13472C NP	2	1	0.00	*19.84	21.38	[a] APO-Frusemide [TX]	[a] Frusax [ZS]
						[a] FUROSEMIDE-WGR [WG]	[a] Uremide [AF]
			[B]1.98	21.82	21.38	[a] Frusemix [TY]	

furosemide 500 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13474E NP	2	3	0.00	*33.38	25.00	Urex-Forte [RW]

FUROSEMIDE

Note Pharmaceutical benefits that have the form furosemide 20 mg tablet, 50 and pharmaceutical benefits that have the form furosemide 20 mg tablet, 100 are equivalent for the purposes of substitution.

Restricted benefit

14238

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

furosemide 20 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13473D NP	2	1	0.00	*24.84	25.00	[a] APO-Frusemide [TX]	[a] FUROSEMIDE-WGR [WG]
						[a] UREMIDE 20 [AF]	
			[B]2.02	26.86	25.00	[a] Frusemix-M [TY]	

furosemide 20 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13501N NP	4	1	0.00	*25.32	25.00	[a] Frusemix-M [TY]	[a] UREMIDE 20 [AF]

ALDOSTERONE ANTAGONISTS AND OTHER POTASSIUM-SPARING AGENTS

Aldosterone antagonists

EPLERENONE

Caution Serum electrolytes should be checked regularly

Authority Required (STREAMLINED)

18461

Chronic heart failure

Clinical criteria:

- Patient must be symptomatic with NYHA classes II, III or IV, **AND**
- Patient must have a documented left ventricular ejection fraction (LVEF) of less than or equal to 40%, **AND**
- Patient must receive concomitant optimal standard chronic heart failure treatment, which must include a beta-blocker, unless at least one of the following is present in relation to the beta-blocker: (i) a contraindication listed in the Product Information, (ii) an existing/expected intolerance, **AND**

- Patient must have been stabilised on an ACE inhibitor at the time of initiation with this drug, unless such treatment is contraindicated according to the TGA-approved Product Information or cannot be tolerated; **OR**
- Patient must have been stabilised on an angiotensin II antagonist at the time of initiation with this drug, unless such treatment is contraindicated according to the TGA-approved Product Information or cannot be tolerated.

eplerenone 25 mg tablet, 30

8879H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	53.77	25.00	[a] APO-Eplerenone [TX]	[a] ESPLER [RW]
						[a] Inpler [AF]	[a] Inspra [GO]

eplerenone 50 mg tablet, 30

8880J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	53.77	25.00	[a] APO-Eplerenone [TX]	[a] ESPLER [RW]
						[a] Inpler [AF]	[a] Inspra [GO]

EPLERENONE

Caution Serum electrolytes should be checked regularly

Authority Required (STREAMLINED)

18337

Chronic heart failure

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must be symptomatic with NYHA classes II, III or IV, **AND**
- Patient must have a documented left ventricular ejection fraction (LVEF) of less than or equal to 40%, **AND**
- Patient must receive concomitant optimal standard chronic heart failure treatment, which must include a beta-blocker, unless at least one of the following is present in relation to the beta-blocker: (i) a contraindication listed in the Product Information, (ii) an existing/expected intolerance, **AND**
- Patient must have been stabilised on an ACE inhibitor at the time of initiation with this drug, unless such treatment is contraindicated according to the TGA-approved Product Information or cannot be tolerated; **OR**
- Patient must have been stabilised on an angiotensin II antagonist at the time of initiation with this drug, unless such treatment is contraindicated according to the TGA-approved Product Information or cannot be tolerated.

eplerenone 25 mg tablet, 30

13590G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*93.18	25.00	[a] APO-Eplerenone [TX]	[a] ESPLER [RW]
						[a] Inpler [AF]	[a] Inspra [GO]

eplerenone 50 mg tablet, 30

13379E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*93.18	25.00	[a] APO-Eplerenone [TX]	[a] ESPLER [RW]
						[a] Inpler [AF]	[a] Inspra [GO]

FINERENONE

Caution Serum electrolytes should be checked regularly

Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)

14097

Chronic kidney disease with Type 2 diabetes

Clinical criteria:

- Patient must have a diagnosis of chronic kidney disease, defined as abnormalities of at least one of: (i) kidney structure, (ii) kidney function, present for at least 3 months, prior to initiating treatment with this drug, **AND**
- Patient must not have known significant non-diabetic renal disease, prior to initiating treatment with this drug, **AND**
- Patient must have an estimated glomerular filtration rate of 25 mL/min/1.73 m^2 or greater, prior to initiating treatment with this drug, **AND**
- Patient must have a urinary albumin-to-creatinine ratio of 200 mg/g (22.6 mg/mmol) or greater, prior to initiating treatment with this drug, **AND**
- Patient must discontinue treatment with this drug prior to initiating renal replacement therapy, defined as dialysis or kidney transplant, **AND**
- Patient must be stabilised, for at least 4 weeks, on either: (i) an ACE inhibitor or (ii) an angiotensin II receptor antagonist, unless medically contraindicated, prior to initiation of combination therapy with this drug, **AND**
- The treatment must be in combination with an SGLT2i unless medically contraindicated or intolerant, **AND**
- Patient must not be receiving treatment with another selective nonsteroidal mineralocorticoid receptor antagonist, a renin inhibitor or a potassium-sparing diuretic, **AND**
- Patient must not have established heart failure with reduced ejection fraction with an indication for treatment with a mineralocorticoid receptor antagonist.

finerenone 10 mg tablet, 28

13335W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	83.28	25.00	Kerendia [BN]

finerenone 20 mg tablet, 28

13316W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	83.28	25.00	Kerendia [BN]

SPIRONOLACTONE

Caution Serum electrolytes should be checked regularly

spironolactone 25 mg tablet, 100

2339D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	18.10	19.64	[a] Spironolactone Viatris 25 [AL]	
			[B]4.42	22.52	19.64	[a] Spiractin 25 [AF]	
			[B]7.33	25.43	19.64	[a] Aldactone [PF]	

spironolactone 100 mg tablet, 100

2340E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	28.72	25.00	[a] Spironolactone Viatris 100 [AL]	
			[B]4.37	33.09	25.00	[a] Spiractin 100 [AF]	
			[B]7.28	36.00	25.00	[a] Aldactone [PF]	

SPIRONOLACTONE

Caution Serum electrolytes should be checked regularly

Restricted benefit

14238

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

spironolactone 25 mg tablet, 100

13503Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*21.84	23.38	[a] Spironolactone Viatris 25 [AL]	
			[B]8.84	*30.68	23.38	[a] Spiractin 25 [AF]	
			[B]14.66	*36.50	23.38	[a] Aldactone [PF]	

spironolactone 100 mg tablet, 100

14042C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*43.08	25.00	[a] Spironolactone Viatris 100 [AL]	
			[B]8.74	*51.82	25.00	[a] Spiractin 100 [AF]	
			[B]14.56	*57.64	25.00	[a] Aldactone [PF]	

DIURETICS AND POTASSIUM-SPARING AGENTS IN COMBINATION

Low-ceiling diuretics and potassium-sparing agents

AMILORIDE + HYDROCHLOROTHIAZIDE

Caution Serum electrolytes should be checked regularly.

amiloride hydrochloride dihydrate 5 mg + hydrochlorothiazide 50 mg tablet, 50

1486F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	1	0.00	*24.28	25.00	Moduretic [AS]

AMILORIDE + HYDROCHLOROTHIAZIDE

Caution Serum electrolytes should be checked regularly.

Restricted benefit

14238

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

amiloride hydrochloride dihydrate 5 mg + hydrochlorothiazide 50 mg tablet, 50

13410T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	4	1	0.00	*34.20	25.00	Moduretic [AS]

OTHER DIURETICS

Vasopressin antagonists

TOLVAPTAN

Caution Tolvaptan has been associated with idiosyncratic hepatic toxicity. Liver function monitoring is required.

Authority Required

10250

Autosomal dominant polycystic kidney disease (ADPKD)

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by a nephrologist.

Clinical criteria:

- Patient must have an estimated glomerular filtration rate (eGFR) between 30 and 89 mL/min 1.73 m^2 at the initiation of treatment with this drug for this condition, **AND**
- Patient must have or have had rapidly progressing disease at the time of initiation of this drug for this condition.

Rapidly progressing disease is defined as either of the following:

A decline in eGFR of greater than or equal to 5 mL/min/1.73 m^2 within one year;

OR

An average decline in eGFR of greater than or equal to 2.5 mL/min/1.73 m^2 per year over a five year period.

tolvaptan 15 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12460T	1	5	0.00	282.47	25.00	Jinarc [OS]

tolvaptan 15 mg tablet [28] (&) tolvaptan 45 mg tablet [28], 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
11602P	1	5	0.00	555.57	25.00	[a] Jinarc [OS]	[a] Tolvaptan Lupin [GQ]

tolvaptan 30 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12461W	1	5	0.00	282.47	25.00	Jinarc [OS]

tolvaptan 30 mg tablet [28] (&) tolvaptan 60 mg tablet [28], 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
11597J	1	5	0.00	555.57	25.00	[a] Jinarc [OS]	[a] Tolvaptan Lupin [GQ]

tolvaptan 30 mg tablet [28] (&) tolvaptan 90 mg tablet [28], 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
11588X	1	5	0.00	555.57	25.00	[a] Jinarc [OS]	[a] Tolvaptan Lupin [GQ]

TOLVAPTAN

Caution Tolvaptan has been associated with idiosyncratic hepatic toxicity. Liver function monitoring is required.

Authority Required (STREAMLINED)

8288

Autosomal dominant polycystic kidney disease (ADPKD)

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a nephrologist or in consultation with a nephrologist.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have end-stage renal disease defined as an estimated glomerular filtration rate (eGFR) of less than 15 mL/min/1.73m^2, **AND**
- Patient must not have had a kidney transplant.

tolvaptan 15 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12457P	1	5	0.00	282.47	25.00	Jinarc [OS]

tolvaptan 15 mg tablet [28] (&) tolvaptan 45 mg tablet [28], 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
11600M	1	5	0.00	555.57	25.00	[a] Jinarc [OS]	[a] Tolvaptan Lupin [GQ]

tolvaptan 30 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12462X	1	5	0.00	282.47	25.00	Jinarc [OS]

tolvaptan 30 mg tablet [28] (&) tolvaptan 60 mg tablet [28], 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
11593E	1	5	0.00	555.57	25.00	[a] Jinarc [OS]	[a] Tolvaptan Lupin [GQ]

tolvaptan 30 mg tablet [28] (&) tolvaptan 90 mg tablet [28], 56

11596H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	0.00	555.57	25.00	[a] Jinarc [OS]	[a] Tolvaptan Lupin [GQ]

PERIPHERAL VASODILATORS

PERIPHERAL VASODILATORS

Other peripheral vasodilators

PHENOXYBENZAMINE

Restricted benefit

16499

Phaeochromocytoma

Treatment criteria:

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

Restricted benefit

16567

Neurogenic urinary retention

Treatment criteria:

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

phenoxybenzamine hydrochloride 10 mg capsule, 30

1166J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	3	5	0.00	*659.16	25.00	Amdipharm Mercury (Australia) Pty Limited [GH]

phenoxybenzamine hydrochloride 10 mg capsule, 100

1862B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	731.38	25.00	Dibenyline [GH]

BETA BLOCKING AGENTS

BETA BLOCKING AGENTS

Beta blocking agents, non-selective

PROPRANOLOL

propranolol hydrochloride 10 mg tablet, 100

2565B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	17.66	19.20	[a] APO-Propranolol [TX]	[a] PROPRANOLOL-WGR [WG]
			[B]2.79	20.45	19.20	[a] Deralin 10 [AF]	
			[B]8.12	25.78	19.20	[a] Inderal [IX]	

propranolol hydrochloride 40 mg tablet, 100

2566C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	17.91	19.45	[a] APO-Propranolol [TX]	[a] PROPRANOLOL-WGR [WG]
			[B]2.80	20.71	19.45	[a] Deralin 40 [AF]	
			[B]8.13	26.04	19.45	[a] Inderal [IX]	

PROPRANOLOL

Restricted benefit

14238

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

propranolol hydrochloride 10 mg tablet, 100

13386M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*20.96	22.50	[a] APO-Propranolol [TX]	[a] PROPRANOLOL-WGR [WG]
			[B]5.58	*26.54	22.50	[a] Deralin 10 [AF]	
			[B]16.24	*37.20	22.50	[a] Inderal [IX]	

propranolol hydrochloride 40 mg tablet, 100

13542R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*21.46	23.00	[a] APO-Propranolol [TX]	[a] PROPRANOLOL-WGR [WG]
			[B]5.60	*27.06	23.00	[a] Deralin 40 [AF]	

13542R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
			[B]16.26	*37.72	23.00	[a] Inderal [IX]	

Beta blocking agents, selective

ATENOLOL

atenolol 50 mg tablet, 30

1081X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	17.10	18.64	[a] APX-Atenolol [TY]	[a] Atenolol GH [GQ]
						[a] Atenolol Sandoz [SZ]	[a] ATENOLOL-WGR [WG]
						[a] Blooms The Chemist Atenolol [BG]	[a] Noten [AF]
						[a] Tensig [RW]	
			[B]12.93	30.03	18.64	[a] Tenormin [IX]	

ATENOLOL

Restricted benefit

4076

For a patient who is unable to take a solid dose form of atenolol.

atenolol 50 mg/10 mL oral liquid, 300 mL

2243C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	5	0.00	50.37	25.00	Atenolol-AFT [AE]

ATENOLOL

Restricted benefit

14238

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

atenolol 50 mg tablet, 30

13540P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*19.84	21.38	[a] APX-Atenolol [TY]	[a] Atenolol GH [GQ]
						[a] Atenolol Sandoz [SZ]	[a] ATENOLOL-WGR [WG]
						[a] Blooms The Chemist Atenolol [BG]	[a] Noten [AF]
						[a] Tensig [RW]	
			[B]25.86	45.70	21.38	[a] Tenormin [IX]	

ATENOLOL

Restricted benefit

14305

For a patient who is unable to take a solid dose form of atenolol.

Clinical criteria:

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

atenolol 50 mg/10 mL oral liquid, 300 mL

13600T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡2	5	0.00	*86.38	25.00	Atenolol-AFT [AE]

BISOPROLOL

Restricted benefit

5324

Moderate to severe heart failure

Clinical criteria:

- Patient must be stabilised on conventional therapy, which must include an ACE inhibitor or Angiotensin II antagonist, if tolerated.

bisoprolol fumarate 2.5 mg tablet, 28

8604W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	18.60	20.14	[a] APO-Bisoprolol [TX]	[a] Bicard 2.5 [RW]
						[a] Bisoprolol generichealth [GQ]	[a] Bisoprolol Sandoz [SZ]
						[a] BISOPROLOL-WGR [WG]	[a] Bispro 2.5 [AF]
			[B]5.27	23.87	20.14	[a] Bicor [AL]	

bisoprolol fumarate 5 mg tablet, 28

8605X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	18.60	20.14	[a] APO-Bisoprolol [TX]	[a] Bicard 5 [RW]
						[a] Bisoprolol generichealth [GQ]	[a] Bisoprolol Sandoz [SZ]
						[a] BISOPROLOL-WGR [WG]	[a] Bispro 5 [AF]
			[B]4.18	22.78	20.14	[a] Bicor [AL]	

bisoprolol fumarate 10 mg tablet, 28

8606Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	19.00	20.54	[a] APO-Bisoprolol [TX]	[a] Bicard 10 [RW]
						[a] Bisoprolol generichealth [GQ]	[a] Bisoprolol Sandoz [SZ]
						[a] BISOPROLOL-WGR [WG]	[a] Bispro 10 [AF]
			[B]3.69	22.69	20.54	[a] Bicor [AL]	

BISOPROLOL

Restricted benefit

14251

Moderate to severe heart failure

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must be stabilised on conventional therapy, which must include an ACE inhibitor or Angiotensin II antagonist, if tolerated.

bisoprolol fumarate 2.5 mg tablet, 28

13419G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*22.84	24.38	[a] APO-Bisoprolol [TX]	[a] Bicard 2.5 [RW]
						[a] Bisoprolol generichealth [GQ]	[a] Bisoprolol Sandoz [SZ]
						[a] BISOPROLOL-WGR [WG]	[a] Bispro 2.5 [AF]
			[B]10.54	33.38	24.38	[a] Bicor [AL]	

bisoprolol fumarate 5 mg tablet, 28

13443M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*22.84	24.38	[a] APO-Bisoprolol [TX]	[a] Bicard 5 [RW]
						[a] Bisoprolol generichealth [GQ]	[a] Bisoprolol Sandoz [SZ]
						[a] BISOPROLOL-WGR [WG]	[a] Bispro 5 [AF]
			[B]8.36	31.20	24.38	[a] Bicor [AL]	

bisoprolol fumarate 10 mg tablet, 28

13444N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*23.64	25.00	[a] APO-Bisoprolol [TX]	[a] Bicard 10 [RW]
						[a] Bisoprolol generichealth [GQ]	[a] Bisoprolol Sandoz [SZ]
						[a] BISOPROLOL-WGR [WG]	[a] Bispro 10 [AF]
			[B]7.38	31.02	25.00	[a] Bicor [AL]	

METOPROLOL SUCCINATE

Restricted benefit

5324

Moderate to severe heart failure

Clinical criteria:

- Patient must be stabilised on conventional therapy, which must include an ACE inhibitor or Angiotensin II antagonist, if tolerated.

METOPROLOL SUCCINATE Tablet 23.75 mg (controlled release), 15

8732N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	0	0.00	18.60	20.14	[a] Metrol-XL 23.75 [RW]	[a] Minax XL [AF]
						[a] Topreloc-XL [CR]	

METOPROLOL SUCCINATE Tablet 47.5 mg (controlled release), 30

8733P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	32.03	25.00	[a] Metrol-XL 47.5 [RW]	[a] Minax XL [AF]
						[a] Topreloc-XL [CR]	[a] Toprol-XL 47.5 [AP]

METOPROLOL SUCCINATE Tablet 95 mg (controlled release), 30

8734Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	36.44	25.00	[a] Metrol-XL 95 [RW]	[a] Minax XL [AF]
						[a] Topreloc-XL [CR]	[a] Toprol-XL 95 [AP]

METOPROLOL SUCCINATE Tablet 190 mg (controlled release), 30

8735R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	41.97	25.00	[a] Metrol-XL 190 [RW]	[a] Minax XL [AF]
						[a] Topreloc-XL [CR]	[a] Toprol-XL 190 [AP]

METOPROLOL SUCCINATE

Restricted benefit

14251

Moderate to severe heart failure

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must be stabilised on conventional therapy, which must include an ACE inhibitor or Angiotensin II antagonist, if tolerated.

METOPROLOL SUCCINATE Tablet 47.5 mg (controlled release), 30

13543T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*49.70	25.00	[a] Metrol-XL 47.5 [RW]	[a] Minax XL [AF]
						[a] Topreloc-XL [CR]	[a] Toprol-XL 47.5 [AP]

METOPROLOL SUCCINATE Tablet 95 mg (controlled release), 30

13544W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*58.52	25.00	[a] Metrol-XL 95 [RW]	[a] Minax XL [AF]
						[a] Topreloc-XL [CR]	[a] Toprol-XL 95 [AP]

METOPROLOL SUCCINATE Tablet 190 mg (controlled release), 30

13420H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*69.58	25.00	[a] Metrol-XL 190 [RW]	[a] Minax XL [AF]
						[a] Topreloc-XL [CR]	[a] Toprol-XL 190 [AP]

METOPROLOL TARTRATE

METOPROLOL TARTRATE Tablet 50 mg, 100

1324Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00 0.00	17.10	18.64	Mistrom [ZS]	[a] APO-Metoprolol [TX]
						[a] Metoprolol Sandoz [SZ]	[a] METOPROLOL-WGR [WG]
						[a] Metrol 50 [RW]	[a] Minax 50 [AF]
			[B]12.64	29.74	18.64	[a] Betaloc [AP]	

METOPROLOL TARTRATE Tablet 100 mg, 60

1325R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00 0.00	17.36	18.90	Mistrom [ZS]	[a] APO-Metoprolol [TX]
						[a] Metoprolol Sandoz [SZ]	[a] METOPROLOL-WGR [WG]
						[a] Metrol 100 [RW]	[a] Minax 100 [AF]
			[B]12.63	29.99	18.90	[a] Betaloc [AP]	

METOPROLOL TARTRATE

Restricted benefit

14238

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

METOPROLOL TARTRATE Tablet 50 mg, 100

13598Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00 0.00	*19.84	21.38	Mistrom [ZS]	[a] APO-Metoprolol [TX]
						[a] Metoprolol Sandoz [SZ]	[a] METOPROLOL-WGR [WG]
						[a] Metrol 50 [RW]	[a] Minax 50 [AF]
			[B]25.28	45.12	21.38	[a] Betaloc [AP]	

METOPROLOL TARTRATE Tablet 100 mg, 60

13541Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00 0.00	*20.36	21.90	Mistrom [ZS]	[a] APO-Metoprolol [TX]
						[a] Metoprolol Sandoz [SZ]	[a] METOPROLOL-WGR [WG]
						[a] Metrol 100 [RW]	[a] Minax 100 [AF]
			[B]25.26	45.62	21.90	[a] Betaloc [AP]	

NEBIVOLOL

Restricted benefit

5324

Moderate to severe heart failure

Clinical criteria:

- Patient must be stabilised on conventional therapy, which must include an ACE inhibitor or Angiotensin II antagonist, if tolerated.

nebivolol 1.25 mg tablet, 28

9316H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*32.28	25.00	[a] APO-Nebivolol [TX]	[a] Nebilet [FK]
						[a] Nebivolol Lupin [GQ]	[a] Nebivolol Sandoz [SZ]
						[a] Nebivolol Viatris [AL]	[a] NEBIVOLOL-WGR [WG]
						[a] Nepiten [AF]	

nebivolol 5 mg tablet, 28

9311C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	36.72	25.00	[a] APO-Nebivolol [TX]	[a] Nebaloc [CR]
						[a] Nebilet [FK]	[a] Nebivolol Lupin [GQ]
						[a] Nebivolol Sandoz [SZ]	[a] Nebivolol Viatris [AL]
						[a] NEBIVOLOL-WGR [WG]	[a] Nepiten [AF]

nebivolol 10 mg tablet, 28

9312D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	39.64	25.00	[a] APO-Nebivolol [TX]	[a] Nebaloc [CR]
						[a] Nebilet [FK]	[a] Nebivolol Lupin [GQ]
						[a] Nebivolol Sandoz [SZ]	[a] NEBIVOLOL-WGR [WG]
						[a] Nepiten [AF]	

NEBIVOLOL

Restricted benefit

14251

Moderate to severe heart failure

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must be stabilised on conventional therapy, which must include an ACE inhibitor or Angiotensin II antagonist, if tolerated.

nebivolol 1.25 mg tablet, 28

13568D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	4	5	0.00	*50.20	25.00	[a] APO-Nebivolol [TX]	[a] Nebilet [FK]
						[a] Nebivolol Lupin [GQ]	[a] Nebivolol Sandoz [SZ]
						[a] Nebivolol Viatris [AL]	[a] NEBIVOLOL-WGR [WG]
						[a] Nepiten [AF]	

nebivolol 5 mg tablet, 28

13510C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*59.08	25.00	[a] APO-Nebivolol [TX]	[a] Nebaloc [CR]
						[a] Nebilet [FK]	[a] Nebivolol Lupin [GQ]
						[a] Nebivolol Sandoz [SZ]	[a] Nebivolol Viatris [AL]
						[a] NEBIVOLOL-WGR [WG]	[a] Nepiten [AF]

nebivolol 10 mg tablet, 28

13441K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*64.92	25.00	[a] APO-Nebivolol [TX]	[a] Nebaloc [CR]

13441K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
						[a] Nebilet [FK]	[a] Nebivolol Lupin [GQ]
						[a] Nebivolol Sandoz [SZ]	[a] NEBIVOLOL-WGR [WG]
						[a] Nepiten [AF]	

Alpha and beta blocking agents

CARVEDILOL

Restricted benefit

5324

Moderate to severe heart failure

Clinical criteria:

- Patient must be stabilised on conventional therapy, which must include an ACE inhibitor or Angiotensin II antagonist, if tolerated.

Restricted benefit

5394

Patients receiving this drug as a pharmaceutical benefit prior to 1 August 2002

carvedilol 3.125 mg tablet, 30

8255L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	0	0.00	17.93	19.47	[a] APO-Carvedilol [TX]	[a] Carvidol [RF]
						[a] Vedilol 3.125 [RW]	[a] Volirop 3.125 [ZS]

carvedilol 6.25 mg tablet, 60

8256M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	18.60	20.14	[a] APO-Carvedilol [TX]	[a] Carvedilol Sandoz [SZ]
						[a] CARVEDILOL-WGR [WG]	[a] Carvidol [RF]
						[a] Dicarz [AF]	[a] Dilatrend 6.25 [PB]
						[a] Vedilol 6.25 [RW]	[a] Volirop 6.25 [ZS]

carvedilol 12.5 mg tablet, 60

8257N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	18.60	20.14	[a] APO-Carvedilol [TX]	[a] Carvedilol Sandoz [SZ]
						[a] CARVEDILOL-WGR [WG]	[a] Carvidol [RF]
						[a] Dicarz [AF]	[a] Dilatrend 12.5 [PB]
						[a] Vedilol 12.5 [RW]	[a] Volirop 12.5 [ZS]

carvedilol 25 mg tablet, 60

8258P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	19.39	20.93	[a] APO-Carvedilol [TX]	[a] Carvedilol Sandoz [SZ]
						[a] CARVEDILOL-WGR [WG]	[a] Carvidol [RF]
						[a] Dicarz [AF]	[a] Dilatrend 25 [PB]
						[a] Vedilol 25 [RW]	[a] Volirop 25 [ZS]

CARVEDILOL

Restricted benefit

14251

Moderate to severe heart failure

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must be stabilised on conventional therapy, which must include an ACE inhibitor or Angiotensin II antagonist, if tolerated.

Restricted benefit

14270

Patients receiving this drug as a pharmaceutical benefit prior to 1 August 2002

Clinical criteria:

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

carvedilol 6.25 mg tablet, 60

13417E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*22.84	24.38	[a] APO-Carvedilol [TX]	[a] Carvedilol Sandoz [SZ]
						[a] CARVEDILOL-WGR [WG]	[a] Carvidol [RF]
						[a] Dicarz [AF]	[a] Dilatrend 6.25 [PB]

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13417E						[a] Vedilol 6.25 [RW]	[a] Volirop 6.25 [ZS]

carvedilol 12.5 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13418F NP	2	5	0.00	*22.84	24.38	[a] APO-Carvedilol [TX]	[a] Carvedilol Sandoz [SZ]
						[a] CARVEDILOL-WGR [WG]	[a] Carvidol [RF]
						[a] Dicarz [AF]	[a] Dilatrend 12.5 [PB]
						[a] Vedilol 12.5 [RW]	[a] Volirop 12.5 [ZS]

carvedilol 25 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13387N NP	2	5	0.00	*24.42	25.00	[a] APO-Carvedilol [TX]	[a] Carvedilol Sandoz [SZ]
						[a] CARVEDILOL-WGR [WG]	[a] Carvidol [RF]
						[a] Dicarz [AF]	[a] Dilatrend 25 [PB]
						[a] Vedilol 25 [RW]	[a] Volirop 25 [ZS]

LABETALOL

Restricted benefit

16261

For prescribing by certain health practitioners

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) a nurse practitioner, (iii) an endorsed midwife who is each of: (a) sharing patient care with a medical practitioner for the current pregnancy episode, (b) continuing existing treatment with this drug that was initiated by a medical practitioner.

labetalol hydrochloride 100 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1566K NP MW	1	5	0.00	31.50	25.00	Presolol 100 [AF]

LABETALOL

Restricted benefit

14238

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

labetalol hydrochloride 100 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13887X NP	2	5	0.00	*48.64	25.00	Presolol 100 [AF]

CALCIUM CHANNEL BLOCKERS

SELECTIVE CALCIUM CHANNEL BLOCKERS WITH MAINLY VASCULAR EFFECTS

Dihydropyridine derivatives

AMLODIPINE

amlodipine 5 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2751T NP	1	5	0.00	17.10	18.64	[a] Amlo 5 [RW]	[a] Amlodipine GH [GQ]
						[a] Amlodipine Sandoz [SZ]	[a] AMLODIPINE-WGR [WG]
						[a] APO-Amlodipine [TX]	[a] APX-AMLODIPINE [TW]
						[a] Blooms Amlodipine [BG]	[a] Nordip [AF]
						[a] Pharmacor Amlodipine [CR]	
			[B]10.73	27.83	18.64	[a] Norvasc [AS]	

amlodipine 10 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2752W NP	1	5	0.00	17.10	18.64	[a] Amlo 10 [RW]	[a] Amlodipine GH [GQ]
						[a] Amlodipine Sandoz [SZ]	[a] AMLODIPINE-WGR [WG]
						[a] APO-Amlodipine [TX]	[a] APX-AMLODIPINE [TW]
						[a] Blooms Amlodipine [BG]	[a] Nordip [AF]
						[a] Pharmacor Amlodipine [CR]	
			[B]10.74	27.84	18.64	[a] Norvasc [AS]	

AMLODIPINE

Restricted benefit

14238

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

amlodipine 5 mg tablet, 30

13532F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*19.84	21.38	[a] Amlo 5 [RW]	[a] Amlodipine GH [GQ]
						[a] Amlodipine Sandoz [SZ]	[a] AMLODIPINE-WGR [WG]
						[a] APO-Amlodipine [TX]	[a] APX-AMLODIPINE [TW]
						[a] Blooms Amlodipine [BG]	[a] Nordip [AF]
						[a] Pharmacor Amlodipine [CR]	
			[B]21.46	41.30	21.38	[a] Norvasc [AS]	

amlodipine 10 mg tablet, 30

13562T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*19.84	21.38	[a] Amlo 10 [RW]	[a] Amlodipine GH [GQ]
						[a] Amlodipine Sandoz [SZ]	[a] AMLODIPINE-WGR [WG]
						[a] APO-Amlodipine [TX]	[a] APX-AMLODIPINE [TW]
						[a] Blooms Amlodipine [BG]	[a] Nordip [AF]
						[a] Pharmacor Amlodipine [CR]	
			[B]21.48	41.32	21.38	[a] Norvasc [AS]	

FELODIPINE

felodipine 2.5 mg modified release tablet, 30

2361G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	17.71	19.25	[a] Felodil XR 2.5 [XT]	[a] Felodur ER 2.5 mg [IY]
			[B]3.74	21.45	19.25	[a] Plendil ER [IX]	

felodipine 5 mg modified release tablet, 30

2366M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	18.35	19.89	[a] Felodil XR 5 [RW]	[a] Felodur ER 5 mg [IY]
			[B]3.69	22.04	19.89	[a] Plendil ER [IX]	

felodipine 10 mg modified release tablet, 30

2367N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	21.44	22.98	[a] Felodil XR 10 [RW]	[a] Felodur ER 10 mg [IY]
			[B]3.64	25.08	22.98	[a] Plendil ER [IX]	

FELODIPINE

Restricted benefit

14238

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

felodipine 2.5 mg modified release tablet, 30

13377C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*21.06	22.60	[a] Felodil XR 2.5 [XT]	[a] Felodur ER 2.5 mg [IY]
			[B]7.48	*28.54	22.60	[a] Plendil ER [IX]	

felodipine 5 mg modified release tablet, 30

13561R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*22.34	23.88	[a] Felodil XR 5 [RW]	[a] Felodur ER 5 mg [IY]
			[B]7.38	*29.72	23.88	[a] Plendil ER [IX]	

felodipine 10 mg modified release tablet, 30

13531E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*28.52	25.00	[a] Felodil XR 10 [RW]	[a] Felodur ER 10 mg [IY]
			[B]7.28	*35.80	25.00	[a] Plendil ER [IX]	

LERCANIDIPINE

lercanidipine hydrochloride 10 mg tablet, 28

8534E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	17.10	18.64	[a] ARX-LERCANIDIPINE [TX]	[a] Lercan [RW]
						[a] LERCANIDIPINE-WGR [WG]	[a] Zircol 10 [AL]
			[B]3.27	20.37	18.64	[a] Zanidip [GO]	

lercanidipine hydrochloride 20 mg tablet, 28

8679T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	18.10	19.64	[a] ARX-LERCANIDIPINE [TX]	[a] Lercan [RW]
						[a] LERCANIDIPINE-WGR [WG]	[a] Zircol 20 [AL]
			[B]3.30	21.40	19.64	[a] Zanidip [GO]	

LERCANIDIPINE

Restricted benefit

14238

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

lercanidipine hydrochloride 10 mg tablet, 28

13411W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*19.84	21.38	[a] ARX-LERCANIDIPINE [TX]	[a] Lercan [RW]
						[a] LERCANIDIPINE-WGR [WG]	[a] Zircol 10 [AL]
			[B]6.54	26.38	21.38	[a] Zanidip [GO]	

lercanidipine hydrochloride 20 mg tablet, 28

13412X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*21.84	23.38	[a] ARX-LERCANIDIPINE [TX]	[a] Lercan [RW]
						[a] LERCANIDIPINE-WGR [WG]	[a] Zircol 20 [AL]
			[B]6.60	28.44	23.38	[a] Zanidip [GO]	

NIFEDIPINE

nifedipine 30 mg modified release tablet, 30

1906H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	21.05	22.59	APO-Nifedipine XR [TX]

nifedipine 60 mg modified release tablet, 30

1907J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	22.76	24.30	APO-Nifedipine XR [TX]

NIFEDIPINE

Restricted benefit

14238

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

nifedipine 30 mg modified release tablet, 30

13502P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*27.74	25.00	APO-Nifedipine XR [TX]

nifedipine 60 mg modified release tablet, 30

13376B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*31.16	25.00	APO-Nifedipine XR [TX]

SELECTIVE CALCIUM CHANNEL BLOCKERS WITH DIRECT CARDIAC EFFECTS

Phenylalkylamine derivatives

VERAPAMIL

Caution The myocardial depressant effects of this drug and of beta-blocking drugs are additive.

verapamil hydrochloride 80 mg tablet, 100

1250T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	20.78	22.32	[a] Anpec 80 [AF]	
			[B]3.01	23.79	22.32	[a] Isoptin [GO]	

verapamil hydrochloride 180 mg modified release tablet, 30

2208F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	19.57	21.11	[a] Cordilox 180 SR [GT]	
			[B]3.41	22.98	21.11	[a] Isoptin 180 SR [GO]	

verapamil hydrochloride 240 mg modified release tablet, 30

1241H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	21.28	22.82	[a] Cordilox SR [GT]	
			[B]3.40	24.68	22.82	[a] Isoptin SR [GO]	

VERAPAMIL

Caution The myocardial depressant effects of this drug and of beta-blocking drugs are additive.

Restricted benefit

14238

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

verapamil hydrochloride 80 mg tablet, 100

13530D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*27.20	25.00	[a] Anpec 80 [AF]	
			[B]6.02	*33.22	25.00	[a] Isoptin [GO]	

verapamil hydrochloride 180 mg modified release tablet, 30

13434C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*24.78	25.00	[a] Cordilox 180 SR [GT]	
			[B]6.82	*31.60	25.00	[a] Isoptin 180 SR [GO]	

verapamil hydrochloride 240 mg modified release tablet, 30

13408Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*28.20	25.00	[a] Cordilox SR [GT]	
			[B]6.80	*35.00	25.00	[a] Isoptin SR [GO]	

Benzothiazepine derivatives

DILTIAZEM

Caution The myocardial depressant effects of this drug and of beta-blocking drugs are additive.

diltiazem hydrochloride 60 mg tablet, 90

1335G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	22.08	23.62	[a] Vasocardol [AV]	
			[B]1.84	23.92	23.62	[a] Cardizem [SW]	

diltiazem hydrochloride 180 mg modified release capsule, 30

1312C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	19.99	21.53	[a] Diltiazem Sandoz CD [SZ]	[a] Vasocardol CD [AV]
			[B]1.59	21.58	21.53	[a] Cardizem CD [SW]	

diltiazem hydrochloride 240 mg modified release capsule, 30

1313D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	21.96	23.50	[a] Diltiazem Sandoz CD [SZ]	[a] Vasocardol CD [AV]
			[B]1.60	23.56	23.50	[a] Cardizem CD [SW]	

diltiazem hydrochloride 360 mg modified release capsule, 30

8480H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	25.92	25.00	[a] Diltiazem Sandoz CD [SZ]	[a] Vasocardol CD [AV]

DILTIAZEM

Caution The myocardial depressant effects of this drug and of beta-blocking drugs are additive.

Restricted benefit

14238

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

diltiazem hydrochloride 60 mg tablet, 90

14479C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*29.80	25.00	[a] Vasocardol [AV]	
			[B]3.68	*33.48	25.00	[a] Cardizem [SW]	

diltiazem hydrochloride 180 mg modified release capsule, 30

14564M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*25.62	25.00	[a] Diltiazem Sandoz CD [SZ]	[a] Vasocardol CD [AV]
			[B]3.18	*28.80	25.00	[a] Cardizem CD [SW]	

diltiazem hydrochloride 240 mg modified release capsule, 30

14508N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*29.56	25.00	[a] Diltiazem Sandoz CD [SZ]	[a] Vasocardol CD [AV]
			[B]3.20	*32.76	25.00	[a] Cardizem CD [SW]	

diltiazem hydrochloride 360 mg modified release capsule, 30

14565N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*37.48	25.00	[a] Diltiazem Sandoz CD [SZ]	[a] Vasocardol CD [AV]

AGENTS ACTING ON THE RENIN-ANGIOTENSIN SYSTEM

ACE INHIBITORS, PLAIN

ACE inhibitors, plain

CAPTOPRIL

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

Restricted benefit

4996

Patients unable to take a solid dose form of an ACE inhibitor.

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

captopril 5 mg/mL oral liquid, 95 mL

8760C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	5	0.00	107.31	25.00	Capoten [RW]

ENALAPRIL

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

enalapril maleate 5 mg tablet, 30

1370D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	17.10	18.64	[a] Acetec [AL]	[a] APO-Enalapril [TX]
						[a] Enalapril Sandoz [SZ]	[a] ENALAPRIL-WGR [WG]
						[a] Malean [RW]	

enalapril maleate 10 mg tablet, 30

1368B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	17.97	19.51	[a] Acetec [AL]	[a] APO-Enalapril [TX]
						[a] Enalapril Sandoz [SZ]	[a] ENALAPRIL-WGR [WG]
						[a] Malean [RW]	
			[B]10.00	27.97	19.51	[a] Renitec [AF]	

enalapril maleate 20 mg tablet, 30

1369C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	18.25	19.79	[a] Acetec [AL]	[a] APO-Enalapril [TX]
						[a] Enalapril Sandoz [SZ]	[a] ENALAPRIL-WGR [WG]
						[a] Malean [RW]	
			[B]10.00	28.25	19.79	[a] Renitec 20 [AF]	

ENALAPRIL

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

Restricted benefit

14238

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

enalapril maleate 5 mg tablet, 30

13369P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*19.84	21.38	[a] Acetec [AL]	[a] APO-Enalapril [TX]
						[a] Enalapril Sandoz [SZ]	[a] ENALAPRIL-WGR [WG]
						[a] Malean [RW]	

enalapril maleate 10 mg tablet, 30

13465Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*21.58	23.12	[a] Acetec [AL]	[a] APO-Enalapril [TX]
						[a] Enalapril Sandoz [SZ]	[a] ENALAPRIL-WGR [WG]
						[a] Malean [RW]	
			[B]20.00	41.58	23.12	[a] Renitec [AF]	

enalapril maleate 20 mg tablet, 30

13401H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*22.14	23.68	[a] Acetec [AL]	[a] APO-Enalapril [TX]
						[a] Enalapril Sandoz [SZ]	[a] ENALAPRIL-WGR [WG]
						[a] Malean [RW]	
			[B]20.00	42.14	23.68	[a] Renitec 20 [AF]	

FOSINOPRIL

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

fosinopril sodium 10 mg tablet, 30

1182F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	18.78	20.32	[a] APO-Fosinopril [TX]	[a] Monace 10 [AF]

fosinopril sodium 20 mg tablet, 30

1183G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	20.87	22.41	[a] APO-Fosinopril [TX]	[a] Monace 20 [AF]

LISINOPRIL

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

lisinopril 5 mg tablet, 30

2456G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	17.11	18.65	[a] APO-Lisinopril [TX]	[a] Fibsol 5 [RW]
						[a] Lisinopril Sandoz [SZ]	[a] LISINOPRIL-WGR [WG]
						[a] Zinopril 5 [AL]	
			[B]4.56	21.67	18.65	[a] Zestril [IX]	

lisinopril 10 mg tablet, 30

2457H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	18.10	19.64	[a] APO-Lisinopril [TX]	[a] Fibsol 10 [RW]
						[a] Lisinopril Sandoz [SZ]	[a] LISINOPRIL-WGR [WG]
						[a] Zinopril 10 [AL]	
			[B]4.60	22.70	19.64	[a] Zestril [IX]	

lisinopril 20 mg tablet, 30

2458J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	18.39	19.93	[a] APO-Lisinopril [TX]	[a] Fibsol 20 [RW]
						[a] Lisinopril Sandoz [SZ]	[a] LISINOPRIL-WGR [WG]
						[a] Zinopril 20 [AL]	
			[B]4.62	23.01	19.93	[a] Zestril [IX]	

LISINOPRIL

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

Restricted benefit

14238

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

lisinopril 5 mg tablet, 30

13583X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*19.86	21.40	[a] APO-Lisinopril [TX]	[a] Fibsol 5 [RW]
						[a] Lisinopril Sandoz [SZ]	[a] LISINOPRIL-WGR [WG]
						[a] Zinopril 5 [AL]	
			[B]9.12	28.98	21.40	[a] Zestril [IX]	

lisinopril 10 mg tablet, 30

13584Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*21.84	23.38	[a] APO-Lisinopril [TX]	[a] Fibsol 10 [RW]
						[a] Lisinopril Sandoz [SZ]	[a] LISINOPRIL-WGR [WG]
						[a] Zinopril 10 [AL]	
			[B]9.20	31.04	23.38	[a] Zestril [IX]	

lisinopril 20 mg tablet, 30

13402J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*22.42	23.96	[a] APO-Lisinopril [TX]	[a] Fibsol 20 [RW]
						[a] Lisinopril Sandoz [SZ]	[a] LISINOPRIL-WGR [WG]
						[a] Zinopril 20 [AL]	
			[B]9.24	31.66	23.96	[a] Zestril [IX]	

PERINDOPRIL

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

Note Pharmaceutical benefits that have the form perindopril erbumine 2 mg tablet and pharmaceutical benefits that have the form perindopril arginine 2.5 mg tablet are equivalent for the purposes of substitution.

perindopril erbumine 2 mg tablet, 30

3050M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	17.10	18.64	[a] APO-Perindopril [TX]	[a] PERINDOPRIL-WGR [WG]
						[a] PERISYL [AL]	

perindopril arginine 2.5 mg tablet, 30

9006B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	17.10	18.64	[a] APO-Perindopril Arginine [TX]	[a] APX-Perindopril Arginine [XT]
						[a] Perindopril Arginine Sandoz [SZ]	[a] Perindopril Arginine-WGR [WG]
						[a] PREXUM 2.5 [RX]	
			[B]9.34	26.44	18.64	[a] Coversyl 2.5mg [SE]	

PERINDOPRIL

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

Note Pharmaceutical benefits that have the form perindopril erbumine 4 mg tablet and pharmaceutical benefits that have the form perindopril arginine 5 mg tablet are equivalent for the purposes of substitution.

perindopril erbumine 4 mg tablet, 30

3051N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	17.76	19.30	[a] APO-Perindopril [TX]	[a] PERINDOPRIL-WGR [WG]
						[a] PERISYL [AL]	

perindopril arginine 5 mg tablet, 30

9007C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	17.76	19.30	[a] APO-Perindopril Arginine [TX]	[a] APX-Perindopril Arginine [XT]
						[a] Perindopril Arginine Sandoz [SZ]	[a] Perindopril Arginine-WGR [WG]
						[a] PREXUM 5 [RX]	
			[B]9.06	26.82	19.30	[a] Coversyl 5mg [SE]	

PERINDOPRIL

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

Note Pharmaceutical benefits that have the form perindopril erbumine 8 mg tablet and pharmaceutical benefits that have the form perindopril arginine 10 mg tablet are equivalent for the purposes of substitution.

perindopril erbumine 8 mg tablet, 30

8704D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	18.60	20.14	[a] APO-Perindopril [TX]	[a] PERINDOPRIL-WGR [WG]
						[a] PERISYL [AL]	

perindopril arginine 10 mg tablet, 30

9008D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	18.60	20.14	[a] APO-Perindopril Arginine [TX]	[a] APX-Perindopril Arginine [XT]
						[a] Perindopril Arginine Sandoz [SZ]	[a] Perindopril Arginine-WGR [WG]
						[a] PREXUM 10 [RX]	
			[B]9.39	27.99	20.14	[a] Coversyl 10mg [SE]	

PERINDOPRIL

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

Note Pharmaceutical benefits that have the form perindopril erbumine 4 mg tablet and pharmaceutical benefits that have the form perindopril arginine 5 mg tablet are equivalent for the purposes of substitution.

Restricted benefit

14238

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

perindopril erbumine 4 mg tablet, 30

13371R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*21.16	22.70	[a] APO-Perindopril [TX]	[a] PERINDOPRIL-WGR [WG]
						[a] PERISYL [AL]	

perindopril arginine 5 mg tablet, 30

13585B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*21.16	22.70	[a] APO-Perindopril Arginine [TX]	[a] APX-Perindopril Arginine [XT]
						[a] Perindopril Arginine Sandoz [SZ]	[a] Perindopril Arginine-WGR [WG]
						[a] PREXUM 5 [RX]	
			[B]18.12	39.28	22.70	[a] Coversyl 5mg [SE]	

PERINDOPRIL

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

Note Pharmaceutical benefits that have the form perindopril erbumine 8 mg tablet and pharmaceutical benefits that have the form perindopril arginine 10 mg tablet are equivalent for the purposes of substitution.

Restricted benefit

14238

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

perindopril erbumine 8 mg tablet, 30

13372T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*22.84	24.38	[a] APO-Perindopril [TX]	[a] PERINDOPRIL-WGR [WG]
						[a] PERISYL [AL]	

perindopril arginine 10 mg tablet, 30

13555K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*22.84	24.38	[a] APO-Perindopril Arginine [TX]	[a] APX-Perindopril Arginine [XT]
						[a] Perindopril Arginine Sandoz [SZ]	[a] Perindopril Arginine-WGR [WG]
						[a] PREXUM 10 [RX]	
			[B]18.78	41.62	24.38	[a] Coversyl 10mg [SE]	

PERINDOPRIL

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

Note Pharmaceutical benefits that have the form perindopril erbumine 2 mg tablet and pharmaceutical benefits that have the form perindopril arginine 2.5 mg tablet are equivalent for the purposes of substitution.

Restricted benefit

14238
The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

perindopril erbumine 2 mg tablet, 30

13404L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*19.84	21.38	[a] APO-Perindopril [TX]	[a] PERINDOPRIL-WGR [WG]
						[a] PERISYL [AL]	

perindopril arginine 2.5 mg tablet, 30

13494F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*19.84	21.38	[a] APO-Perindopril Arginine [TX]	[a] APX-Perindopril Arginine [XT]
						[a] Perindopril Arginine Sandoz [SZ]	[a] Perindopril Arginine-WGR [WG]
						[a] PREXUM 2.5 [RX]	
			[B]18.68	38.52	21.38	[a] Coversyl 2.5mg [SE]	

QUINAPRIL

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

quinapril 5 mg tablet, 30

1968N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	18.01	19.55	ACQUIN [RF]

quinapril 10 mg tablet, 30

1969P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	18.31	19.85	APO-Quinapril [TX]

quinapril 20 mg tablet, 30

1970Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	19.18	20.72	APO-Quinapril [TX]

RAMIPRIL

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

Note Pharmaceutical benefits that have the form ramipril 10 mg tablet and pharmaceutical benefits that have the form ramipril 10 mg capsule are equivalent for the purposes of substitution.

ramipril 10 mg tablet, 30

1316G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	18.10	19.64	[a] APO-Ramipril [TX]	[a] Ramipril Sandoz [SZ]
						[a] RAMIPRIL TABS-WGR [WG]	[a] Ramipril Viatris [AL]
						[a] Tritace [SW]	

ramipril 10 mg capsule, 30

8470T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	18.10	19.64	[a] APO-Ramipril [TX]	[a] APX-Ramipril [TY]
						[a] Prilace [RF]	[a] Ramipril Sandoz [SZ]
						[a] RAMIPRIL-WGR [WG]	[a] Tritace 10 mg [SW]
						[a] Tryzan Caps 10 [AF]	

RAMIPRIL

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

Note Pharmaceutical benefits that have the form ramipril 1.25 mg tablet and pharmaceutical benefits that have the form ramipril 1.25 mg capsule are equivalent for the purposes of substitution.

ramipril 1.25 mg tablet, 30

1944H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	17.10	18.64	[a] Prilace [RF]	[a] Ramipril Sandoz [SZ]
						[a] Ramipril Viatris [AL]	[a] RAMIPRIL-WGR [WG]

ramipril 1.25 mg capsule, 30

9120B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	17.10	18.64	[a] Tryzan Caps 1.25 [AF]

RAMIPRIL

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

Note Pharmaceutical benefits that have the form ramipril 2.5 mg tablet and pharmaceutical benefits that have the form ramipril 2.5 mg capsule are equivalent for the purposes of substitution.

ramipril 2.5 mg tablet, 30

1945J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	17.10	18.64	[a] APO-Ramipril [TX]	[a] Prilace [RF]
						[a] Ramipril Sandoz [SZ]	[a] Ramipril Viatris [AL]
						[a] RAMIPRIL-WGR [WG]	[a] Ramipril Winthrop [WA]
						[a] Tritace 2.5 mg [SW]	

ramipril 2.5 mg capsule, 30

9121C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	17.10	18.64	[a] APO-Ramipril [TX]	[a] Tryzan Caps 2.5 [AF]

RAMIPRIL

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

Note Pharmaceutical benefits that have the form ramipril 5 mg tablet and pharmaceutical benefits that have the form ramipril 5 mg capsule are equivalent for the purposes of substitution.

ramipril 5 mg tablet, 30

1946K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	17.10	18.64	[a] APO-Ramipril [TX]	[a] Prilace [RF]
						[a] Ramipril Sandoz [SZ]	[a] Ramipril Viatris [AL]
						[a] RAMIPRIL-WGR [WG]	[a] Ramipril Winthrop [WA]
						[a] Tritace 5 mg [SW]	

ramipril 5 mg capsule, 30

9122D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	17.10	18.64	[a] APO-Ramipril [TX]	[a] Tryzan Caps 5 [AF]

RAMIPRIL

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

Note Pharmaceutical benefits that have the form ramipril 10 mg tablet and pharmaceutical benefits that have the form ramipril 10 mg capsule are equivalent for the purposes of substitution.

Restricted benefit

14238

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

ramipril 10 mg tablet, 30

13368N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*21.84	23.38	[a] APO-Ramipril [TX]	[a] Ramipril Sandoz [SZ]
						[a] RAMIPRIL TABS-WGR [WG]	[a] Ramipril Viatris [AL]
						[a] Tritace [SW]	

ramipril 10 mg capsule, 30

13430W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*21.84	23.38	[a] APO-Ramipril [TX]	[a] APX-Ramipril [TY]
						[a] Prilace [RF]	[a] Ramipril Sandoz [SZ]
						[a] RAMIPRIL-WGR [WG]	[a] Tritace 10 mg [SW]
						[a] Tryzan Caps 10 [AF]	

RAMIPRIL

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

Note Pharmaceutical benefits that have the form ramipril 2.5 mg tablet and pharmaceutical benefits that have the form ramipril 2.5 mg capsule are equivalent for the purposes of substitution.

Restricted benefit

14238

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

ramipril 2.5 mg capsule, 30

13405M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*19.84	21.38	[a] APO-Ramipril [TX]	[a] Tryzan Caps 2.5 [AF]

ramipril 2.5 mg tablet, 30

13466R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*19.84	21.38	[a] APO-Ramipril [TX]	[a] Prilace [RF]
						[a] Ramipril Sandoz [SZ]	[a] Ramipril Viatris [AL]
						[a] RAMIPRIL-WGR [WG]	[a] Ramipril Winthrop [WA]
						[a] Tritace 2.5 mg [SW]	

RAMIPRIL

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

Note Pharmaceutical benefits that have the form ramipril 1.25 mg tablet and pharmaceutical benefits that have the form ramipril 1.25 mg capsule are equivalent for the purposes of substitution.

Restricted benefit

14238

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

ramipril 1.25 mg capsule, 30

13431X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*19.84	21.38	[a] Tryzan Caps 1.25 [AF]

ramipril 1.25 mg tablet, 30

13582W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*19.84	21.38	[a] Prilace [RF]	[a] Ramipril Sandoz [SZ]
						[a] Ramipril Viatris [AL]	[a] RAMIPRIL-WGR [WG]

RAMIPRIL

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

Note Pharmaceutical benefits that have the form ramipril 5 mg tablet and pharmaceutical benefits that have the form ramipril 5 mg capsule are equivalent for the purposes of substitution.

Restricted benefit

14238

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

ramipril 5 mg tablet, 30

13526X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*19.84	21.38	[a] APO-Ramipril [TX]	[a] Prilace [RF]
						[a] Ramipril Sandoz [SZ]	[a] Ramipril Viatris [AL]
						[a] RAMIPRIL-WGR [WG]	[a] Ramipril Winthrop [WA]
						[a] Tritace 5 mg [SW]	

ramipril 5 mg capsule, 30

13556L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*19.84	21.38	[a] APO-Ramipril [TX]	[a] Tryzan Caps 5 [AF]

TRANDOLAPRIL

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

trandolapril 500 microgram capsule, 28

2791X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	17.10	18.64	[a] Dolapril 0.5 [RW]	[a] Tranalpha [AF]
						[a] Trandolapril Viatris [AL]	
			[B]3.27	20.37	18.64	[a] Gopten [GO]	

trandolapril 1 mg capsule, 28

2792Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	18.29	19.83	[a] Dolapril 1 [RW]	[a] Tranalpha [AF]
						[a] Trandolapril Viatris [AL]	
			[B]3.32	21.61	19.83	[a] Gopten [GO]	

trandolapril 2 mg capsule, 28

2793B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	19.05	20.59	[a] Dolapril 2 [RW]	[a] Tranalpha [AF]
						[a] Trandolapril Viatris [AL]	
			[B]3.34	22.39	20.59	[a] Gopten [GO]	

trandolapril 4 mg capsule, 28

8758Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	23.08	24.62	[a] Dolapril 4 [RW]	[a] Tranalpha [AF]
						[a] Trandolapril Viatris [AL]	
			[B]3.39	26.47	24.62	[a] Gopten [GO]	

TRANDOLAPRIL

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

Restricted benefit

14238

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

trandolapril 500 microgram capsule, 28

13554J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*19.84	21.38	[a] Dolapril 0.5 [RW]	[a] Tranalpha [AF]
						[a] Trandolapril Viatris [AL]	
			[B]6.54	26.38	21.38	[a] Gopten [GO]	

trandolapril 1 mg capsule, 28

13429T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*22.22	23.76	[a] Dolapril 1 [RW]	[a] Tranalpha [AF]
						[a] Trandolapril Viatris [AL]	
			[B]6.64	28.86	23.76	[a] Gopten [GO]	

trandolapril 2 mg capsule, 28

13403K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*23.74	25.00	[a] Dolapril 2 [RW]	[a] Tranalpha [AF]
						[a] Trandolapril Viatris [AL]	
			[B]6.68	30.42	25.00	[a] Gopten [GO]	

trandolapril 4 mg capsule, 28

13467T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*31.80	25.00	[a] Dolapril 4 [RW]	[a] Tranalpha [AF]
						[a] Trandolapril Viatris [AL]	
			[B]6.78	38.58	25.00	[a] Gopten [GO]	

ACE INHIBITORS, COMBINATIONS

ACE inhibitors and diuretics

ENALAPRIL + HYDROCHLOROTHIAZIDE

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

enalapril maleate 20 mg + hydrochlorothiazide 6 mg tablet, 30

8477E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	18.81	20.35	[a] Enalapril/HCT Sandoz [SZ]	
			[B]6.70	25.51	20.35	[a] Renitec Plus 20/6 [AF]	

ENALAPRIL + HYDROCHLOROTHIAZIDE

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

Restricted benefit

14238

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

enalapril maleate 20 mg + hydrochlorothiazide 6 mg tablet, 30

13439H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*23.26	24.80	[a] Enalapril/HCT Sandoz [SZ]	
			[B]13.40	*36.66	24.80	[a] Renitec Plus 20/6 [AF]	

PERINDOPRIL + INDAPAMIDE

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

perindopril arginine 2.5 mg + indapamide hemihydrate 625 microgram tablet, 30

2190G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	17.10	18.64	[a] PREXUM Combi LD 2.5/0.625 [RX]	
			[B]7.51	24.61	18.64	[a] Coversyl Plus LD 2.5mg/0.625mg [SE]	

PERINDOPRIL + INDAPAMIDE

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

Note Pharmaceutical benefits that have the form perindopril with indapamide hemihydrate tablet (containing 4 mg perindopril erbumine-1.25 mg indapamide hemihydrate) and pharmaceutical benefits that have the form perindopril with indapamide hemihydrate tablet (containing 5 mg perindopril arginine-1.25 mg indapamide hemihydrate) are equivalent for the purposes of substitution.

perindopril erbumine 4 mg + indapamide hemihydrate 1.25 mg tablet, 30

8449Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	18.10	19.64	[a] APO-Perindopril/Indapamide [TX]	[a] GenRx Perindopril/ Indapamide 4/1.25 [GX]
						[a] PERINDOPRIL/INDAPAMIDE-WGR 4/1.25 [WG]	[a] PERISYL COMBI 4/1.25 [AL]

perindopril arginine 5 mg + indapamide hemihydrate 1.25 mg tablet, 30

2845R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	18.10	19.64	[a] Prexum Combi 5/1.25 [RX]	
			[B]6.84	24.94	19.64	[a] Coversyl Plus 5mg/1.25mg [SE]	

PERINDOPRIL + INDAPAMIDE

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

Restricted benefit

14238

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

perindopril arginine 2.5 mg + indapamide hemihydrate 625 microgram tablet, 30

13413Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*19.84	21.38	[a] PREXUM Combi LD 2.5/0.625 [RX]	
			[B]15.02	*34.86	21.38	[a] Coversyl Plus LD 2.5mg/0.625mg [SE]	

PERINDOPRIL + INDAPAMIDE

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

Note Pharmaceutical benefits that have the form perindopril with indapamide hemihydrate tablet (containing 4 mg perindopril erbumine-1.25 mg indapamide hemihydrate) and pharmaceutical benefits that have the form perindopril with indapamide hemihydrate tablet (containing 5 mg perindopril arginine-1.25 mg indapamide hemihydrate) are equivalent for the purposes of substitution.

Restricted benefit

14238

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

perindopril erbumine 4 mg + indapamide hemihydrate 1.25 mg tablet, 30

13476G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*21.84	23.38	[a] APO-Perindopril/Indapamide [TX]	[a] GenRx Perindopril/ Indapamide 4/1.25 [GX]

13476G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
						[a] PERINDOPRIL/INDAPAMIDE-WGR 4/1.25 [WG]	[a] PERISYL COMBI 4/1.25 [AL]

perindopril arginine 5 mg + indapamide hemihydrate 1.25 mg tablet, 30

13506W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*21.84	23.38	[a] Prexum Combi 5/1.25 [RX]	
			[B]13.68	*35.52	23.38	[a] Coversyl Plus 5mg/1.25mg [SE]	

ACE inhibitors and calcium channel blockers

LERCANIDIPINE + ENALAPRIL

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

lercanidipine hydrochloride 10 mg + enalapril maleate 10 mg tablet, 28

9144G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	19.23	20.77	Zan-Extra 10/10 [GO]

lercanidipine hydrochloride 10 mg + enalapril maleate 20 mg tablet, 28

9145H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	19.96	21.50	Zan-Extra 10/20 [GO]

LERCANIDIPINE + ENALAPRIL

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

Restricted benefit

14238

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

lercanidipine hydrochloride 10 mg + enalapril maleate 10 mg tablet, 28

13507X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*24.10	25.00	Zan-Extra 10/10 [GO]

lercanidipine hydrochloride 10 mg + enalapril maleate 20 mg tablet, 28

13477H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*25.56	25.00	Zan-Extra 10/20 [GO]

PERINDOPRIL + AMLODIPINE

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

perindopril arginine 5 mg + amlodipine 5 mg tablet, 30

9346X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	18.10	19.64	[a] APO-Perindopril Arginine/Amlodipine 5/5 [TX]	[a] APX-Perindopril Arginine/Amlodipine 5/5 [XT]
						[a] Perindopril Arginine/Amlodipine-WGR 5/5 [WG]	[a] Reaptan 5/5 [RX]
			[B]10.65	28.75	19.64	[a] Coveram 5/5 [SE]	

perindopril arginine 5 mg + amlodipine 10 mg tablet, 30

9347Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	18.73	20.27	[a] APO-Perindopril Arginine/Amlodipine 5/10 [TX]	[a] APX-Perindopril Arginine/Amlodipine 5/10 [XT]
						[a] Perindopril Arginine/Amlodipine-WGR 5/10 [WG]	[a] Reaptan 5/10 [RX]
			[B]10.98	29.71	20.27	[a] Coveram 5/10 [SE]	

perindopril arginine 10 mg + amlodipine 5 mg tablet, 30

9348B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	19.50	21.04	[a] APO-Perindopril Arginine/Amlodipine 10/5 [TX]	[a] APX-Perindopril Arginine/Amlodipine 10/5 [XT]
						[a] Perindopril Arginine/Amlodipine-WGR 10/5 [WG]	[a] Reaptan 10/5 [RX]
			[B]11.16	30.66	21.04	[a] Coveram 10/5 [SE]	

perindopril arginine 10 mg + amlodipine 10 mg tablet, 30

9349C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	20.14	21.68	[a] APO-Perindopril Arginine/Amlodipine 10/10 [TX]	[a] APX-Perindopril Arginine/Amlodipine 10/10 [XT]
						[a] Perindopril Arginine/Amlodipine-WGR 10/10 [WG]	[a] Reaptan 10/10 [RX]
			[B]11.49	31.63	21.68	[a] Coveram 10/10 [SE]	

PERINDOPRIL + AMLODIPINE

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

Restricted benefit

14238

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

perindopril arginine 5 mg + amlodipine 5 mg tablet, 30

13508Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*21.84	23.38	[a] APO-Perindopril Arginine/Amlodipine 5/5 [TX]	[a] APX-Perindopril Arginine/Amlodipine 5/5 [XT]
						[a] Perindopril Arginine/Amlodipine-WGR 5/5 [WG]	[a] Reaptan 5/5 [RX]
			[B]21.30	43.14	23.38	[a] Coveram 5/5 [SE]	

perindopril arginine 5 mg + amlodipine 10 mg tablet, 30

13381G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*23.10	24.64	[a] APO-Perindopril Arginine/Amlodipine 5/10 [TX]	[a] APX-Perindopril Arginine/Amlodipine 5/10 [XT]
						[a] Perindopril Arginine/Amlodipine-WGR 5/10 [WG]	[a] Reaptan 5/10 [RX]
			[B]21.96	45.06	24.64	[a] Coveram 5/10 [SE]	

perindopril arginine 10 mg + amlodipine 5 mg tablet, 30

13478J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*24.64	25.00	[a] APO-Perindopril Arginine/Amlodipine 10/5 [TX]	[a] APX-Perindopril Arginine/Amlodipine 10/5 [XT]
						[a] Perindopril Arginine/Amlodipine-WGR 10/5 [WG]	[a] Reaptan 10/5 [RX]
			[B]22.32	46.96	25.00	[a] Coveram 10/5 [SE]	

perindopril arginine 10 mg + amlodipine 10 mg tablet, 30

13382H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*25.92	25.00	[a] APO-Perindopril Arginine/Amlodipine 10/10 [TX]	[a] APX-Perindopril Arginine/Amlodipine 10/10 [XT]
						[a] Perindopril Arginine/Amlodipine-WGR 10/10 [WG]	[a] Reaptan 10/10 [RX]
			[B]22.98	48.90	25.00	[a] Coveram 10/10 [SE]	

RAMIPRIL + FELODIPINE

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

ramipril 5 mg + felodipine 5 mg modified release tablet, 30

2629J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	20.09	21.63	Triasyn 5.0/5.0 [SW]

RAMIPRIL + FELODIPINE

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

Restricted benefit

14238

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

ramipril 5 mg + felodipine 5 mg modified release tablet, 30

13534H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*25.82	25.00	Triasyn 5.0/5.0 [SW]

TRANDOLAPRIL + VERAPAMIL

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

trandolapril 2 mg + verapamil hydrochloride 180 mg modified release tablet, 28

9387C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	24.47	25.00	Tarka 2/180 [GO]

trandolapril 4 mg + verapamil hydrochloride 240 mg modified release tablet, 28

2857J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	30.36	25.00	Tarka 4/240 [GO]

TRANDOLAPRIL + VERAPAMIL

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

Restricted benefit

14238

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

trandolapril 2 mg + verapamil hydrochloride 180 mg modified release tablet, 28

13594L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*34.58	25.00	Tarka 2/180 [GO]

trandolapril 4 mg + verapamil hydrochloride 240 mg modified release tablet, 28

13591H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*46.36	25.00	Tarka 4/240 [GO]

ANGIOTENSIN II RECEPTOR BLOCKERS (ARBs), PLAIN

Angiotensin II receptor blockers (ARBs), plain

CANDESARTAN

candesartan cilexetil 4 mg tablet, 30

8295N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	17.10	18.64	[a] Adesan [AF]	[a] APO-Candesartan [TX]
						[a] BTC Candesartan [BG]	[a] CANDESAN [RF]
						[a] Candesartan Sandoz [SZ]	[a] CANDESARTAN-WGR [WG]
			[B]12.94	30.04	18.64	[a] Atacand [LM]	

candesartan cilexetil 8 mg tablet, 30

8296P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	17.10	18.64	[a] Adesan [AF]	[a] APO-Candesartan [TX]
						[a] BTC Candesartan [BG]	[a] CANDESAN [RF]
						[a] Candesartan Sandoz [SZ]	[a] CANDESARTAN-WGR [WG]
			[B]12.94	30.04	18.64	[a] Atacand [LM]	

candesartan cilexetil 16 mg tablet, 30

8297Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	18.44	19.98	[a] Adesan [AF]	[a] APO-Candesartan [TX]
						[a] BTC Candesartan [BG]	[a] CANDESAN [RF]
						[a] Candesartan Sandoz [SZ]	[a] CANDESARTAN-WGR [WG]
			[B]12.99	31.43	19.98	[a] Atacand [LM]	

candesartan cilexetil 32 mg tablet, 30

8889W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	18.60	20.14	[a] Adesan [AF]	[a] APO-Candesartan [TX]
						[a] BTC Candesartan [BG]	[a] CANDESAN [RF]
						[a] Candesartan Sandoz [SZ]	[a] CANDESARTAN-WGR [WG]
			[B]11.20	29.80	20.14	[a] Atacand [LM]	

CANDESARTAN

Restricted benefit

14238

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

candesartan cilexetil 4 mg tablet, 30

13592J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*19.84	21.38	[a] Adesan [AF]	[a] APO-Candesartan [TX]
						[a] BTC Candesartan [BG]	[a] CANDESAN [RF]
						[a] Candesartan Sandoz [SZ]	[a] CANDESARTAN-WGR [WG]
			[B]25.88	45.72	21.38	[a] Atacand [LM]	

candesartan cilexetil 8 mg tablet, 30

13436E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*19.84	21.38	[a] Adesan [AF]	[a] APO-Candesartan [TX]
						[a] BTC Candesartan [BG]	[a] CANDESAN [RF]
						[a] Candesartan Sandoz [SZ]	[a] CANDESARTAN-WGR [WG]
			[B]25.88	45.72	21.38	[a] Atacand [LM]	

candesartan cilexetil 16 mg tablet, 30

13565Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*22.52	24.06	[a] Adesan [AF]	[a] APO-Candesartan [TX]
						[a] BTC Candesartan [BG]	[a] CANDESAN [RF]
						[a] Candesartan Sandoz [SZ]	[a] CANDESARTAN-WGR [WG]
			[B]25.98	48.50	24.06	[a] Atacand [LM]	

candesartan cilexetil 32 mg tablet, 30

13438G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*22.84	24.38	[a] Adesan [AF]	[a] APO-Candesartan [TX]
						[a] BTC Candesartan [BG]	[a] CANDESAN [RF]
						[a] Candesartan Sandoz [SZ]	[a] CANDESARTAN-WGR [WG]
			[B]22.40	45.24	24.38	[a] Atacand [LM]	

EPROSARTAN

eprosartan 600 mg tablet, 28

8447N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	28.21	25.00	Teveten [GO]

EPROSARTAN

Restricted benefit

14238

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

eprosartan 600 mg tablet, 28

13912F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*42.06	25.00	Teveten [GO]

EPROSARTAN

Authority Required

6351

Adverse effects occurring with all of the base-priced drugs

Authority Required

6332

Drug interactions occurring with all of the base-priced drugs

Authority Required

6328

Drug interactions expected to occur with all of the base-priced drugs

Authority Required

6329

Transfer to a base-priced drug would cause patient confusion resulting in problems with compliance

eprosartan 600 mg tablet, 28

5491B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	28.21	25.00	Teveten [GO]

EPROSARTAN

Authority Required

14969

Adverse effects occurring with all of the base-priced drugs

Clinical criteria:

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

Authority Required

14970

Drug interactions occurring with all of the base-priced drugs

Clinical criteria:

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

Authority Required

14841

Drug interactions expected to occur with all of the base-priced drugs

Clinical criteria:

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

Authority Required

15009

Transfer to a base-priced drug would cause patient confusion resulting in problems with compliance

Clinical criteria:

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

eprosartan 600 mg tablet, 28

13861M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*42.06	25.00	Teveten [GO]

IRBESARTAN

irbesartan 75 mg tablet, 30

8246B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	17.10	18.64	[a] Abisart 75 [AL]	[a] APO-Irbesartan [TX]
						[a] AVSARTAN [RF]	[a] Blooms Irbesartan [BG]
						[a] Irbesartan Sandoz [SZ]	[a] IRBESARTAN-WGR [WG]

irbesartan 150 mg tablet, 30

8247C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	17.10	18.64	[a] Abisart 150 [AL]	[a] APO-Irbesartan [TX]
						[a] AVSARTAN [RF]	[a] Blooms Irbesartan [BG]
						[a] Irbesartan Sandoz [SZ]	[a] IRBESARTAN-WGR [WG]
			[B]3.81	20.91	18.64	[a] Avapro [AV]	
			[B]3.81	20.91	18.64	[a] Karvea [SW]	

irbesartan 300 mg tablet, 30

8248D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	18.10	19.64	[a] Abisart 300 [AL]	[a] APO-Irbesartan [TX]
						[a] AVSARTAN [RF]	[a] Blooms Irbesartan [BG]
						[a] Irbesartan Sandoz [SZ]	[a] IRBESARTAN-WGR [WG]
			[B]3.82	21.92	19.64	[a] Avapro [AV]	
			[B]3.82	21.92	19.64	[a] Karvea [SW]	

IRBESARTAN

Restricted benefit

14238

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

irbesartan 75 mg tablet, 30

13435D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*19.84	21.38	[a] Abisart 75 [AL]	[a] APO-Irbesartan [TX]
						[a] AVSARTAN [RF]	[a] Blooms Irbesartan [BG]
						[a] Irbesartan Sandoz [SZ]	[a] IRBESARTAN-WGR [WG]

irbesartan 150 mg tablet, 30

13380F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*19.84	21.38	[a] Abisart 150 [AL]	[a] APO-Irbesartan [TX]
						[a] AVSARTAN [RF]	[a] Blooms Irbesartan [BG]
						[a] Irbesartan Sandoz [SZ]	[a] IRBESARTAN-WGR [WG]
			[B]7.62	27.46	21.38	[a] Avapro [AV]	
			[B]7.62	27.46	21.38	[a] Karvea [SW]	

irbesartan 300 mg tablet, 30

13564X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*21.84	23.38	[a] Abisart 300 [AL]	[a] APO-Irbesartan [TX]
						[a] AVSARTAN [RF]	[a] Blooms Irbesartan [BG]
						[a] Irbesartan Sandoz [SZ]	[a] IRBESARTAN-WGR [WG]
			[B]7.64	29.48	23.38	[a] Avapro [AV]	
			[B]7.64	29.48	23.38	[a] Karvea [SW]	

OLMESARTAN

olmesartan medoxomil 20 mg tablet, 30

2147B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	18.43	19.97	[a] APO-Olmesartan [TX]	[a] Blooms The Chemist Olmesartan [BG]
						[a] OLMERTAN [RW]	[a] Olmesartan - MYL [AF]
						[a] Olmesartan Sandoz [SZ]	[a] OLMESARTAN-WGR [WG]
						[a] Olsetan [MQ]	[a] Pharmacor Olmesartan 20 [CR]
			[B]3.80	22.23	19.97	[a] Olmetec [AL]	

olmesartan medoxomil 40 mg tablet, 30

2148C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	20.27	21.81	[a] APO-Olmesartan [TX]	[a] Blooms The Chemist Olmesartan [BG]
						[a] OLMERTAN [RW]	[a] Olmesartan - MYL [AF]
						[a] Olmesartan Sandoz [SZ]	[a] OLMESARTAN-WGR [WG]
						[a] Olsetan [MQ]	[a] Pharmacor Olmesartan 40 [CR]
			[B]4.37	24.64	21.81	[a] Olmetec [AL]	

OLMESARTAN

Restricted benefit

14238

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

olmesartan medoxomil 20 mg tablet, 30

13505T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*22.50	24.04	[a] APO-Olmesartan [TX]	[a] Blooms The Chemist Olmesartan [BG]
						[a] OLMERTAN [RW]	[a] Olmesartan - MYL [AF]
						[a] Olmesartan Sandoz [SZ]	[a] OLMESARTAN-WGR [WG]
						[a] Olsetan [MQ]	[a] Pharmacor Olmesartan 20 [CR]
			[B]7.60	30.10	24.04	[a] Olmetec [AL]	

olmesartan medoxomil 40 mg tablet, 30

13533G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*26.18	25.00	[a] APO-Olmesartan [TX]	[a] Blooms The Chemist Olmesartan [BG]

13533G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
						[a] OLMERTAN [RW]	[a] Olmesartan - MYL [AF]
						[a] Olmesartan Sandoz [SZ]	[a] OLMESARTAN-WGR [WG]
						[a] Olsetan [MQ]	[a] Pharmacor Olmesartan 40 [CR]
			[B]8.74	34.92	25.00	[a] Olmetec [AL]	

TELMISARTAN

telmisartan 40 mg tablet, 28

8355R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	17.10	18.64	[a] APO-Telmisartan [TX]	[a] Mizart [AF]
						[a] Pharmacor Telmisartan 40 [CR]	[a] Telmisartan Sandoz [SZ]
						[a] TELMISARTAN-WGR [WG]	[a] Teltartan [RW]
			[B]9.59	26.69	18.64	[a] Micardis [BY]	

telmisartan 80 mg tablet, 28

8356T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	18.60	20.14	[a] APO-Telmisartan [TX]	[a] Mizart [AF]
						[a] Pharmacor Telmisartan 80 [CR]	[a] Telmisartan Sandoz [SZ]
						[a] TELMISARTAN-WGR [WG]	[a] Teltartan [RW]
			[B]9.63	28.23	20.14	[a] Micardis [BY]	

TELMISARTAN

Restricted benefit

14238

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

telmisartan 40 mg tablet, 28

13437F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*19.84	21.38	[a] APO-Telmisartan [TX]	[a] Mizart [AF]
						[a] Pharmacor Telmisartan 40 [CR]	[a] Telmisartan Sandoz [SZ]
						[a] TELMISARTAN-WGR [WG]	[a] Teltartan [RW]
			[B]19.18	39.02	21.38	[a] Micardis [BY]	

telmisartan 80 mg tablet, 28

13593K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*22.84	24.38	[a] APO-Telmisartan [TX]	[a] Mizart [AF]
						[a] Pharmacor Telmisartan 80 [CR]	[a] Telmisartan Sandoz [SZ]
						[a] TELMISARTAN-WGR [WG]	[a] Teltartan [RW]
			[B]19.26	42.10	24.38	[a] Micardis [BY]	

VALSARTAN

valsartan 40 mg tablet, 28

9368C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	0	0.00	19.16	20.70	[a] Dilart [AF]	[a] Diovan [NV]

valsartan 80 mg tablet, 28

9369D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	19.58	21.12	[a] Dilart [AF]	[a] Diovan [NV]

valsartan 160 mg tablet, 28

9370E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	21.02	22.56	[a] Dilart [AF]	[a] Diovan [NV]

VALSARTAN

Note No applications for increased maximum quantities and/or repeats will be authorised for the 320 mg tablet.

valsartan 320 mg tablet, 28

9371F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	22.90	24.44	[a] Dilart [AF]	[a] Diovan [NV]

VALSARTAN

Restricted benefit

14238

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

valsartan 80 mg tablet, 28

13414B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*24.80	25.00	[a] Dilart [AF]	[a] Diovan [NV]

valsartan 160 mg tablet, 28

13566B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*27.68	25.00	[a] Dilart [AF]	[a] Diovan [NV]

VALSARTAN

Note No applications for increased maximum quantities and/or repeats will be authorised for the 320 mg tablet.

Restricted benefit

14238

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

valsartan 320 mg tablet, 28

13383J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*31.44	25.00	[a] Dilart [AF]	[a] Diovan [NV]

ANGIOTENSIN II RECEPTOR BLOCKERS (ARBs), COMBINATIONS

Angiotensin II receptor blockers (ARBs) and diuretics

CANDESARTAN + HYDROCHLOROTHIAZIDE

candesartan cilexetil 16 mg + hydrochlorothiazide 12.5 mg tablet, 30

8504N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	18.60	20.14	[a] Adesan HCT 16/12.5 [AF]	[a] APO-Candesartan HCTZ 16/12.5 [TX]
						[a] BTC Candesartan HCT [BG]	[a] CANDESAN COMBI 16/12.5 [RF]
						[a] Candesartan/HCT Sandoz [SZ]	[a] CANDESARTAN HCTZ-WGR 16/12.5 [WG]
			[B]12.63	31.23	20.14	[a] Atacand Plus 16/12.5 [LM]	

candesartan cilexetil 32 mg + hydrochlorothiazide 12.5 mg tablet, 30

9314F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	18.60	20.14	[a] Adesan HCT 32/12.5 [AF]	[a] APO-Candesartan HCTZ 32/12.5 [TX]
						[a] BTC Candesartan HCT [BG]	[a] CANDESAN COMBI 32/12.5 [RF]
						[a] Candesartan/HCT Sandoz [SZ]	[a] CANDESARTAN HCTZ-WGR 32/12.5 [WG]
			[B]10.78	29.38	20.14	[a] Atacand Plus 32/12.5 [LM]	

candesartan cilexetil 32 mg + hydrochlorothiazide 25 mg tablet, 30

9315G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	19.10	20.64	[a] Adesan HCT 32/25 [AF]	[a] APO-Candesartan HCTZ 32/25 [TX]
						[a] BTC Candesartan HCT [BG]	[a] CANDESAN COMBI 32/25 [RF]
						[a] Candesartan/HCT Sandoz [SZ]	[a] CANDESARTAN HCTZ-WGR 32/25 [WG]
			[B]10.48	29.58	20.64	[a] Atacand Plus 32/25 [LM]	

CANDESARTAN + HYDROCHLOROTHIAZIDE

Restricted benefit

14238

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

candesartan cilexetil 16 mg + hydrochlorothiazide 12.5 mg tablet, 30

13391T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*22.84	24.38	[a] Adesan HCT 16/12.5 [AF]	[a] APO-Candesartan HCTZ 16/12.5 [TX]
						[a] BTC Candesartan HCT [BG]	[a] CANDESAN COMBI 16/12.5 [RF]
						[a] Candesartan/HCT Sandoz [SZ]	[a] CANDESARTAN HCTZ-WGR 16/12.5 [WG]
			[B]25.26	48.10	24.38	[a] Atacand Plus 16/12.5 [LM]	

candesartan cilexetil 32 mg + hydrochlorothiazide 12.5 mg tablet, 30

13452B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*22.84	24.38	[a] Adesan HCT 32/12.5 [AF]	[a] APO-Candesartan HCTZ 32/12.5 [TX]
						[a] BTC Candesartan HCT [BG]	[a] CANDESAN COMBI 32/12.5 [RF]
						[a] Candesartan/HCT Sandoz [SZ]	[a] CANDESARTAN HCTZ-WGR 32/12.5 [WG]
			[B]21.56	44.40	24.38	[a] Atacand Plus 32/12.5 [LM]	

candesartan cilexetil 32 mg + hydrochlorothiazide 25 mg tablet, 30

13392W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*23.84	25.00	[a] Adesan HCT 32/25 [AF]	[a] APO-Candesartan HCTZ 32/25 [TX]
						[a] BTC Candesartan HCT [BG]	[a] CANDESAN COMBI 32/25 [RF]
						[a] Candesartan/HCT Sandoz [SZ]	[a] CANDESARTAN HCTZ-WGR 32/25 [WG]
			[B]20.96	44.80	25.00	[a] Atacand Plus 32/25 [LM]	

EPROSARTAN + HYDROCHLOROTHIAZIDE

eprosartan 600 mg + hydrochlorothiazide 12.5 mg tablet, 28

8624X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	26.77	25.00	Teveten Plus 600/12.5 [GO]

EPROSARTAN + HYDROCHLOROTHIAZIDE

Restricted benefit

14238

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

eprosartan 600 mg + hydrochlorothiazide 12.5 mg tablet, 28

14337N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*39.18	25.00	Teveten Plus 600/12.5 [GO]

IRBESARTAN + HYDROCHLOROTHIAZIDE

irbesartan 150 mg + hydrochlorothiazide 12.5 mg tablet, 30

8404H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	17.10	18.64	[a] Abisart HCTZ 150/12.5 [AL]	[a] APO-Irbesartan HCTZ [TX]
						[a] AVSARTAN HCT 150/12.5 [RF]	[a] Irbesartan/HCT Sandoz [SZ]
						[a] IRBESARTAN HCTZ-WGR 150/12.5 [WG]	
			[B]3.81	20.91	18.64	[a] Avapro HCT 150/12.5 [AV]	
			[B]3.81	20.91	18.64	[a] Karvezide 150/12.5 [SW]	

irbesartan 300 mg + hydrochlorothiazide 12.5 mg tablet, 30

8405J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	18.20	19.74	[a] Abisart HCTZ 300/12.5 [AL]	[a] APO-Irbesartan HCTZ [TX]
						[a] AVSARTAN HCT 300/12.5 [RF]	[a] Irbesartan/HCT Sandoz [SZ]
						[a] IRBESARTAN HCTZ-WGR 300/12.5 [WG]	
			[B]3.83	22.03	19.74	[a] Avapro HCT 300/12.5 [AV]	

8405J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
			[B]3.83	22.03	19.74	[a] Karvezide 300/12.5 [SW]	

irbesartan 300 mg + hydrochlorothiazide 25 mg tablet, 30

2136K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	18.52	20.06	[a] Abisart HCTZ 300/25 [AL]	[a] APO-Irbesartan HCTZ [TX]
						[a] AVSARTAN HCT 300/25 [RF]	[a] Irbesartan/HCT Sandoz [SZ]
						[a] IRBESARTAN HCTZ-WGR 300/25 [WG]	
			[B]3.84	22.36	20.06	[a] Avapro HCT 300/25 [AV]	
			[B]3.84	22.36	20.06	[a] Karvezide 300/25 [SW]	

IRBESARTAN + HYDROCHLOROTHIAZIDE

Restricted benefit

14238

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

irbesartan 150 mg + hydrochlorothiazide 12.5 mg tablet, 30

13572H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*19.84	21.38	[a] Abisart HCTZ 150/12.5 [AL]	[a] APO-Irbesartan HCTZ [TX]
						[a] AVSARTAN HCT 150/12.5 [RF]	[a] Irbesartan/HCT Sandoz [SZ]
						[a] IRBESARTAN HCTZ-WGR 150/12.5 [WG]	
			[B]7.62	27.46	21.38	[a] Avapro HCT 150/12.5 [AV]	
			[B]7.62	27.46	21.38	[a] Karvezide 150/12.5 [SW]	

irbesartan 300 mg + hydrochlorothiazide 12.5 mg tablet, 30

13545X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*22.04	23.58	[a] Abisart HCTZ 300/12.5 [AL]	[a] APO-Irbesartan HCTZ [TX]
						[a] AVSARTAN HCT 300/12.5 [RF]	[a] Irbesartan/HCT Sandoz [SZ]
						[a] IRBESARTAN HCTZ-WGR 300/12.5 [WG]	
			[B]7.66	29.70	23.58	[a] Avapro HCT 300/12.5 [AV]	
			[B]7.66	29.70	23.58	[a] Karvezide 300/12.5 [SW]	

irbesartan 300 mg + hydrochlorothiazide 25 mg tablet, 30

13446Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*22.68	24.22	[a] Abisart HCTZ 300/25 [AL]	[a] APO-Irbesartan HCTZ [TX]
						[a] AVSARTAN HCT 300/25 [RF]	[a] Irbesartan/HCT Sandoz [SZ]
						[a] IRBESARTAN HCTZ-WGR 300/25 [WG]	
			[B]7.68	30.36	24.22	[a] Avapro HCT 300/25 [AV]	
			[B]7.68	30.36	24.22	[a] Karvezide 300/25 [SW]	

OLMESARTAN + HYDROCHLOROTHIAZIDE

olmesartan medoxomil 20 mg + hydrochlorothiazide 12.5 mg tablet, 30

2161R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	18.60	20.14	[a] APO-Olmesartan/HCTZ 20/12.5 [TX]	[a] OLMERTAN COMBI 20/12.5 [RW]
						[a] Olmesartan HCT - MYL 20/12.5 [AF]	[a] Olmesartan/HCT Sandoz [SZ]
						[a] Olmesartan HCT Viatris [MQ]	[a] OLMESARTAN HCTZ-WGR 20/12.5 [WG]
						[a] Pharmacor Olmesartan HCTZ 20/12.5 [CR]	
			[B]2.84	21.44	20.14	[a] Olmetec Plus [AL]	

olmesartan medoxomil 40 mg + hydrochlorothiazide 12.5 mg tablet, 30

2166B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	19.32	20.86	[a] APO-Olmesartan/HCTZ 40/12.5 [TX]	[a] OLMERTAN COMBI 40/12.5 [RW]

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2166B						[a] Olmesartan HCT - MYL 40/12.5 [AF]	[a] Olmesartan/HCT Sandoz [SZ]
						[a] Olmesartan HCT Viatris [MQ]	[a] OLMESARTAN HCTZ-WGR 40/12.5 [WG]
						[a] Pharmacor Olmesartan HCTZ 40/12.5 [CR]	
			[B]3.71	23.03	20.86	[a] Olmetec Plus [AL]	

olmesartan medoxomil 40 mg + hydrochlorothiazide 25 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2170F							
NP	1	5	0.00	19.93	21.47	[a] APO-Olmesartan/HCTZ 40/25 [TX]	[a] OLMERTAN COMBI 40/25 [RW]
						[a] Olmesartan HCT - MYL 40/25 [AF]	[a] Olmesartan/HCT Sandoz [SZ]
						[a] Olmesartan HCT Viatris [MQ]	[a] OLMESARTAN HCTZ-WGR 40/25 [WG]
						[a] Pharmacor Olmesartan HCTZ 40/25 [CR]	
			[B]3.74	23.67	21.47	[a] Olmetec Plus [AL]	

OLMESARTAN + HYDROCHLOROTHIAZIDE

Restricted benefit

14238

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

olmesartan medoxomil 20 mg + hydrochlorothiazide 12.5 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13447R							
NP	2	5	0.00	*22.84	24.38	[a] APO-Olmesartan/HCTZ 20/12.5 [TX]	[a] OLMERTAN COMBI 20/12.5 [RW]
						[a] Olmesartan HCT - MYL 20/12.5 [AF]	[a] Olmesartan/HCT Sandoz [SZ]
						[a] Olmesartan HCT Viatris [MQ]	[a] OLMESARTAN HCTZ-WGR 20/12.5 [WG]
						[a] Pharmacor Olmesartan HCTZ 20/12.5 [CR]	
			[B]5.68	28.52	24.38	[a] Olmetec Plus [AL]	

olmesartan medoxomil 40 mg + hydrochlorothiazide 12.5 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13601W							
NP	2	5	0.00	*24.28	25.00	[a] APO-Olmesartan/HCTZ 40/12.5 [TX]	[a] OLMERTAN COMBI 40/12.5 [RW]
						[a] Olmesartan HCT - MYL 40/12.5 [AF]	[a] Olmesartan/HCT Sandoz [SZ]
						[a] Olmesartan HCT Viatris [MQ]	[a] OLMESARTAN HCTZ-WGR 40/12.5 [WG]
						[a] Pharmacor Olmesartan HCTZ 40/12.5 [CR]	
			[B]7.42	31.70	25.00	[a] Olmetec Plus [AL]	

olmesartan medoxomil 40 mg + hydrochlorothiazide 25 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13602X							
NP	2	5	0.00	*25.50	25.00	[a] APO-Olmesartan/HCTZ 40/25 [TX]	[a] OLMERTAN COMBI 40/25 [RW]
						[a] Olmesartan HCT - MYL 40/25 [AF]	[a] Olmesartan/HCT Sandoz [SZ]
						[a] Olmesartan HCT Viatris [MQ]	[a] OLMESARTAN HCTZ-WGR 40/25 [WG]
						[a] Pharmacor Olmesartan HCTZ 40/25 [CR]	
			[B]7.48	32.98	25.00	[a] Olmetec Plus [AL]	

TELMISARTAN + HYDROCHLOROTHIAZIDE

telmisartan 40 mg + hydrochlorothiazide 12.5 mg tablet, 28

8622T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	17.22	18.76	[a] APO-Telmisartan HCTZ 40/12.5 [TX]	[a] Mizart HCT 40/12.5 mg [AF]
						[a] Telmisartan/HCT Sandoz [SZ]	[a] TELMISARTAN HCTZ-WGR 40/12.5 [WG]
						[a] Teltartan HCT 40/12.5 [RW]	
			[B]9.58	26.80	18.76	[a] Micardis Plus 40/12.5 mg [BY]	

telmisartan 80 mg + hydrochlorothiazide 12.5 mg tablet, 28

8623W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	18.60	20.14	[a] APO-Telmisartan HCTZ 80/12.5 [TX]	[a] Mizart HCT 80/12.5 mg [AF]
						[a] Telmisartan/HCT Sandoz [SZ]	[a] TELMISARTAN HCTZ-WGR 80/12.5 [WG]
						[a] Teltartan HCT 80/12.5 [RW]	
			[B]9.63	28.23	20.14	[a] Micardis Plus 80/12.5 mg [BY]	

telmisartan 80 mg + hydrochlorothiazide 25 mg tablet, 28

9381R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	18.91	20.45	[a] APO-Telmisartan HCTZ 80/25 [TX]	[a] Mizart HCT 80/25 mg [AF]
						[a] Telmisartan/HCT Sandoz [SZ]	[a] TELMISARTAN HCTZ-WGR 80/25 [WG]
						[a] Teltartan HCT 80/25 [RW]	
			[B]9.65	28.56	20.45	[a] Micardis Plus 80/25 mg [BY]	

TELMISARTAN + HYDROCHLOROTHIAZIDE

Restricted benefit

14238

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

telmisartan 40 mg + hydrochlorothiazide 12.5 mg tablet, 28

13546Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*20.08	21.62	[a] APO-Telmisartan HCTZ 40/12.5 [TX]	[a] Mizart HCT 40/12.5 mg [AF]
						[a] Telmisartan/HCT Sandoz [SZ]	[a] TELMISARTAN HCTZ-WGR 40/12.5 [WG]
						[a] Teltartan HCT 40/12.5 [RW]	
			[B]19.16	39.24	21.62	[a] Micardis Plus 40/12.5 mg [BY]	

telmisartan 80 mg + hydrochlorothiazide 12.5 mg tablet, 28

13574K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*22.84	24.38	[a] APO-Telmisartan HCTZ 80/12.5 [TX]	[a] Mizart HCT 80/12.5 mg [AF]
						[a] Telmisartan/HCT Sandoz [SZ]	[a] TELMISARTAN HCTZ-WGR 80/12.5 [WG]
						[a] Teltartan HCT 80/12.5 [RW]	
			[B]19.26	42.10	24.38	[a] Micardis Plus 80/12.5 mg [BY]	

telmisartan 80 mg + hydrochlorothiazide 25 mg tablet, 28

13607E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*23.46	25.00	[a] APO-Telmisartan HCTZ 80/25 [TX]	[a] Mizart HCT 80/25 mg [AF]
						[a] Telmisartan/HCT Sandoz [SZ]	[a] TELMISARTAN HCTZ-WGR 80/25 [WG]
						[a] Teltartan HCT 80/25 [RW]	
			[B]19.30	42.76	25.00	[a] Micardis Plus 80/25 mg [BY]	

VALSARTAN + HYDROCHLOROTHIAZIDE

valsartan 80 mg + hydrochlorothiazide 12.5 mg tablet, 28

9372G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	20.83	22.37	[a] Co-Diovan 80/12.5 [NV]	[a] Dilart HCT 80/12.5 [AF]

valsartan 160 mg + hydrochlorothiazide 12.5 mg tablet, 28

9373H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	22.36	23.90	[a] Co-Diovan 160/12.5 [NV]	[a] Dilart HCT 160/12.5 [AF]

valsartan 160 mg + hydrochlorothiazide 25 mg tablet, 28

9374J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	23.43	24.97	[a] Co-Diovan 160/25 [NV]	[a] Dilart HCT 160/25 [AF]

VALSARTAN + HYDROCHLOROTHIAZIDE

Note No applications for increased maximum quantities and/or repeats will be authorised for the tablets containing 320 mg valsartan.

valsartan 320 mg + hydrochlorothiazide 12.5 mg tablet, 28

9481B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	24.32	25.00	[a] Co-Diovan 320/12.5 [NV]	[a] Dilart HCT 320/12.5 [AF]

valsartan 320 mg + hydrochlorothiazide 25 mg tablet, 28

9482C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	25.38	25.00	[a] Co-Diovan 320/25 [NV]	[a] Dilart HCT 320/25 [AF]

VALSARTAN + HYDROCHLOROTHIAZIDE

Restricted benefit

14238

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

valsartan 80 mg + hydrochlorothiazide 12.5 mg tablet, 28

13393X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*27.30	25.00	[a] Co-Diovan 80/12.5 [NV]	[a] Dilart HCT 80/12.5 [AF]

valsartan 160 mg + hydrochlorothiazide 12.5 mg tablet, 28

13606D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*30.36	25.00	[a] Co-Diovan 160/12.5 [NV]	[a] Dilart HCT 160/12.5 [AF]

valsartan 160 mg + hydrochlorothiazide 25 mg tablet, 28

13453C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*32.50	25.00	[a] Co-Diovan 160/25 [NV]	[a] Dilart HCT 160/25 [AF]

VALSARTAN + HYDROCHLOROTHIAZIDE

Note No applications for increased maximum quantities and/or repeats will be authorised for the tablets containing 320 mg valsartan.

Restricted benefit

14238

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

valsartan 320 mg + hydrochlorothiazide 12.5 mg tablet, 28

13517K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*34.28	25.00	[a] Co-Diovan 320/12.5 [NV]	[a] Dilart HCT 320/12.5 [AF]

valsartan 320 mg + hydrochlorothiazide 25 mg tablet, 28

13455E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*36.40	25.00	[a] Co-Diovan 320/25 [NV]	[a] Dilart HCT 320/25 [AF]

Angiotensin II receptor blockers (ARBs) and calcium channel blockers

AMLODIPINE + VALSARTAN

amlodipine 5 mg + valsartan 80 mg tablet, 28

9375K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	22.10	23.64	[a] Amlodipine/Valsartan Novartis 5/80 [NM]	
			[B]7.76	29.86	23.64	[a] Exforge 5/80 [NV]	

amlodipine 5 mg + valsartan 160 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9376L NP	1	5	0.00	24.07	25.00	[a] Amlodipine/Valsartan Novartis 5/160 [NM]	
			[B]7.76	31.83	25.00	[a] Exforge 5/160 [NV]	

amlodipine 5 mg + valsartan 320 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5459H NP	1	5	0.00	26.58	25.00	[a] Amlodipine/Valsartan Novartis 5/320 [NM]	
			[B]7.76	34.34	25.00	[a] Exforge 5/320 [NV]	

amlodipine 10 mg + valsartan 160 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9377M NP	1	5	0.00	24.58	25.00	[a] Amlodipine/Valsartan Novartis 10/160 [NM]	
			[B]7.76	32.34	25.00	[a] Exforge 10/160 [NV]	

amlodipine 10 mg + valsartan 320 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5460J NP	1	5	0.00	26.78	25.00	[a] Amlodipine/Valsartan Novartis 10/320 [NM]	
			[B]7.76	34.54	25.00	[a] Exforge 10/320 [NV]	

AMLODIPINE + VALSARTAN

Restricted benefit

14238

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

amlodipine 5 mg + valsartan 80 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13421J NP	2	5	0.00	*29.84	25.00	[a] Amlodipine/Valsartan Novartis 5/80 [NM]	
			[B]15.52	*45.36	25.00	[a] Exforge 5/80 [NV]	

amlodipine 5 mg + valsartan 160 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13516J NP	2	5	0.00	*33.78	25.00	[a] Amlodipine/Valsartan Novartis 5/160 [NM]	
			[B]15.52	*49.30	25.00	[a] Exforge 5/160 [NV]	

amlodipine 5 mg + valsartan 320 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13604B NP	2	5	0.00	*38.80	25.00	[a] Amlodipine/Valsartan Novartis 5/320 [NM]	
			[B]15.52	*54.32	25.00	[a] Exforge 5/320 [NV]	

amlodipine 10 mg + valsartan 160 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13454D NP	2	5	0.00	*34.80	25.00	[a] Amlodipine/Valsartan Novartis 10/160 [NM]	
			[B]15.52	*50.32	25.00	[a] Exforge 10/160 [NV]	

amlodipine 10 mg + valsartan 320 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13389Q NP	2	5	0.00	*39.20	25.00	[a] Amlodipine/Valsartan Novartis 10/320 [NM]	
			[B]15.52	*54.72	25.00	[a] Exforge 10/320 [NV]	

OLMESARTAN + AMLODIPINE

olmesartan medoxomil 20 mg + amlodipine 5 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5292M NP	1	5	0.00	18.22	19.76	[a] APO-OLMESARTAN/AMLODIPINE 20/5 [TY]	[a] OLMEKAR [RW]
						[a] Olmesartan/Amlodipine - MYL 20/5 [AF]	[a] Olmesartan/Amlodipine Sandoz [SZ]

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5292M						[a] OLMESARTAN AMLODIPINE-WGR 20/5 [WG]	[a] Pharmacor Olmesartan Amlodipine 20/5 [CR]
			[B]3.80	22.02	19.76	[a] Sevikar 20/5 [AL]	

olmesartan medoxomil 40 mg + amlodipine 5 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5293N							
NP	1	5	0.00	19.10	20.64	[a] APO-OLMESARTAN/AMLODIPINE 40/5 [TY]	[a] OLMEKAR [RW]
						[a] Olmesartan/Amlodipine - MYL 40/5 [AF]	[a] Olmesartan/Amlodipine Sandoz [SZ]
						[a] OLMESARTAN AMLODIPINE-WGR 40/5 [WG]	[a] Pharmacor Olmesartan Amlodipine 40/5 [CR]
			[B]3.32	22.42	20.64	[a] Sevikar 40/5 [AL]	

olmesartan medoxomil 40 mg + amlodipine 10 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5294P							
NP	1	5	0.00	19.42	20.96	[a] APO-OLMESARTAN/AMLODIPINE 40/10 [TY]	[a] OLMEKAR [RW]
						[a] Olmesartan/Amlodipine - MYL 40/10 [AF]	[a] Olmesartan/Amlodipine Sandoz [SZ]
						[a] OLMESARTAN AMLODIPINE-WGR 40/10 [WG]	[a] Pharmacor Olmesartan Amlodipine 40/10 [CR]
			[B]3.33	22.75	20.96	[a] Sevikar 40/10 [AL]	

OLMESARTAN + AMLODIPINE

Restricted benefit

14238

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

olmesartan medoxomil 20 mg + amlodipine 5 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13449W							
NP	2	5	0.00	*22.08	23.62	[a] APO-OLMESARTAN/AMLODIPINE 20/5 [TY]	[a] OLMEKAR [RW]
						[a] Olmesartan/Amlodipine - MYL 20/5 [AF]	[a] Olmesartan/Amlodipine Sandoz [SZ]
						[a] OLMESARTAN AMLODIPINE-WGR 20/5 [WG]	[a] Pharmacor Olmesartan Amlodipine 20/5 [CR]
			[B]7.60	29.68	23.62	[a] Sevikar 20/5 [AL]	

olmesartan medoxomil 40 mg + amlodipine 5 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13964Y							
NP	2	5	0.00	*23.84	25.00	[a] APO-OLMESARTAN/AMLODIPINE 40/5 [TY]	[a] OLMEKAR [RW]
						[a] Olmesartan/Amlodipine - MYL 40/5 [AF]	[a] Olmesartan/Amlodipine Sandoz [SZ]
						[a] OLMESARTAN AMLODIPINE-WGR 40/5 [WG]	[a] Pharmacor Olmesartan Amlodipine 40/5 [CR]
			[B]6.64	30.48	25.00	[a] Sevikar 40/5 [AL]	

olmesartan medoxomil 40 mg + amlodipine 10 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13943W							
NP	2	5	0.00	*24.48	25.00	[a] APO-OLMESARTAN/AMLODIPINE 40/10 [TY]	[a] OLMEKAR [RW]
						[a] Olmesartan/Amlodipine - MYL 40/10 [AF]	[a] Olmesartan/Amlodipine Sandoz [SZ]
						[a] OLMESARTAN AMLODIPINE-WGR 40/10 [WG]	[a] Pharmacor Olmesartan Amlodipine 40/10 [CR]

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13943W			[B]6.66	31.14	25.00	[a] Sevikar 40/10 [AL]	

TELMISARTAN + AMLODIPINE

telmisartan 40 mg + amlodipine 5 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8978M NP	1	5	0.00	17.52	19.06	[a] ARX-Telmisartan/Amlodipine [XT] [a] Twilem 40/5 [AL]	[a] Telmisartan/Amlodipine Viatris [AF]

telmisartan 40 mg + amlodipine 10 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8979N NP	1	5	0.00	18.10	19.64	[a] ARX-Telmisartan/Amlodipine [XT] [a] Twilem 40/10 [AL]	[a] Telmisartan/Amlodipine Viatris [AF]

telmisartan 80 mg + amlodipine 5 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8980P NP	1	5	0.00	20.15	21.69	[a] ARX-Telmisartan/Amlodipine [XT] [a] Twilem 80/5 [AL]	[a] Telmisartan/Amlodipine Viatris [AF]

telmisartan 80 mg + amlodipine 10 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8981Q NP	1	5	0.00	20.77	22.31	[a] ARX-Telmisartan/Amlodipine [XT] [a] Twilem 80/10 [AL]	[a] Telmisartan/Amlodipine Viatris [AF]

TELMISARTAN + AMLODIPINE

Restricted benefit

14238

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

telmisartan 40 mg + amlodipine 5 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13483P NP	2	5	0.00	*20.68	22.22	[a] ARX-Telmisartan/Amlodipine [XT] [a] Twilem 40/5 [AL]	[a] Telmisartan/Amlodipine Viatris [AF]

telmisartan 40 mg + amlodipine 10 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13515H NP	2	5	0.00	*21.84	23.38	[a] ARX-Telmisartan/Amlodipine [XT] [a] Twilem 40/10 [AL]	[a] Telmisartan/Amlodipine Viatris [AF]

telmisartan 80 mg + amlodipine 5 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13450X NP	2	5	0.00	*25.94	25.00	[a] ARX-Telmisartan/Amlodipine [XT] [a] Twilem 80/5 [AL]	[a] Telmisartan/Amlodipine Viatris [AF]

telmisartan 80 mg + amlodipine 10 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13451Y NP	2	5	0.00	*27.18	25.00	[a] ARX-Telmisartan/Amlodipine [XT] [a] Twilem 80/10 [AL]	[a] Telmisartan/Amlodipine Viatris [AF]

Angiotensin II receptor blockers (ARBs), other combinations

AMLODIPINE + VALSARTAN + HYDROCHLOROTHIAZIDE

Restricted benefit

4311

Hypertension

Clinical criteria:

- The treatment must not be for the initiation of anti-hypertensive therapy, **AND**
- The condition must be inadequately controlled with concomitant treatment with two of the following: an angiotensin II antagonist, a dihydropyridine calcium channel blocker or a thiazide diuretic.

amlodipine 5 mg + valsartan 160 mg + hydrochlorothiazide 12.5 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5285E							
NP	1	5	0.00	25.54	25.00	[a] Amlodipine/Valsartan/HCT Novartis 5/160/12.5 [NM]	
			[B]11.64	37.18	25.00	[a] Exforge HCT 5/160/12.5 [NV]	

amlodipine 5 mg + valsartan 160 mg + hydrochlorothiazide 25 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5286F							
NP	1	5	0.00	27.01	25.00	[a] Amlodipine/Valsartan/HCT Novartis 5/160/25 [NM]	
			[B]7.76	34.77	25.00	[a] Exforge HCT 5/160/25 [NV]	

amlodipine 10 mg + valsartan 160 mg + hydrochlorothiazide 12.5 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5287G							
NP	1	5	0.00	26.05	25.00	[a] Amlodipine/Valsartan/HCT Novartis 10/160/12.5 [NM]	
			[B]7.76	33.81	25.00	[a] Exforge HCT 10/160/12.5 [NV]	

amlodipine 10 mg + valsartan 160 mg + hydrochlorothiazide 25 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5288H							
NP	1	5	0.00	27.52	25.00	[a] Amlodipine/Valsartan/HCT Novartis 10/160/25 [NM]	
			[B]11.64	39.16	25.00	[a] Exforge HCT 10/160/25 [NV]	

amlodipine 10 mg + valsartan 320 mg + hydrochlorothiazide 25 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5289J							
NP	1	5	0.00	29.72	25.00	[a] Amlodipine/Valsartan/HCT Novartis 10/320/25 [NM]	
			[B]7.76	37.48	25.00	[a] Exforge HCT 10/320/25 [NV]	

AMLODIPINE + VALSARTAN + HYDROCHLOROTHIAZIDE

Restricted benefit

14272

Hypertension

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The treatment must not be for the initiation of anti-hypertensive therapy, **AND**
- The condition must be inadequately controlled with concomitant treatment with two of the following: an angiotensin II antagonist, a dihydropyridine calcium channel blocker or a thiazide diuretic.

amlodipine 5 mg + valsartan 160 mg + hydrochlorothiazide 12.5 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13448T							
NP	2	5	0.00	*36.72	25.00	[a] Amlodipine/Valsartan/HCT Novartis 5/160/12.5 [NM]	
			[B]23.28	*60.00	25.00	[a] Exforge HCT 5/160/12.5 [NV]	

amlodipine 5 mg + valsartan 160 mg + hydrochlorothiazide 25 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13603Y							
NP	2	5	0.00	*39.66	25.00	[a] Amlodipine/Valsartan/HCT Novartis 5/160/25 [NM]	
			[B]15.52	*55.18	25.00	[a] Exforge HCT 5/160/25 [NV]	

amlodipine 10 mg + valsartan 160 mg + hydrochlorothiazide 12.5 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13514G							
NP	2	5	0.00	*37.74	25.00	[a] Amlodipine/Valsartan/HCT Novartis 10/160/12.5 [NM]	
			[B]15.52	*53.26	25.00	[a] Exforge HCT 10/160/12.5 [NV]	

amlodipine 10 mg + valsartan 160 mg + hydrochlorothiazide 25 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13390R							
NP	2	5	0.00	*40.68	25.00	[a] Amlodipine/Valsartan/HCT Novartis 10/160/25 [NM]	
			[B]23.28	*63.96	25.00	[a] Exforge HCT 10/160/25 [NV]	

amlodipine 10 mg + valsartan 320 mg + hydrochlorothiazide 25 mg tablet, 28

13573J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*45.08	25.00	[a] Amlodipine/Valsartan/HCT Novartis 10/320/25 [NM]	
			[B]15.52	*60.60	25.00	[a] Exforge HCT 10/320/25 [NV]	

OLMESARTAN + AMLODIPINE + HYDROCHLOROTHIAZIDE

Restricted benefit

4311

Hypertension

Clinical criteria:

- The treatment must not be for the initiation of anti-hypertensive therapy, **AND**
- The condition must be inadequately controlled with concomitant treatment with two of the following: an angiotensin II antagonist, a dihydropyridine calcium channel blocker or a thiazide diuretic.

olmesartan medoxomil 20 mg + amlodipine 5 mg + hydrochlorothiazide 12.5 mg tablet, 30

10005N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	20.17	21.71	[a] APO-Olmesartan/Amlodipine/HCTZ 20/5/12.5 [TX]	[a] Olamlo HCT 20/5/12.5 [AL]
			[B]3.88	24.05	21.71	[a] Sevikar HCT 20/5/12.5 [AF]	

olmesartan medoxomil 40 mg + amlodipine 5 mg + hydrochlorothiazide 12.5 mg tablet, 30

2880N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	22.92	24.46	[a] APO-Olmesartan/Amlodipine/HCTZ 40/5/12.5 tablet [TX]	[a] Olamlo HCT 40/5/12.5 [AL]
			[B]3.88	26.80	24.46	[a] Sevikar HCT 40/5/12.5 [AF]	

olmesartan medoxomil 40 mg + amlodipine 5 mg + hydrochlorothiazide 25 mg tablet, 30

2864R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	24.44	25.00	[a] APO-Olmesartan/Amlodipine/HCTZ 40/5/25 tablet [TX]	[a] Olamlo HCT 40/5/25 [AL]
			[B]3.88	28.32	25.00	[a] Sevikar HCT 40/5/25 [AF]	

olmesartan medoxomil 40 mg + amlodipine 10 mg + hydrochlorothiazide 12.5 mg tablet, 30

2836G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	23.32	24.86	[a] APO-Olmesartan/Amlodipine/HCTZ 40/10/12.5 [TX]	[a] Olamlo HCT 40/10/12.5 [AL]
			[B]4.14	27.46	24.86	[a] Sevikar HCT 40/10/12.5 [AF]	

olmesartan medoxomil 40 mg + amlodipine 10 mg + hydrochlorothiazide 25 mg tablet, 30

2953K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	24.81	25.00	[a] APO-Olmesartan/Amlodipine/HCTZ 40/10/25 [TX]	[a] Olamlo HCT 40/10/25 [AL]
			[B]3.88	28.69	25.00	[a] Sevikar HCT 40/10/25 [AF]	

OLMESARTAN + AMLODIPINE + HYDROCHLOROTHIAZIDE

Restricted benefit

14272

Hypertension

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The treatment must not be for the initiation of anti-hypertensive therapy, **AND**
- The condition must be inadequately controlled with concomitant treatment with two of the following: an angiotensin II antagonist, a dihydropyridine calcium channel blocker or a thiazide diuretic.

olmesartan medoxomil 20 mg + amlodipine 5 mg + hydrochlorothiazide 12.5 mg tablet, 30

13481M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*25.98	25.00	[a] APO-Olmesartan/Amlodipine/HCTZ 20/5/12.5 [TX]	[a] Olamlo HCT 20/5/12.5 [AL]
			[B]7.76	*33.74	25.00	[a] Sevikar HCT 20/5/12.5 [AF]	

olmesartan medoxomil 40 mg + amlodipine 5 mg + hydrochlorothiazide 12.5 mg tablet, 30

13513F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*31.48	25.00	[a] APO-Olmesartan/Amlodipine/HCTZ 40/5/12.5 tablet [TX]	[a] Olamlo HCT 40/5/12.5 [AL]
			[B]7.76	*39.24	25.00	[a] Sevikar HCT 40/5/12.5 [AF]	

olmesartan medoxomil 40 mg + amlodipine 5 mg + hydrochlorothiazide 25 mg tablet, 30

13512E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*34.52	25.00	[a] APO-Olmesartan/Amlodipine/HCTZ 40/5/25 tablet [TX]	[a] Olamlo HCT 40/5/25 [AL]
			[B]7.76	*42.28	25.00	[a] Sevikar HCT 40/5/25 [AF]	

olmesartan medoxomil 40 mg + amlodipine 10 mg + hydrochlorothiazide 12.5 mg tablet, 30

13482N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*32.28	25.00	[a] APO-Olmesartan/Amlodipine/HCTZ 40/10/12.5 [TX]	[a] Olamlo HCT 40/10/12.5 [AL]
			[B]8.28	*40.56	25.00	[a] Sevikar HCT 40/10/12.5 [AF]	

OLMESARTAN + AMLODIPINE + HYDROCHLOROTHIAZIDE

Restricted benefit

14837

Hypertension

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The treatment must not be for the initiation of anti-hypertensive therapy, **AND**
- The condition must be inadequately controlled with concomitant treatment with two of the following: an angiotensin II antagonist, a dihydropyridine calcium channel blocker or a thiazide diuretic.

olmesartan medoxomil 40 mg + amlodipine 10 mg + hydrochlorothiazide 25 mg tablet, 30

14002Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*35.26	25.00	[a] APO-Olmesartan/Amlodipine/HCTZ 40/10/25 [TX]	[a] Olamlo HCT 40/10/25 [AL]
			[B]7.76	*43.02	25.00	[a] Sevikar HCT 40/10/25 [AF]	

SACUBITRIL + VALSARTAN

Authority Required (STREAMLINED)

18150

Chronic heart failure

Clinical criteria:

- Patient must be symptomatic with NYHA classes II, III or IV, **AND**
- Patient must have a documented left ventricular ejection fraction (LVEF) of less than or equal to 40%, **AND**
- Patient must receive concomitant optimal standard chronic heart failure treatment, which must include a beta-blocker, unless at least one of the following is present in relation to the beta-blocker: (i) a contraindication listed in the Product Information, (ii) an existing/expected intolerance, **AND**
- Patient must have been stabilised on an ACE inhibitor at the time of initiation with this drug, unless such treatment is contraindicated according to the TGA-approved Product Information or cannot be tolerated; **OR**
- Patient must have been stabilised on an angiotensin II antagonist at the time of initiation with this drug, unless such treatment is contraindicated according to the TGA-approved Product Information or cannot be tolerated, **AND**
- The treatment must not be co-administered with an ACE inhibitor or an angiotensin II antagonist.

sacubitril 24.3 mg + valsartan 25.7 mg tablet, 56

11123K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	98.56	25.00	[a] Entresto [NV]	[a] Omtralo [NM]
						[a] Pharmacor Sacubitril/Valsartan [CR]	[a] Sacubitril/Valsartan Alphapharm [FY]
						[a] Sacubitril/Valsartan Lupin 24/26 [GQ]	[a] SACUBITRIL/VALSARTAN-WGR [WG]
						[a] Valtresto [TX]	

sacubitril 48.6 mg + valsartan 51.4 mg tablet, 56

11131W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	98.56	25.00	[a] Entresto [NV]	[a] Omtralo [NM]

11131W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
						[a] Pharmacor Sacubitril/Valsartan [CR] [a] Sacubitril/Valsartan Lupin 49/51 [GQ] [a] Valtresto [TX]	[a] Sacubitril/Valsartan Alphapharm [FY] [a] SACUBITRIL/VALSARTAN-WGR [WG]

sacubitril 97.2 mg + valsartan 102.8 mg tablet, 56

11122J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	98.56	25.00	[a] Entresto [NV] [a] Pharmacor Sacubitril/Valsartan [CR] [a] Sacubitril/Valsartan Lupin 97/103 [GQ] [a] Valtresto [TX]	[a] Omtralo [NM] [a] Sacubitril/Valsartan Alphapharm [FY] [a] SACUBITRIL/VALSARTAN-WGR [WG]

SACUBITRIL + VALSARTAN

Authority Required (STREAMLINED)

18338

Chronic heart failure

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must be symptomatic with NYHA classes II, III or IV, **AND**
- Patient must have a documented left ventricular ejection fraction (LVEF) of less than or equal to 40%, **AND**
- Patient must receive concomitant optimal standard chronic heart failure treatment, which must include a beta-blocker, unless at least one of the following is present in relation to the beta-blocker: (i) a contraindication listed in the Product Information, (ii) an existing/expected intolerance, **AND**
- Patient must have been stabilised on an ACE inhibitor at the time of initiation with this drug, unless such treatment is contraindicated according to the TGA-approved Product Information or cannot be tolerated; **OR**
- Patient must have been stabilised on an angiotensin II antagonist at the time of initiation with this drug, unless such treatment is contraindicated according to the TGA-approved Product Information or cannot be tolerated, **AND**
- The treatment must not be co-administered with an ACE inhibitor or an angiotensin II antagonist.

sacubitril 24.3 mg + valsartan 25.7 mg tablet, 56

13570F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*186.18	25.00	[a] Entresto [NV] [a] Pharmacor Sacubitril/Valsartan [CR] [a] Sacubitril/Valsartan Lupin 24/26 [GQ] [a] Valtresto [TX]	[a] Omtralo [NM] [a] Sacubitril/Valsartan Alphapharm [FY] [a] SACUBITRIL/VALSARTAN-WGR [WG]

sacubitril 48.6 mg + valsartan 51.4 mg tablet, 56

13511D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*186.18	25.00	[a] Entresto [NV] [a] Pharmacor Sacubitril/Valsartan [CR] [a] Sacubitril/Valsartan Lupin 49/51 [GQ] [a] Valtresto [TX]	[a] Omtralo [NM] [a] Sacubitril/Valsartan Alphapharm [FY] [a] SACUBITRIL/VALSARTAN-WGR [WG]

sacubitril 97.2 mg + valsartan 102.8 mg tablet, 56

13445P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*186.18	25.00	[a] Entresto [NV] [a] Pharmacor Sacubitril/Valsartan [CR] [a] Sacubitril/Valsartan Lupin 97/103 [GQ] [a] Valtresto [TX]	[a] Omtralo [NM] [a] Sacubitril/Valsartan Alphapharm [FY] [a] SACUBITRIL/VALSARTAN-WGR [WG]

LIPID MODIFYING AGENTS

LIPID MODIFYING AGENTS, PLAIN

HMG CoA reductase inhibitors

ATORVASTATIN

atorvastatin 10 mg tablet, 30

8213G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	17.10	18.64	[a] APO-Atorvastatin [TX]	[a] ATOMED [DZ]
						[a] Atorvachol [RF]	[a] Atorvastatin SZ [HX]
						[a] ATORVASTATIN-WGR [WG]	[a] BTC Atorvastatin [BG]
						[a] Lipitor [AS]	[a] Lorstat 10 [AF]
						[a] Pharmacor Atorvastatin [CR]	[a] Trovas [RA]

atorvastatin 20 mg tablet, 30

8214H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	17.20	18.74	[a] APO-Atorvastatin [TX]	[a] ATOMED [DZ]
						[a] Atorvachol [RF]	[a] Atorvastatin SZ [HX]
						[a] ATORVASTATIN-WGR [WG]	[a] BTC Atorvastatin [BG]
						[a] Lipitor [AS]	[a] Lorstat 20 [AF]
						[a] Pharmacor Atorvastatin [CR]	[a] Trovas [RA]

atorvastatin 40 mg tablet, 30

8215J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	18.05	19.59	[a] APO-Atorvastatin [TX]	[a] ATOMED [DZ]
						[a] Atorvachol [RF]	[a] Atorvastatin SZ [HX]
						[a] ATORVASTATIN-WGR [WG]	[a] BTC Atorvastatin [BG]
						[a] Lipitor [AS]	[a] Lorstat 40 [AF]
						[a] Pharmacor Atorvastatin [CR]	[a] Trovas [RA]

atorvastatin 80 mg tablet, 30

8521L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	18.60	20.14	[a] APO-Atorvastatin [TX]	[a] ATOMED [DZ]
						[a] Atorvachol [RF]	[a] Atorvastatin SZ [HX]
						[a] ATORVASTATIN-WGR [WG]	[a] BTC Atorvastatin [BG]
						[a] Lipitor [AS]	[a] Lorstat 80 [AF]
						[a] Pharmacor Atorvastatin [CR]	[a] Trovas [RA]

ATORVASTATIN

Restricted benefit

14238

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

atorvastatin 10 mg tablet, 30

13495G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*19.84	21.38	[a] APO-Atorvastatin [TX]	[a] ATOMED [DZ]
						[a] Atorvachol [RF]	[a] Atorvastatin SZ [HX]
						[a] ATORVASTATIN-WGR [WG]	[a] BTC Atorvastatin [BG]
						[a] Lipitor [AS]	[a] Lorstat 10 [AF]
						[a] Pharmacor Atorvastatin [CR]	[a] Trovas [RA]

atorvastatin 20 mg tablet, 30

13529C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*20.04	21.58	[a] APO-Atorvastatin [TX]	[a] ATOMED [DZ]
						[a] Atorvachol [RF]	[a] Atorvastatin SZ [HX]
						[a] ATORVASTATIN-WGR [WG]	[a] BTC Atorvastatin [BG]
						[a] Lipitor [AS]	[a] Lorstat 20 [AF]
						[a] Pharmacor Atorvastatin [CR]	[a] Trovas [RA]

atorvastatin 40 mg tablet, 30

13468W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*21.74	23.28	[a] APO-Atorvastatin [TX]	[a] ATOMED [DZ]
						[a] Atorvachol [RF]	[a] Atorvastatin SZ [HX]
						[a] ATORVASTATIN-WGR [WG]	[a] BTC Atorvastatin [BG]
						[a] Lipitor [AS]	[a] Lorstat 40 [AF]

13468W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
						[a] Pharmacor Atorvastatin [CR]	[a] Trovas [RA]

atorvastatin 80 mg tablet, 30

13374X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*22.84	24.38	[a] APO-Atorvastatin [TX]	[a] ATOMED [DZ]
						[a] Atorvachol [RF]	[a] Atorvastatin SZ [HX]
						[a] ATORVASTATIN-WGR [WG]	[a] BTC Atorvastatin [BG]
						[a] Lipitor [AS]	[a] Lorstat 80 [AF]
						[a] Pharmacor Atorvastatin [CR]	[a] Trovas [RA]

PRAVASTATIN

pravastatin sodium 10 mg tablet, 30

2833D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	17.10	18.64	[a] APX-Pravastatin [TY]	[a] Lipostat 10 [RF]
						[a] Pravastatin Sandoz [SZ]	[a] PRAVASTATIN-WGR [WG]
			[B]2.75	19.85	18.64	[a] Cholstat 10 [AF]	
			[B]4.69	21.79	18.64	[a] Pravachol [RW]	

pravastatin sodium 20 mg tablet, 30

2834E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	17.37	18.91	[a] APX-Pravastatin [TY]	[a] Cholstat 20 [AF]
						[a] Lipostat 20 [RF]	[a] Pravastatin Sandoz [SZ]
						[a] PRAVASTATIN-WGR [WG]	
			[B]4.71	22.08	18.91	[a] Pravachol [RW]	

pravastatin sodium 40 mg tablet, 30

8197K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	18.13	19.67	[a] APX-Pravastatin [TY]	[a] Cholstat 40 [AF]
						[a] Lipostat 40 [RF]	[a] Pravastatin Sandoz [SZ]
						[a] PRAVASTATIN-WGR [WG]	
			[B]4.75	22.88	19.67	[a] Pravachol [RW]	

pravastatin sodium 80 mg tablet, 30

8829Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	20.03	21.57	[a] APX-Pravastatin [TY]	[a] Lipostat 80 [RF]
			[B]4.99	25.02	21.57	[a] Pravachol [RW]	

PRAVASTATIN

Restricted benefit

14238

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

pravastatin sodium 10 mg tablet, 30

13496H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*19.84	21.38	[a] APX-Pravastatin [TY]	[a] Lipostat 10 [RF]
						[a] Pravastatin Sandoz [SZ]	[a] PRAVASTATIN-WGR [WG]
			[B]5.50	25.34	21.38	[a] Cholstat 10 [AF]	
			[B]9.38	29.22	21.38	[a] Pravachol [RW]	

pravastatin sodium 20 mg tablet, 30

13497J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*20.38	21.92	[a] APX-Pravastatin [TY]	[a] Cholstat 20 [AF]
						[a] Lipostat 20 [RF]	[a] Pravastatin Sandoz [SZ]
						[a] PRAVASTATIN-WGR [WG]	
			[B]9.42	29.80	21.92	[a] Pravachol [RW]	

pravastatin sodium 40 mg tablet, 30

13432Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*21.90	23.44	[a] APX-Pravastatin [TY]	[a] Cholstat 40 [AF]
						[a] Lipostat 40 [RF]	[a] Pravastatin Sandoz [SZ]

13432Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
						[a] PRAVASTATIN-WGR [WG]	
			[B]9.50	31.40	23.44	[a] Pravachol [RW]	

pravastatin sodium 80 mg tablet, 30

13527Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*25.70	25.00	[a] APX-Pravastatin [TY]	[a] Lipostat 80 [RF]
			[B]9.98	*35.68	25.00	[a] Pravachol [RW]	

ROSUVASTATIN

rosuvastatin 5 mg tablet, 30

2606E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	17.10	18.64	[a] APO-ROSUVASTATIN [TX]	[a] APX-Rosuvastatin [TY]
						[a] Blooms Rosuvastatin [BG]	[a] Cavstat [AF]
						[a] Crosuva 5 [RW]	[a] Pharmacor Rosuvastatin 5 [CR]
						[a] Rosuvastatin Lupin [GQ]	[a] Rosuvastatin RBX [RA]
						[a] Rosuvastatin Sandoz [SZ]	[a] ROSUVASTATIN-WGR [WG]
			[B]4.68	21.78	18.64	[a] Crestor [FK]	

rosuvastatin 10 mg tablet, 30

2628H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	18.10	19.64	[a] APO-ROSUVASTATIN [TX]	[a] APX-Rosuvastatin [TY]
						[a] Blooms Rosuvastatin [BG]	[a] Cavstat [AF]
						[a] Crosuva 10 [RW]	[a] Pharmacor Rosuvastatin 10 [CR]
						[a] Rosuvastatin Lupin [GQ]	[a] Rosuvastatin RBX [RA]
						[a] Rosuvastatin Sandoz [SZ]	[a] ROSUVASTATIN-WGR [WG]
			[B]4.70	22.80	19.64	[a] Crestor [FK]	

rosuvastatin 20 mg tablet, 30

2574L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	18.15	19.69	[a] APO-ROSUVASTATIN [TX]	[a] APX-Rosuvastatin [TY]
						[a] Blooms Rosuvastatin [BG]	[a] Cavstat [AF]
						[a] Crosuva 20 [RW]	[a] Pharmacor Rosuvastatin 20 [CR]
						[a] Rosuvastatin Lupin [GQ]	[a] Rosuvastatin RBX [RA]
						[a] Rosuvastatin Sandoz [SZ]	[a] ROSUVASTATIN-WGR [WG]
			[B]4.71	22.86	19.69	[a] Crestor [FK]	

rosuvastatin 40 mg tablet, 30

2594M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	19.66	21.20	[a] APO-ROSUVASTATIN [TX]	[a] APX-Rosuvastatin [TY]
						[a] Blooms Rosuvastatin [BG]	[a] Cavstat [AF]
						[a] Crosuva 40 [RW]	[a] Pharmacor Rosuvastatin 40 [CR]
						[a] Rosuvastatin Lupin [GQ]	[a] Rosuvastatin RBX [RA]
						[a] Rosuvastatin Sandoz [SZ]	[a] ROSUVASTATIN-WGR [WG]
			[B]4.76	24.42	21.20	[a] Crestor [FK]	

ROSUVASTATIN

Restricted benefit

14238

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

rosuvastatin 5 mg tablet, 30

13406N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*19.84	21.38	[a] APO-ROSUVASTATIN [TX]	[a] APX-Rosuvastatin [TY]
						[a] Blooms Rosuvastatin [BG]	[a] Cavstat [AF]
						[a] Crosuva 5 [RW]	[a] Pharmacor Rosuvastatin 5 [CR]
						[a] Rosuvastatin Lupin [GQ]	[a] Rosuvastatin RBX [RA]

13406N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
						[a] Rosuvastatin Sandoz [SZ]	[a] ROSUVASTATIN-WGR [WG]
			[B]9.36	29.20	21.38	[a] Crestor [FK]	

rosuvastatin 10 mg tablet, 30

13586C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*21.84	23.38	[a] APO-ROSUVASTATIN [TX]	[a] APX-Rosuvastatin [TY]
						[a] Blooms Rosuvastatin [BG]	[a] Cavstat [AF]
						[a] Crosuva 10 [RW]	[a] Pharmacor Rosuvastatin 10 [CR]
						[a] Rosuvastatin Lupin [GQ]	[a] Rosuvastatin RBX [RA]
						[a] Rosuvastatin Sandoz [SZ]	[a] ROSUVASTATIN-WGR [WG]
			[B]9.40	31.24	23.38	[a] Crestor [FK]	

rosuvastatin 20 mg tablet, 30

13588E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*21.94	23.48	[a] APO-ROSUVASTATIN [TX]	[a] APX-Rosuvastatin [TY]
						[a] Blooms Rosuvastatin [BG]	[a] Cavstat [AF]
						[a] Crosuva 20 [RW]	[a] Pharmacor Rosuvastatin 20 [CR]
						[a] Rosuvastatin Lupin [GQ]	[a] Rosuvastatin RBX [RA]
						[a] Rosuvastatin Sandoz [SZ]	[a] ROSUVASTATIN-WGR [WG]
			[B]9.42	31.36	23.48	[a] Crestor [FK]	

rosuvastatin 40 mg tablet, 30

13589F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*24.96	25.00	[a] APO-ROSUVASTATIN [TX]	[a] APX-Rosuvastatin [TY]
						[a] Blooms Rosuvastatin [BG]	[a] Cavstat [AF]
						[a] Crosuva 40 [RW]	[a] Pharmacor Rosuvastatin 40 [CR]
						[a] Rosuvastatin Lupin [GQ]	[a] Rosuvastatin RBX [RA]
						[a] Rosuvastatin Sandoz [SZ]	[a] ROSUVASTATIN-WGR [WG]
			[B]9.52	34.48	25.00	[a] Crestor [FK]	

SIMVASTATIN

simvastatin 5 mg tablet, 30

2013Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	17.10	18.64	[a] Simvastatin Sandoz [SZ]	[a] Zimstat [AF]

simvastatin 10 mg tablet, 30

2011W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	17.10	18.64	[a] APO-Simvastatin [TX]	[a] Simvar 10 [RW]
						[a] Simvastatin Sandoz [SZ]	[a] SIMVASTATIN-WGR [WG]
						[a] Zimstat [AF]	

simvastatin 20 mg tablet, 30

2012X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	17.10	18.64	[a] APO-Simvastatin [TX]	[a] Simvar 20 [RW]
						[a] Simvastatin Sandoz [SZ]	[a] SIMVASTATIN-WGR [WG]
						[a] Zimstat [AF]	
			[B]8.89	25.99	18.64	[a] Lipex 20 [AL]	
			[B]8.89	25.99	18.64	[a] Zocor [MQ]	

simvastatin 40 mg tablet, 30

8173E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	17.27	18.81	[a] APO-Simvastatin [TX]	[a] Simvar 40 [RW]
						[a] Simvastatin Sandoz [SZ]	[a] SIMVASTATIN-WGR [WG]
						[a] Zimstat [AF]	
			[B]8.84	26.11	18.81	[a] Lipex 40 [AL]	
			[B]8.84	26.11	18.81	[a] Zocor [MQ]	

simvastatin 80 mg tablet, 30

8313M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	18.10	19.64	[a] APO-Simvastatin [TX]	[a] Simvar 80 [RW]
						[a] Simvastatin Sandoz [SZ]	[a] SIMVASTATIN-WGR [WG]
						[a] Zimstat [AF]	

SIMVASTATIN

Restricted benefit

14238

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

simvastatin 5 mg tablet, 30

13559P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*19.84	21.38	[a] Simvastatin Sandoz [SZ]	[a] Zimstat [AF]

simvastatin 10 mg tablet, 30

13528B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*19.84	21.38	[a] APO-Simvastatin [TX]	[a] Simvar 10 [RW]
						[a] Simvastatin Sandoz [SZ]	[a] SIMVASTATIN-WGR [WG]
						[a] Zimstat [AF]	

simvastatin 20 mg tablet, 30

13373W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*19.84	21.38	[a] APO-Simvastatin [TX]	[a] Simvar 20 [RW]
						[a] Simvastatin Sandoz [SZ]	[a] SIMVASTATIN-WGR [WG]
						[a] Zimstat [AF]	
			[B]17.78	37.62	21.38	[a] Lipex 20 [AL]	
			[B]17.78	37.62	21.38	[a] Zocor [MQ]	

simvastatin 40 mg tablet, 30

13471B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*20.18	21.72	[a] APO-Simvastatin [TX]	[a] Simvar 40 [RW]
						[a] Simvastatin Sandoz [SZ]	[a] SIMVASTATIN-WGR [WG]
						[a] Zimstat [AF]	
			[B]17.68	37.86	21.72	[a] Lipex 40 [AL]	
			[B]17.68	37.86	21.72	[a] Zocor [MQ]	

simvastatin 80 mg tablet, 30

13498K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*21.84	23.38	[a] APO-Simvastatin [TX]	[a] Simvar 80 [RW]
						[a] Simvastatin Sandoz [SZ]	[a] SIMVASTATIN-WGR [WG]
						[a] Zimstat [AF]	

Fibrates

FENOFIBRATE

Note The risk of serious muscle toxicity is increased if this drug is used concomitantly with HMG CoA reductase inhibitors or other fibrates. Such combination therapy should be used with caution in patients with severe combined dyslipidaemia and high cardiovascular risk without any history of muscular disease and patients monitored closely for chronic signs of muscle toxicity.

fenofibrate 48 mg tablet, 60

9022W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	18.60	20.14	[a] APO-Fenofibrate [TX]	[a] ARX-FENOFIBRATE [TY]
						[a] Fenofibrate Lupin [GQ]	[a] FENOFIBRATE RBX [RA]
						[a] Fenofibrate Viatris [AL]	[a] FENOFIBRATE-WGR [WG]
						[a] Lipidil [GO]	

fenofibrate 145 mg tablet, 30

9023X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	20.52	22.06	[a] APO-Fenofibrate [TX]	[a] ARX-FENOFIBRATE [TY]
						[a] BTC Fenofibrate [BG]	[a] Fenocol [XT]
						[a] Fenofibrate Cipla [LR]	[a] Fenofibrate Lupin [GQ]

9023X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
						[a] FENOFIBRATE RBX [RA]	[a] Fenofibrate Sandoz [SZ]
						[a] Fenofibrate Viatris [AL]	[a] FENOFIBRATE-WGR [WG]
						[a] Lipidil [GO]	

FENOFIBRATE

Note The risk of serious muscle toxicity is increased if this drug is used concomitantly with HMG CoA reductase inhibitors or other fibrates. Such combination therapy should be used with caution in patients with severe combined dyslipidaemia and high cardiovascular risk without any history of muscular disease and patients monitored closely for chronic signs of muscle toxicity.

Restricted benefit

14238

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

fenofibrate 48 mg tablet, 60

13469X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*22.84	24.38	[a] APO-Fenofibrate [TX]	[a] ARX-FENOFIBRATE [TY]
						[a] Fenofibrate Lupin [GQ]	[a] FENOFIBRATE RBX [RA]
						[a] Fenofibrate Viatris [AL]	[a] FENOFIBRATE-WGR [WG]
						[a] Lipidil [GO]	

fenofibrate 145 mg tablet, 30

13587D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*26.68	25.00	[a] APO-Fenofibrate [TX]	[a] ARX-FENOFIBRATE [TY]
						[a] BTC Fenofibrate [BG]	[a] Fenocol [XT]
						[a] Fenofibrate Cipla [LR]	[a] Fenofibrate Lupin [GQ]
						[a] FENOFIBRATE RBX [RA]	[a] Fenofibrate Sandoz [SZ]
						[a] Fenofibrate Viatris [AL]	[a] FENOFIBRATE-WGR [WG]
						[a] Lipidil [GO]	

GEMFIBROZIL

Note The risk of serious muscle toxicity is increased if this drug is used concomitantly with HMG CoA reductase inhibitors or other fibrates. Such combination therapy should be used with caution in patients with severe combined dyslipidaemia and high cardiovascular risk without any history of muscular disease and patients monitored closely for chronic signs of muscle toxicity.

gemfibrozil 600 mg tablet, 60

1453L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	23.97	25.00	[a] Ausgem [RW]	[a] Lipigem [AF]

GEMFIBROZIL

Note The risk of serious muscle toxicity is increased if this drug is used concomitantly with HMG CoA reductase inhibitors or other fibrates. Such combination therapy should be used with caution in patients with severe combined dyslipidaemia and high cardiovascular risk without any history of muscular disease and patients monitored closely for chronic signs of muscle toxicity.

Restricted benefit

14238

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

gemfibrozil 600 mg tablet, 60

13618R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*33.58	25.00	[a] Ausgem [RW]	[a] Lipigem [AF]

Bile acid sequestrants

COLESTYRAMINE

colestyramine 4 g powder for oral liquid, 50 sachets

2967E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*95.72	25.00	Questran Lite [GO]

COLESTYRAMINE

Restricted benefit

14238

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

colestyramine 4 g powder for oral liquid, 50 sachets

14477Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	4	5	0.00	*180.20	25.00	Questran Lite [GO]

Other lipid modifying agents

EVOLOCUMAB

Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)

17313

Familial homozygous hypercholesterolaemia

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be in conjunction with dietary therapy and exercise, **AND**
- The condition must have been confirmed by genetic testing; **OR**
- The condition must have been confirmed by a Dutch Lipid Clinic Network Score of at least 7, **AND**
- Patient must have an LDL cholesterol level in excess of 1.8 millimoles per litre, **AND**
- Patient must have been treated with the maximum recommended dose of atorvastatin (80 mg daily) or rosuvastatin (40 mg daily) according to the TGA-approved Product Information or the maximum tolerated dose of atorvastatin or rosuvastatin for at least 12 consecutive weeks in conjunction with dietary therapy and exercise; **OR**
- Patient must have developed clinically important product-related adverse events necessitating withdrawal of statin treatment to trials of each of atorvastatin and rosuvastatin; **OR**
- Patient must be contraindicated to treatment with a HMG CoA reductase inhibitor (statin) as defined in the TGA-approved Product Information.

Treatment criteria:

- Must be treated by a specialist physician; **OR**
- Must be treated by an authorised prescriber in consultation with a specialist physician.

The qualifying LDL cholesterol level following at least 12 consecutive weeks of treatment with a statin (unless treatment with a statin is contraindicated or following completion of statin trials as described in these prescriber instructions in the event of clinically important adverse events) must be documented in the patient's medical records and must be no more than 8 weeks old.

A clinically important product-related adverse event is defined as follows:

(i) Severe myalgia (muscle symptoms without creatine kinase elevation) which is proven to be temporally associated with statin treatment; or

(ii) Myositis (clinically important creatine kinase elevation, with or without muscle symptoms) demonstrated by results twice the upper limit of normal on a single reading or a rising pattern on consecutive measurements and which is unexplained by other causes; or

(iii) Unexplained, persistent elevations of serum transaminases (greater than 3 times the upper limit of normal) during treatment with a statin.

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

(i) the qualifying Dutch Lipid Clinic Network Score; or

(ii) the result of genetic testing confirming a diagnosis of familial homozygous hypercholesterolaemia

One of the following must be documented in the patient's medical records regarding prior statin treatment:

(i) the patient was treated with atorvastatin 80 mg or rosuvastatin 40 mg or the maximum tolerated dose of either for 12 consecutive weeks; or

(ii) the doses, duration of treatment and details of adverse events experienced with trials with each of atorvastatin and rosuvastatin; or

(iii) the patient is contraindicated to treatment with a statin as defined in the TGA-approved Product Information.

Patients with symptomatic atherosclerotic cardiovascular disease where LDL cholesterol cannot be measured due to hypertriglyceridaemia, may qualify under this authority application if they have a non-HDL in excess of 2.4 millimoles per litre.

evolocumab 140 mg/mL injection, 1 mL pen device

10958R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	3	5	0.00	*633.60	25.00	Repatha [AN]

EVOLOCUMAB

Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)

17402

Familial homozygous hypercholesterolaemia

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be in conjunction with dietary therapy and exercise.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where patient care is being shared with a medical practitioner.

evolocumab 140 mg/mL injection, 1 mL pen device

11977J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	3	5	0.00	*633.60	25.00	Repatha [AN]

EVOLOCUMAB

Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)

16294

Familial heterozygous hypercholesterolaemia

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be in conjunction with dietary therapy and exercise, **AND**
- The condition must have been confirmed by genetic testing; **OR**
- The condition must have been confirmed by a Dutch Lipid Clinic Network Score of at least 6, **AND**
- Patient must have an LDL cholesterol level in excess of 1.8 millimoles per litre in the presence of symptomatic atherosclerotic cardiovascular disease; **OR**
- Patient must have an LDL cholesterol level in excess of 5 millimoles per litre, **AND**
- Patient must have been treated with the maximum recommended dose of atorvastatin (80 mg daily) or rosuvastatin (40 mg daily) according to the TGA-approved Product Information or the maximum tolerated dose of atorvastatin or rosuvastatin for at least 12 consecutive weeks in conjunction with dietary therapy and exercise; **OR**
- Patient must have developed clinically important product-related adverse events necessitating withdrawal of statin treatment to trials of each of atorvastatin and rosuvastatin; **OR**
- Patient must be contraindicated to treatment with a HMG CoA reductase inhibitor (statin) as defined in the TGA-approved Product Information, **AND**
- Patient must have been treated with ezetimibe for at least 12 consecutive weeks in conjunction with a statin (if tolerated), dietary therapy and exercise; **OR**
- Patient must have developed clinically important product-related adverse event/contraindication as defined in the TGA approved Product Information necessitating withdrawal of ezetimibe, **AND**
- Patient must not be receiving concomitant PBS-subsidised treatment with any of: (i) another monoclonal antibody inhibiting proprotein convertase subtilisin kexin type 9 (PCSK9), (ii) inclisiran, for this PBS indication.

Treatment criteria:

- Must be treated by a specialist physician; **OR**
- Must be treated by an authorised prescriber in consultation with a specialist physician.

Symptomatic atherosclerotic cardiovascular disease is defined as:

(i) the presence of symptomatic coronary artery disease (prior myocardial infarction, prior revascularisation procedure, angina associated with demonstrated significant coronary artery disease (50% or greater stenosis in 1 or more coronary arteries on imaging), or positive functional testing (e.g. myocardial perfusion scanning or stress echocardiography); or

(ii) the presence of symptomatic cerebrovascular disease (prior ischaemic stroke, prior revascularisation procedure, or transient ischaemic attack associated with 50% or greater stenosis in 1 or more cerebral arteries on imaging); or

(iii) the presence of symptomatic peripheral arterial disease (prior acute ischaemic event due to atherosclerosis, prior revascularisation procedure, or symptoms of ischaemia with evidence of significant peripheral artery disease (50% or greater stenosis in 1 or more peripheral arteries on imaging)).

The qualifying LDL cholesterol level following at least 12 consecutive weeks of combined treatment with a statin, ezetimibe, dietary therapy and exercise (unless treatment with a statin is contraindicated, or following completion of statin trials as described in these prescriber instructions in the event of clinically important adverse events) must be documented in the patient's medical records and must be no more than 8 weeks old.

A clinically important product-related adverse event is defined as follows:

(i) Severe myalgia (muscle symptoms without creatine kinase elevation) which is proven to be temporally associated with statin treatment; or

(ii) Myositis (clinically important creatine kinase elevation, with or without muscle symptoms) demonstrated by results twice the upper limit of normal on a single reading or a rising pattern on consecutive measurements and which is unexplained by other causes; or

(iii) Unexplained, persistent elevations of serum transaminases (greater than 3 times the upper limit of normal) during treatment with a statin.

If treatment with atorvastatin or rosuvastatin results in development of a clinically important product-related adverse event resulting in treatment withdrawal, the patient must be treated with the alternative statin (atorvastatin or rosuvastatin) unless there is a contraindication (e.g. prior rhabdomyolysis) to the alternative statin. This retrial should occur after a washout

period of at least 4 weeks, or if the creatine kinase (CK) level is elevated, retrial should not occur until CK has returned to normal.

In the event of a trial of the alternative statin, it is recommended that the patient is started with the minimum dose of statin in conjunction with ezetimibe. The dose of the alternative statin should be increased not more often than every 4 weeks until the recommended or maximum tolerated dose has been reached or target LDL-c has been achieved.

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

(i) the qualifying Dutch Lipid Clinic Network Score; or

(ii) the result of genetic testing confirming a diagnosis of familial heterozygous hypercholesterolaemia

One of the following must be documented in the patient's medical records regarding prior statin treatment:

(i) the patient was treated with atorvastatin 80 mg or rosuvastatin 40 mg or the maximum tolerated dose of either for 12 consecutive weeks; or

(ii) the doses, duration of treatment and details of adverse events experienced with trials with each of atorvastatin and rosuvastatin; or

(iii) the patient is contraindicated to treatment with a statin as defined in the TGA-approved Product Information.

Patients with symptomatic atherosclerotic cardiovascular disease where LDL cholesterol cannot be measured due to hypertriglyceridaemia, may qualify under this authority application if they have a non-HDL in excess of 2.4 millimoles per litre.

Authority Required (STREAMLINED)

16351

Non-familial hypercholesterolaemia

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be in conjunction with dietary therapy and exercise, **AND**
- Patient must have symptomatic atherosclerotic cardiovascular disease, **AND**
- Patient must have an LDL cholesterol level in excess of 1.8 millimoles per litre, **AND**
- Patient must have atherosclerotic disease in two or more vascular territories (coronary, cerebrovascular or peripheral vascular territories); **OR**
- Patient must have severe multi-vessel coronary heart disease defined as at least 50% stenosis in at least two large vessels; **OR**
- Patient must have had at least two major cardiovascular events (i.e. myocardial infarction, unstable angina, stroke or unplanned revascularisation) in the previous 5 years; **OR**
- Patient must have diabetes mellitus with microalbuminuria; **OR**
- Patient must have diabetes mellitus and be aged 60 years or more; **OR**
- Patient must be an Aboriginal or Torres Strait Islander with diabetes mellitus; **OR**
- Patient must have a Thrombolysis in Myocardial Infarction (TIMI) risk score for secondary prevention of 4 or higher, **AND**
- Patient must have been treated with the maximum recommended dose of atorvastatin (80 mg daily) or rosuvastatin (40 mg daily) according to the TGA-approved Product Information or the maximum tolerated dose of atorvastatin or rosuvastatin for at least 12 consecutive weeks in conjunction with dietary therapy and exercise; **OR**
- Patient must have developed clinically important product-related adverse events necessitating withdrawal of statin treatment to trials of each of atorvastatin and rosuvastatin; **OR**
- Patient must be contraindicated to treatment with a HMG CoA reductase inhibitor (statin) as defined in the TGA-approved Product Information, **AND**
- Patient must have been treated with ezetimibe for at least 12 consecutive weeks in conjunction with a statin (if tolerated), dietary therapy and exercise; **OR**
- Patient must have developed clinically important product-related adverse event/contraindication as defined in the TGA approved Product Information necessitating withdrawal of ezetimibe, **AND**
- Patient must not be receiving concomitant PBS-subsidised treatment with any of: (i) another monoclonal antibody inhibiting proprotein convertase subtilisin kexin type 9 (PCSK9), (ii) inclisiran, for this PBS indication.

Treatment criteria:

- Must be treated by a specialist physician; **OR**
- Must be treated by an authorised prescriber in consultation with a specialist physician.

Symptomatic atherosclerotic cardiovascular disease is defined as:

(i) the presence of symptomatic coronary artery disease (prior myocardial infarction, prior revascularisation procedure, angina associated with demonstrated significant coronary artery disease (50% or greater stenosis in 1 or more coronary arteries on imaging), or positive functional testing (e.g. myocardial perfusion scanning or stress echocardiography); or

(ii) the presence of symptomatic cerebrovascular disease (prior ischaemic stroke, prior revascularisation procedure, or transient ischaemic attack associated with 50% or greater stenosis in 1 or more cerebral arteries on imaging); or

(iii) the presence of symptomatic peripheral arterial disease (prior acute ischaemic event due to atherosclerosis, prior revascularisation procedure, or symptoms of ischaemia with evidence of significant peripheral artery disease (50% or greater stenosis in 1 or more peripheral arteries on imaging)).

The qualifying LDL cholesterol level following at least 12 consecutive weeks of combined treatment with a statin, ezetimibe, dietary therapy and exercise (unless treatment with a statin is contraindicated, or following completion of statin trials as described in these prescriber instructions in the event of clinically important adverse events) must be documented in the patient's medical records and must be no more than 8 weeks old.

A clinically important product-related adverse event is defined as follows:

(i) Severe myalgia (muscle symptoms without creatine kinase elevation) which is proven to be temporally associated with statin treatment; or

(ii) Myositis (clinically important creatine kinase elevation, with or without muscle symptoms) demonstrated by results twice the upper limit of normal on a single reading or a rising pattern on consecutive measurements and which is unexplained by other causes; or

(iii) Unexplained, persistent elevations of serum transaminases (greater than 3 times the upper limit of normal) during treatment with a statin.

If treatment with atorvastatin or rosuvastatin results in development of a clinically important product-related adverse event resulting in treatment withdrawal, the patient must be treated with the alternative statin (atorvastatin or rosuvastatin) unless there is a contraindication (e.g. prior rhabdomyolysis) to the alternative statin. This retrial should occur after a washout period of at least 4 weeks, or if the creatine kinase (CK) level is elevated, retrial should not occur until CK has returned to normal.

In the event of a trial of the alternative statin, it is recommended that the patient is started with the minimum dose of statin in conjunction with ezetimibe. The dose of the alternative statin should be increased not more often than every 4 weeks until the recommended or maximum tolerated dose has been reached or target LDL-c has been achieved.

One of the following must be documented in the patient's medical records regarding prior statin treatment:

(i) the patient was treated with atorvastatin 80 mg or rosuvastatin 40 mg or the maximum tolerated dose of either for 12 consecutive weeks; or

(ii) the doses, duration of treatment and details of adverse events experienced with trials with each of atorvastatin and rosuvastatin; or

(iii) the patient is contraindicated to treatment with a statin as defined in the TGA-approved Product Information.

One or more of the following must be documented in the patient's medical records regarding the presence of cardiovascular disease or high risk of experiencing a cardiovascular event:

(i) atherosclerotic disease in two or more vascular territories (coronary, cerebrovascular or peripheral vascular territories); or

(ii) severe multi-vessel coronary heart disease defined as at least 50% stenosis in at least two large vessels; or

(iii) history of at least two major cardiovascular events (i.e. myocardial infarction, unstable angina, stroke or unplanned revascularisation) in the previous 5 years; or

(iv) diabetes mellitus with microalbuminuria; or

(v) diabetes mellitus and age 60 years of more; or

(vi) Aboriginal or Torres Strait Islander with diabetes mellitus; or

(vii) a Thrombolysis in Myocardial Infarction (TIMI) risk score for secondary prevention of 4 or higher

Patients with symptomatic atherosclerotic cardiovascular disease where LDL cholesterol cannot be measured due to hypertriglyceridaemia, may qualify under this authority application if they have a non-HDL in excess of 2.4 millimoles per litre.

evolocumab 140 mg/mL injection, 1 mL pen device

11484K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*425.52	25.00	Repatha [AN]

EVOLOCUMAB

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

Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)

16336

Non-familial hypercholesterolaemia

Treatment Phase: Continuing treatment with this drug or switching treatment from any of: (i) another drug that belongs to the same pharmacological class as this drug, (ii) inclisiran

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition; **OR**
- Patient must have received PBS-subsidised treatment for this PBS indication with any of: (i) a drug from the same pharmacological class as this drug (ii) inclisiran, **AND**
- The treatment must be in conjunction with dietary therapy and exercise, **AND**
- Patient must not be receiving concomitant PBS-subsidised treatment with any of: (i) another drug that belongs to the same pharmacological class as this drug, (ii) inclisiran, for this PBS indication.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner in consultation with a specialist physician.

Authority Required (STREAMLINED)

16350

Familial heterozygous hypercholesterolaemia

Treatment Phase: Continuing treatment with this drug or switching treatment from any of: (i) another drug that belongs to the same pharmacological class as this drug, (ii) inclisiran

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition; **OR**
- Patient must have received PBS-subsidised treatment for this PBS indication with any of: (i) a drug from the same pharmacological class as this drug (ii) inclisiran, **AND**
- The treatment must be in conjunction with dietary therapy and exercise, **AND**

- Patient must not be receiving concomitant PBS-subsidised treatment with any of: (i) another drug that belongs to the same pharmacological class as this drug, (ii) inclisiran, for this PBS indication.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner in consultation with a specialist physician.

evolocumab 140 mg/mL injection, 1 mL pen device

11985T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*425.52	25.00	Repatha [AN]

EZETIMIBE

ezetimibe 10 mg tablet, 30

8757X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	18.95	20.49	[a] APO-Ezetimibe [TX]	[a] ARX-EZETIMIBE [XT]
						[a] BTC Ezetimibe [BG]	[a] EZEMICHOL [RW]
						[a] Ezetimibe GH [GQ]	[a] Ezetimibe Sandoz [SZ]
						[a] EZETIMIBE-WGR [WG]	[a] Pharmacor Ezetimibe 10 [CR]
						[a] Zient 10mg [AF]	
			[B]3.24	22.19	20.49	[a] Ezetrol [AL]	

EZETIMIBE

Restricted benefit

14238

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

ezetimibe 10 mg tablet, 30

13440J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*23.54	25.00	[a] APO-Ezetimibe [TX]	[a] ARX-EZETIMIBE [XT]
						[a] BTC Ezetimibe [BG]	[a] EZEMICHOL [RW]
						[a] Ezetimibe GH [GQ]	[a] Ezetimibe Sandoz [SZ]
						[a] EZETIMIBE-WGR [WG]	[a] Pharmacor Ezetimibe 10 [CR]
						[a] Zient 10mg [AF]	
			[B]6.48	30.02	25.00	[a] Ezetrol [AL]	

ICOSAPENT ETHYL

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

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

Authority Required (STREAMLINED)

15889

Established atherosclerotic cardiovascular disease with hypertriglyceridaemia

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be in conjunction with dietary therapy and exercise, **AND**
- Patient must have at least one of (i) coronary artery disease, (ii) cerebrovascular or carotid disease, (iii) peripheral arterial disease, **AND**
- Patient must be treated with a stable dose of a HMG CoA reductase inhibitor (statin) to achieve target secondary prevention LDL-c levels for at least 12 consecutive weeks; **OR**
- Patient must have developed clinically important product-related adverse events necessitating withdrawal of statin treatment; **OR**
- Patient must be contraindicated to treatment with a HMG CoA reductase inhibitor (statin) as defined in the TGA-approved Product Information, **AND**
- Patient must have LDL cholesterol level between 1.0 millimoles per litre and 2.6 millimoles per litre; **OR**
- Patient must have a non-HDL cholesterol between 1.5 millimoles per litre and 3.5 millimoles per litre if LDL cannot be measured/detected, **AND**
- Patient must have fasting triglyceride level between 1.7 millimoles per litre and 5.6 millimoles per litre.

The qualifying fasting triglyceride level and LDL cholesterol level following at least 12 consecutive weeks of combined treatment with a statin, dietary therapy and exercise should be documented in the patient's medical records and must be no more than 8 weeks old.

A clinically important product-related adverse event is defined as follows:

(i) Severe myalgia (muscle symptoms without creatine kinase elevation) which is proven to be temporally associated with statin treatment; or

(ii) Myositis (clinically important creatine kinase elevation, with or without muscle symptoms) demonstrated by results twice the upper limit of normal on a single reading or a rising pattern on consecutive measurements and which is unexplained by other causes; or

(iii) Unexplained, persistent elevations of serum transaminases (greater than 3 times the upper limit of normal) during treatment with a statin.

Atherosclerotic cardiovascular disease is defined as:

(i) Documented coronary artery disease (CAD); one or more of the following primary criteria must have been satisfied:

a) Documented multi-vessel CAD (at least 50% stenosis in at least two major epicardial coronary arteries, with or without antecedent revascularisation).

b) Documented prior MI.

c) Hospitalisation for high-risk non-ST-segment elevation acute coronary syndrome, with objective evidence of ischemia: ST-segment deviation or biomarker positivity.

(ii) Documented cerebrovascular or carotid disease; one of the following primary criteria must have been satisfied:

a) Documented prior ischemic stroke.

b) Symptomatic carotid artery disease with at least 50% carotid arterial stenosis.

c) Asymptomatic carotid artery disease with at least 70% carotid arterial stenosis per angiography or duplex ultrasound.

d) History of carotid revascularisation (catheter-based or surgical).

(iii) Documented peripheral arterial disease; one or more of the following primary criteria must have been satisfied:

a) Ankle brachial index (ABI) less than 0.9 with symptoms of intermittent claudication.

b) History of aorto-iliac or peripheral arterial intervention (catheter-based or surgical).

Authority Required (STREAMLINED)

15927

Established atherosclerotic cardiovascular disease with hypertriglyceridaemia

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be in conjunction with dietary therapy and exercise, **AND**
- The treatment must be co-administered with a HMG CoA reductase inhibitor (statin), unless the patient is contraindicated to statins or has developed statin related adverse events necessitating withdrawal of statin treatment.

Icosapent ethyl 998 mg capsule, 120

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14617H	1	5	0.00	150.64	25.00	Vazkepa [CS]

INCLISIRAN

Note Monoclonal antibody inhibiting proprotein convertase subtilisin kexin type 9 (PCSK9) medications are evolocumab.

Note Authority applications for increased repeats (where relevant) may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone to Services Australia on 1800 888 333.

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

Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)

16320

Familial heterozygous hypercholesterolaemia

Treatment Phase: Continuing treatment with this drug or switching treatment from a monoclonal antibody inhibiting proprotein coverase subtilisin kexin type 9 (PSCK9) for this PBS indication

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition; **OR**
- Patient must have previously received PBS-subsidised treatment with a monoclonal antibody inhibiting proprotein convertase subtilisin kexin type 9 (PCSK9) for this PBS indication, **AND**
- The treatment must be in conjunction with dietary therapy and exercise, **AND**
- Patient must not be receiving concomitant PBS-subsidised treatment with a monoclonal antibody inhibiting proprotein convertase subtilisin kexin type 9 (PCSK9) for this PBS indication.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner in consultation with a specialist physician.

Authority Required (STREAMLINED)

16356

Non-familial hypercholesterolaemia

Treatment Phase: Continuing treatment with this drug or switching treatment from a monoclonal antibody inhibiting proprotein coverase subtilisin kexin type 9 (PSCK9) for this PBS indication

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition; **OR**
- Patient must have previously received PBS-subsidised treatment with a monoclonal antibody inhibiting proprotein convertase subtilisin kexin type 9 (PCSK9) for this PBS indication, **AND**
- The treatment must be in conjunction with dietary therapy and exercise, **AND**

- Patient must not be receiving concomitant PBS-subsidised treatment with a monoclonal antibody inhibiting proprotein convertase subtilisin kexin type 9 (PCSK9) for this PBS indication.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner in consultation with a specialist physician.

inclisiran 284 mg/1.5 mL injection, 1.5 mL syringe

14087K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	0	0.00	1,853.35	25.00	Leqvio [NV]

INCLISIRAN

Note Monoclonal antibody inhibiting proprotein convertase subtilisin kexin type 9 (PCSK9) medications are evolocumab.
Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)

16295

Familial heterozygous hypercholesterolaemia

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be in conjunction with dietary therapy and exercise, **AND**
- The condition must have been confirmed by genetic testing; **OR**
- The condition must have been confirmed by a Dutch Lipid Clinic Network Score of at least 6, **AND**
- Patient must have an LDL cholesterol level in excess of 1.8 millimoles per litre in the presence of symptomatic atherosclerotic cardiovascular disease; **OR**
- Patient must have an LDL cholesterol level in excess of 5 millimoles per litre, **AND**
- Patient must have been treated with the maximum recommended dose of atorvastatin (80 mg daily) or rosuvastatin (40 mg daily) according to the TGA-approved Product Information or the maximum tolerated dose of atorvastatin or rosuvastatin for at least 12 consecutive weeks in conjunction with dietary therapy and exercise; **OR**
- Patient must have developed clinically important product-related adverse events necessitating withdrawal of statin treatment to trials of each of atorvastatin and rosuvastatin; **OR**
- Patient must be contraindicated to treatment with a HMG CoA reductase inhibitor (statin) as defined in the TGA-approved Product Information, **AND**
- Patient must have been treated with ezetimibe for at least 12 consecutive weeks in conjunction with a statin (if tolerated), dietary therapy and exercise; **OR**
- Patient must have developed clinically important product-related adverse event/contraindication as defined in the TGA approved Product Information necessitating withdrawal of ezetimibe, **AND**
- Patient must not be receiving concomitant PBS-subsidised treatment with a monoclonal antibody inhibiting proprotein convertase subtilisin kexin type 9 (PCSK9) for this PBS indication.

Treatment criteria:

- Must be treated by a specialist physician; **OR**
- Must be treated by an authorised prescriber in consultation with a specialist physician.

Symptomatic atherosclerotic cardiovascular disease is defined as:

(i) the presence of symptomatic coronary artery disease (prior myocardial infarction, prior revascularisation procedure, angina associated with demonstrated significant coronary artery disease (50% or greater stenosis in 1 or more coronary arteries on imaging), or positive functional testing (e.g. myocardial perfusion scanning or stress echocardiography); or

(ii) the presence of symptomatic cerebrovascular disease (prior ischaemic stroke, prior revascularisation procedure, or transient ischaemic attack associated with 50% or greater stenosis in 1 or more cerebral arteries on imaging); or

(iii) the presence of symptomatic peripheral arterial disease (prior acute ischaemic event due to atherosclerosis, prior revascularisation procedure, or symptoms of ischaemia with evidence of significant peripheral artery disease (50% or greater stenosis in 1 or more peripheral arteries on imaging)).

The qualifying LDL cholesterol level following at least 12 consecutive weeks of combined treatment with a statin, ezetimibe, dietary therapy and exercise (unless treatment with a statin is contraindicated, or following completion of statin trials as described in these prescriber instructions in the event of clinically important adverse events) must be documented in the patient's medical records and must be no more than 8 weeks old.

A clinically important product-related adverse event is defined as follows:

(i) Severe myalgia (muscle symptoms without creatine kinase elevation) which is proven to be temporally associated with statin treatment; or

(ii) Myositis (clinically important creatine kinase elevation, with or without muscle symptoms) demonstrated by results twice the upper limit of normal on a single reading or a rising pattern on consecutive measurements and which is unexplained by other causes; or

(iii) Unexplained, persistent elevations of serum transaminases (greater than 3 times the upper limit of normal) during treatment with a statin.

If treatment with atorvastatin or rosuvastatin results in development of a clinically important product-related adverse event resulting in treatment withdrawal, the patient must be treated with the alternative statin (atorvastatin or rosuvastatin) unless there is a contraindication (e.g. prior rhabdomyolysis) to the alternative statin. This retrial should occur after a washout

period of at least 4 weeks, or if the creatine kinase (CK) level is elevated, retrial should not occur until CK has returned to normal.

In the event of a trial of the alternative statin, it is recommended that the patient is started with the minimum dose of statin in conjunction with ezetimibe. The dose of the alternative statin should be increased not more often than every 4 weeks until the recommended or maximum tolerated dose has been reached or target LDL-c has been achieved.

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

(i) the qualifying Dutch Lipid Clinic Network Score; or

(ii) the result of genetic testing confirming a diagnosis of familial heterozygous hypercholesterolaemia

One of the following must be documented in the patient's medical records regarding prior statin treatment:

(i) the patient was treated with atorvastatin 80 mg or rosuvastatin 40 mg or the maximum tolerated dose of either for 12 consecutive weeks; or

(ii) the doses, duration of treatment and details of adverse events experienced with trials with each of atorvastatin and rosuvastatin; or

(iii) the patient is contraindicated to treatment with a statin as defined in the TGA-approved Product Information.

Patients with symptomatic atherosclerotic cardiovascular disease where LDL cholesterol cannot be measured due to hypertriglyceridaemia, may qualify under this authority application if they have a non-HDL in excess of 2.4 millimoles per litre.

Authority Required (STREAMLINED)

16331

Non-familial hypercholesterolaemia

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be in conjunction with dietary therapy and exercise, **AND**
- Patient must have symptomatic atherosclerotic cardiovascular disease, **AND**
- Patient must have an LDL cholesterol level in excess of 1.8 millimoles per litre, **AND**
- Patient must have atherosclerotic disease in two or more vascular territories (coronary, cerebrovascular or peripheral vascular territories); **OR**
- Patient must have severe multi-vessel coronary heart disease defined as at least 50% stenosis in at least two large vessels; **OR**
- Patient must have had at least two major cardiovascular events (i.e. myocardial infarction, unstable angina, stroke or unplanned revascularisation) in the previous 5 years; **OR**
- Patient must have diabetes mellitus with microalbuminuria; **OR**
- Patient must have diabetes mellitus and be aged 60 years or more; **OR**
- Patient must be an Aboriginal or Torres Strait Islander with diabetes mellitus; **OR**
- Patient must have a Thrombolysis in Myocardial Infarction (TIMI) risk score for secondary prevention of 4 or higher, **AND**
- Patient must have been treated with the maximum recommended dose of atorvastatin (80 mg daily) or rosuvastatin (40 mg daily) according to the TGA-approved Product Information or the maximum tolerated dose of atorvastatin or rosuvastatin for at least 12 consecutive weeks in conjunction with dietary therapy and exercise; **OR**
- Patient must have developed clinically important product-related adverse events necessitating withdrawal of statin treatment to trials of each of atorvastatin and rosuvastatin; **OR**
- Patient must be contraindicated to treatment with a HMG CoA reductase inhibitor (statin) as defined in the TGA-approved Product Information, **AND**
- Patient must have been treated with ezetimibe for at least 12 consecutive weeks in conjunction with a statin (if tolerated), dietary therapy and exercise; **OR**
- Patient must have developed clinically important product-related adverse event/contraindication as defined in the TGA approved Product Information necessitating withdrawal of ezetimibe, **AND**
- Patient must not be receiving concomitant PBS-subsidised treatment with a monoclonal antibody inhibiting proprotein convertase subtilisin kexin type 9 (PCSK9) for this PBS indication.

Treatment criteria:

- Must be treated by a specialist physician; **OR**
- Must be treated by an authorised prescriber in consultation with a specialist physician.

Symptomatic atherosclerotic cardiovascular disease is defined as:

(i) the presence of symptomatic coronary artery disease (prior myocardial infarction, prior revascularisation procedure, angina associated with demonstrated significant coronary artery disease (50% or greater stenosis in 1 or more coronary arteries on imaging), or positive functional testing (e.g. myocardial perfusion scanning or stress echocardiography); or

(ii) the presence of symptomatic cerebrovascular disease (prior ischaemic stroke, prior revascularisation procedure, or transient ischaemic attack associated with 50% or greater stenosis in 1 or more cerebral arteries on imaging); or

(iii) the presence of symptomatic peripheral arterial disease (prior acute ischaemic event due to atherosclerosis, prior revascularisation procedure, or symptoms of ischaemia with evidence of significant peripheral artery disease (50% or greater stenosis in 1 or more peripheral arteries on imaging)).

The qualifying LDL cholesterol level following at least 12 consecutive weeks of combined treatment with a statin, ezetimibe, dietary therapy and exercise (unless treatment with a statin is contraindicated, or following completion of statin trials as described in these prescriber instructions in the event of clinically important adverse events) must be documented in the patient's medical records and must be no more than 8 weeks old.

A clinically important product-related adverse event is defined as follows:

(i) Severe myalgia (muscle symptoms without creatine kinase elevation) which is proven to be temporally associated with statin treatment; or

(ii) Myositis (clinically important creatine kinase elevation, with or without muscle symptoms) demonstrated by results twice the upper limit of normal on a single reading or a rising pattern on consecutive measurements and which is unexplained by other causes; or

(iii) Unexplained, persistent elevations of serum transaminases (greater than 3 times the upper limit of normal) during treatment with a statin.

If treatment with atorvastatin or rosuvastatin results in development of a clinically important product-related adverse event resulting in treatment withdrawal, the patient must be treated with the alternative statin (atorvastatin or rosuvastatin) unless there is a contraindication (e.g. prior rhabdomyolysis) to the alternative statin. This retrial should occur after a washout period of at least 4 weeks, or if the creatine kinase (CK) level is elevated, retrial should not occur until CK has returned to normal.

In the event of a trial of the alternative statin, it is recommended that the patient is started with the minimum dose of statin in conjunction with ezetimibe. The dose of the alternative statin should be increased not more often than every 4 weeks until the recommended or maximum tolerated dose has been reached or target LDL-c has been achieved.

One of the following must be documented in the patient's medical records regarding prior statin treatment:

(i) the patient was treated with atorvastatin 80 mg or rosuvastatin 40 mg or the maximum tolerated dose of either for 12 consecutive weeks; or

(ii) the doses, duration of treatment and details of adverse events experienced with trials with each of atorvastatin and rosuvastatin; or

(iii) the patient is contraindicated to treatment with a statin as defined in the TGA-approved Product Information.

One or more of the following must be documented in the patient's medical records regarding the presence of cardiovascular disease or high risk of experiencing a cardiovascular event:

(i) atherosclerotic disease in two or more vascular territories (coronary, cerebrovascular or peripheral vascular territories); or

(ii) severe multi-vessel coronary heart disease defined as at least 50% stenosis in at least two large vessels; or

(iii) history of at least two major cardiovascular events (i.e. myocardial infarction, unstable angina, stroke or unplanned revascularisation) in the previous 5 years; or

(iv) diabetes mellitus with microalbuminuria; or

(v) diabetes mellitus and age 60 years or more; or

(vi) Aboriginal or Torres Strait Islander with diabetes mellitus; or

(vii) a Thrombolysis in Myocardial Infarction (TIMI) risk score for secondary prevention of 4 or higher.

Patients with symptomatic atherosclerotic cardiovascular disease where LDL cholesterol cannot be measured due to hypertriglyceridaemia, may qualify under this authority application if they have a non-HDL in excess of 2.4 millimoles per litre.

inclisiran 284 mg/1.5 mL injection, 1.5 mL syringe

14101E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	1	0.00	1,853.35	25.00	Leqvio [NV]

LIPID MODIFYING AGENTS, COMBINATIONS

Combinations of various lipid modifying agents

EZETIMIBE (&) ROSUVASTATIN

ezetimibe 10 mg tablet [30] (&) rosuvastatin 5 mg tablet [30], 60

10204C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	‡1	5	0.00	25.57	25.00	[a] Ezalo Composite Pack 10mg+5mg [AF]	[a] Ezetimibe - Rosuvastatin Sandoz 10 mg/5 mg [SZ]
			[B]2.79	28.36	25.00	[a] Rosuzet Composite Pack [AL]	

ezetimibe 10 mg tablet [30] (&) rosuvastatin 10 mg tablet [30], 60

10208G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	‡1	5	0.00	26.92	25.00	[a] Ezalo Composite Pack 10mg+10mg [AF]	[a] Ezetimibe - Rosuvastatin Sandoz 10 mg/10 mg [SZ]
						[a] Pharmacor Ezetimibe Rosuvastatin Composite Pack [CR]	
			[B]2.89	29.81	25.00	[a] Rosuzet Composite Pack [AL]	

ezetimibe 10 mg tablet [30] (&) rosuvastatin 20 mg tablet [30], 60

10201X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	‡1	5	0.00	28.84	25.00	[a] Ezalo Composite Pack 10mg+20mg [AF]	[a] Ezetimibe - Rosuvastatin Sandoz 10 mg/20 mg [SZ]
						[a] Pharmacor Ezetimibe Rosuvastatin Composite Pack [CR]	
			[B]2.89	31.73	25.00	[a] Rosuzet Composite Pack [AL]	

ezetimibe 10 mg tablet [30] (&) rosuvastatin 40 mg tablet [30], 60

10207F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	‡1	5	0.00	28.53	25.00	[a] Ezalo Composite Pack 10mg+40mg [AF]	[a] Ezetimibe - Rosuvastatin Sandoz 10 mg/40 mg [SZ]
						[a] Pharmacor Ezetimibe Rosuvastatin Composite Pack [CR]	
			[B]3.00	31.53	25.00	[a] Rosuzet Composite Pack [AL]	

EZETIMIBE (&) ROSUVASTATIN

Restricted benefit

14238

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

ezetimibe 10 mg tablet [30] (&) rosuvastatin 5 mg tablet [30], 60

13629H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	‡2	5	0.00	*36.78	25.00	[a] Ezalo Composite Pack 10mg+5mg [AF]	[a] Ezetimibe - Rosuvastatin Sandoz 10 mg/5 mg [SZ]
			[B]5.58	*42.36	25.00	[a] Rosuzet Composite Pack [AL]	

ezetimibe 10 mg tablet [30] (&) rosuvastatin 10 mg tablet [30], 60

13569E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	‡2	5	0.00	*39.48	25.00	[a] Ezalo Composite Pack 10mg+10mg [AF]	[a] Ezetimibe - Rosuvastatin Sandoz 10 mg/10 mg [SZ]
						[a] Pharmacor Ezetimibe Rosuvastatin Composite Pack [CR]	
			[B]5.78	45.26	25.00	[a] Rosuzet Composite Pack [AL]	

ezetimibe 10 mg tablet [30] (&) rosuvastatin 20 mg tablet [30], 60

13480L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	‡2	5	0.00	*43.32	25.00	[a] Ezalo Composite Pack 10mg+20mg [AF]	[a] Ezetimibe - Rosuvastatin Sandoz 10 mg/20 mg [SZ]
						[a] Pharmacor Ezetimibe Rosuvastatin Composite Pack [CR]	
			[B]5.78	49.10	25.00	[a] Rosuzet Composite Pack [AL]	

ezetimibe 10 mg tablet [30] (&) rosuvastatin 40 mg tablet [30], 60

13537L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	‡2	5	0.00	*42.70	25.00	[a] Ezalo Composite Pack 10mg+40mg [AF]	[a] Ezetimibe - Rosuvastatin Sandoz 10 mg/40 mg [SZ]
						[a] Pharmacor Ezetimibe Rosuvastatin Composite Pack [CR]	
			[B]6.00	48.70	25.00	[a] Rosuzet Composite Pack [AL]	

EZETIMIBE + ATORVASTATIN

ezetimibe 10 mg + atorvastatin 10 mg tablet, 30

10392Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	22.67	24.21	[a] Atozet [AF]	[a] Ezetast [XT]
						[a] Ezetimibe/Atorvastatin GH 10/10 [GQ]	

ezetimibe 10 mg + atorvastatin 20 mg tablet, 30

10393B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	23.22	24.76	[a] Atozet [AF]	[a] Ezetast [XT]
						[a] Ezetimibe/Atorvastatin GH 10/20 [GQ]	

ezetimibe 10 mg + atorvastatin 40 mg tablet, 30

10377E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	25.13	25.00	[a] Ezetast [XT]	[a] Ezetimibe/Atorvastatin GH 10/40 [GQ]
			[B]2.16	27.29	25.00	[a] Atozet [AF]	

ezetimibe 10 mg + atorvastatin 80 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10376D							
NP	1	5	0.00	27.87	25.00	[a] Ezetast [XT]	[a] Ezetimibe/Atorvastatin GH 10/80 [GQ]
			[B]2.91	30.78	25.00	[a] Atozet [AF]	

EZETIMIBE + ATORVASTATIN

Restricted benefit

14238

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

ezetimibe 10 mg + atorvastatin 10 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13539N							
NP	2	5	0.00	*30.98	25.00	[a] Atozet [AF]	[a] Ezetast [XT]
						[a] Ezetimibe/Atorvastatin GH 10/10 [GQ]	

ezetimibe 10 mg + atorvastatin 20 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13622Y							
NP	2	5	0.00	*32.08	25.00	[a] Atozet [AF]	[a] Ezetast [XT]
						[a] Ezetimibe/Atorvastatin GH 10/20 [GQ]	

ezetimibe 10 mg + atorvastatin 40 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13416D							
NP	2	5	0.00	*35.90	25.00	[a] Ezetast [XT]	[a] Ezetimibe/Atorvastatin GH 10/40 [GQ]
			[B]4.32	*40.22	25.00	[a] Atozet [AF]	

ezetimibe 10 mg + atorvastatin 80 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13538M							
NP	2	5	0.00	*41.38	25.00	[a] Ezetast [XT]	[a] Ezetimibe/Atorvastatin GH 10/80 [GQ]
			[B]5.82	*47.20	25.00	[a] Atozet [AF]	

EZETIMIBE + SIMVASTATIN

ezetimibe 10 mg + simvastatin 10 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9483D							
NP	1	5	0.00	20.83	22.37	[a] APO-Ezetimibe/Simvastatin 10/10 [TX]	[a] EZETIMIBE/SIMVASTATIN SANDOZ [SZ]
						[a] EZETIMIBE/SIMVASTATIN-WGR 10/10 [WG]	[a] EZETORIN [RW]
						[a] Pharmacor Ezetimibe Simvastatin 10/10 [CR]	[a] Zimybe 10/10 [MQ]
			[B]1.94	22.77	22.37	[a] Vytorin [AL]	

ezetimibe 10 mg + simvastatin 20 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9484E							
NP	1	5	0.00	21.15	22.69	[a] APO-Ezetimibe/Simvastatin 10/20 [TX]	[a] EZETIMIBE/SIMVASTATIN SANDOZ [SZ]
						[a] EZETIMIBE/SIMVASTATIN-WGR 10/20 [WG]	[a] EZETORIN [RW]
						[a] Pharmacor Ezetimibe Simvastatin 10/20 [CR]	[a] Zimybe 10/20 [MQ]
			[B]1.94	23.09	22.69	[a] Vytorin [AL]	

ezetimibe 10 mg + simvastatin 40 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8881K							
NP	1	5	0.00	21.61	23.15	[a] APO-Ezetimibe/Simvastatin 10/40 [TX]	[a] EZETIMIBE/SIMVASTATIN SANDOZ [SZ]
						[a] EZETIMIBE/SIMVASTATIN-WGR 10/40 [WG]	[a] EZETORIN [RW]
						[a] Pharmacor Ezetimibe Simvastatin 10/40 [CR]	[a] Zimybe 10/40 [MQ]
			[B]2.91	24.52	23.15	[a] Vytorin [AL]	

ezetimibe 10 mg + simvastatin 80 mg tablet, 30

8882L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	22.25	23.79	[a] APO-Ezetimibe/Simvastatin 10/80 [TX]	[a] EZETIMIBE/SIMVASTATIN SANDOZ [SZ]
						[a] EZETIMIBE/SIMVASTATIN-WGR 10/80 [WG]	[a] EZETORIN [RW]
						[a] Pharmacor Ezetimibe Simvastatin 10/80 [CR]	[a] Zimybe 10/80 [MQ]
			[B]2.91	25.16	23.79	[a] Vytorin [AL]	

EZETIMIBE + SIMVASTATIN

Restricted benefit

14238

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

ezetimibe 10 mg + simvastatin 10 mg tablet, 30

13385L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*27.30	25.00	[a] APO-Ezetimibe/Simvastatin 10/10 [TX]	[a] EZETIMIBE/SIMVASTATIN SANDOZ [SZ]
						[a] EZETIMIBE/SIMVASTATIN-WGR 10/10 [WG]	[a] EZETORIN [RW]
						[a] Pharmacor Ezetimibe Simvastatin 10/10 [CR]	[a] Zimybe 10/10 [MQ]
			[B]3.88	31.18	25.00	[a] Vytorin [AL]	

ezetimibe 10 mg + simvastatin 20 mg tablet, 30

13442L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*27.94	25.00	[a] APO-Ezetimibe/Simvastatin 10/20 [TX]	[a] EZETIMIBE/SIMVASTATIN SANDOZ [SZ]
						[a] EZETIMIBE/SIMVASTATIN-WGR 10/20 [WG]	[a] EZETORIN [RW]
						[a] Pharmacor Ezetimibe Simvastatin 10/20 [CR]	[a] Zimybe 10/20 [MQ]
			[B]3.88	31.82	25.00	[a] Vytorin [AL]	

ezetimibe 10 mg + simvastatin 40 mg tablet, 30

13535J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*28.86	25.00	[a] APO-Ezetimibe/Simvastatin 10/40 [TX]	[a] EZETIMIBE/SIMVASTATIN SANDOZ [SZ]
						[a] EZETIMIBE/SIMVASTATIN-WGR 10/40 [WG]	[a] EZETORIN [RW]
						[a] Pharmacor Ezetimibe Simvastatin 10/40 [CR]	[a] Zimybe 10/40 [MQ]
			[B]5.82	34.68	25.00	[a] Vytorin [AL]	

ezetimibe 10 mg + simvastatin 80 mg tablet, 30

13595M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*30.14	25.00	[a] APO-Ezetimibe/Simvastatin 10/80 [TX]	[a] EZETIMIBE/SIMVASTATIN SANDOZ [SZ]
						[a] EZETIMIBE/SIMVASTATIN-WGR 10/80 [WG]	[a] EZETORIN [RW]
						[a] Pharmacor Ezetimibe Simvastatin 10/80 [CR]	[a] Zimybe 10/80 [MQ]
			[B]5.82	35.96	25.00	[a] Vytorin [AL]	

Lipid modifying agents in combination with other drugs

AMLODIPINE + ATORVASTATIN

amlodipine 5 mg + atorvastatin 10 mg tablet, 30

9049G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	17.35	18.89	Cadivast 5/10 [AF]

amlodipine 5 mg + atorvastatin 20 mg tablet, 30

9050H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	18.03	19.57	Cadivast 5/20 [AF]

amlodipine 5 mg + atorvastatin 40 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9051J							
NP	1	5	0.00	18.38	19.92	[a] Cadivast 5/40 [AF]	[a] Caduet 5/40 [AS]

amlodipine 5 mg + atorvastatin 80 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9052K							
NP	1	5	0.00	19.65	21.19	[a] Cadivast 5/80 [AF]	[a] Caduet 5/80 [AS]

amlodipine 10 mg + atorvastatin 10 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9053L							
NP	1	5	0.00	17.99	19.53	[a] Cadivast 10/10 [AF]	[a] Caduet 10/10 [AS]

amlodipine 10 mg + atorvastatin 20 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9054M							
NP	1	5	0.00	18.17	19.71	[a] Cadivast 10/20 [AF]	[a] Caduet 10/20 [AS]

amlodipine 10 mg + atorvastatin 40 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9055N							
NP	1	5	0.00	19.02	20.56	[a] Cadivast 10/40 [AF]	[a] Caduet 10/40 [AS]

amlodipine 10 mg + atorvastatin 80 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9056P							
NP	1	5	0.00	20.29	21.83	[a] Cadivast 10/80 [AF]	[a] Caduet 10/80 [AS]

AMLODIPINE + ATORVASTATIN

Restricted benefit

14238

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

amlodipine 5 mg + atorvastatin 10 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13596N						
NP	2	5	0.00	*20.34	21.88	Cadivast 5/10 [AF]

amlodipine 5 mg + atorvastatin 20 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13567C						
NP	2	5	0.00	*21.70	23.24	Cadivast 5/20 [AF]

amlodipine 5 mg + atorvastatin 40 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13415C							
NP	2	5	0.00	*22.40	23.94	[a] Cadivast 5/40 [AF]	[a] Caduet 5/40 [AS]

amlodipine 5 mg + atorvastatin 80 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13597P							
NP	2	5	0.00	*24.94	25.00	[a] Cadivast 5/80 [AF]	[a] Caduet 5/80 [AS]

amlodipine 10 mg + atorvastatin 10 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13479K							
NP	2	5	0.00	*21.62	23.16	[a] Cadivast 10/10 [AF]	[a] Caduet 10/10 [AS]

amlodipine 10 mg + atorvastatin 20 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13384K							
NP	2	5	0.00	*21.98	23.52	[a] Cadivast 10/20 [AF]	[a] Caduet 10/20 [AS]

amlodipine 10 mg + atorvastatin 40 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13536K							
NP	2	5	0.00	*23.68	25.00	[a] Cadivast 10/40 [AF]	[a] Caduet 10/40 [AS]

amlodipine 10 mg + atorvastatin 80 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13963X							
NP	2	5	0.00	*26.22	25.00	[a] Cadivast 10/80 [AF]	[a] Caduet 10/80 [AS]

DERMATOLOGICALS

ANTIFUNGALS FOR DERMATOLOGICAL USE

ANTIFUNGALS FOR TOPICAL USE

Imidazole and triazole derivatives

MICONAZOLE

Authority Required (STREAMLINED)

6434

Fungal or yeast infection

Population criteria:

- Patient must be an Aboriginal or a Torres Strait Islander person.

miconazole nitrate 2% cream, 30 g

9027D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	2	0.00	19.76	21.30	Daktarin [JT]

miconazole nitrate 2% powder, 30 g

9029F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	2	0.00	20.25	21.79	Daktarin [JT]

miconazole nitrate 2% cream, 70 g

9028E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	1	0.00	20.94	22.48	Daktarin [JT]

Other antifungals for topical use

TERBINAFINE

Authority Required (STREAMLINED)

6434

Fungal or yeast infection

Population criteria:

- Patient must be an Aboriginal or a Torres Strait Islander person.

Authority Required (STREAMLINED)

6412

Fungal or yeast infection

Clinical criteria:

- The condition must be fungal; **OR**
- The condition must be due to yeast.

Population criteria:

- Patient must be 18 years of age or less.

terbinafine hydrochloride 1% cream, 15 g

9160D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	3	0.00	*40.46	25.00	Lamisil [NP]

ANTIFUNGALS FOR SYSTEMIC USE

Antifungals for systemic use

GRISEOFULVIN

griseofulvin 125 mg tablet, 100

1460W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	2	0.00	24.72	25.00	Grisovin [AS]

griseofulvin 500 mg tablet, 28

2982Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	2	0.00	25.33	25.00	Grisovin 500 [AS]

TERBINAFINE

Authority Required

6395

Onychomycosis

Clinical criteria:

- The condition must be proximal or extensive (greater than 80% nail involvement), **AND**
- Patient must have failed to respond to topical treatment, **AND**
- The condition must be due to dermatophyte infection proven by microscopy and confirmed by an Approved Pathology Provider; **OR**
- The condition must be due to dermatophyte infection proven by culture and confirmed by an Approved Pathology Provider.

The date of the pathology report must be provided at the time of application and must not be more than 12 months old

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

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

terbinafine 250 mg tablet, 42

2804N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	1	0.00	25.16	25.00	[a] APO-Terbinafine [TX]	[a] Tamsil [RW]
						[a] Terbinafine-DRLA [RZ]	[a] Terbinafine Sandoz [SZ]
						[a] TERBINAFINE-WGR [WG]	[a] Tinasil [AF]

TERBINAFINE

Authority Required

6404

Dermatophyte infection

Clinical criteria:

- Patient must have failed to respond to topical treatment.

Population criteria:

- Patient must be an Aboriginal or a Torres Strait Islander person.

Authority Required

6453

Dermatophyte infection

Clinical criteria:

- Patient must have failed to respond to topical treatment, **AND**
- Patient must have failed to respond to griseofulvin.

Population criteria:

- Patient must be 18 years of age or less.

terbinafine 250 mg tablet, 42

2285G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	0	0.00	25.16	25.00	[a] APO-Terbinafine [TX]	[a] Tamsil [RW]
						[a] Terbinafine-DRLA [RZ]	[a] Terbinafine Sandoz [SZ]
						[a] TERBINAFINE-WGR [WG]	[a] Tinasil [AF]

ANTIPSORIATICS

ANTIPSORIATICS FOR TOPICAL USE

Other antipsoriatics for topical use

CALCIPOTRIOL + BETAMETHASONE DIPROPIONATE

Restricted benefit

6809

Chronic stable plaque type psoriasis vulgaris

Clinical criteria:

- The condition must be inadequately controlled by potent topical corticosteroid monotherapy.

calcipotriol 0.005% + betamethasone (as dipropionate) 0.05% ointment, 30 g

9494Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	‡1	1	0.00	39.21	25.00	[a] Calcipotriol/Betamethasone Sandoz 50/500 [SZ]	[a] Daivobet [LO]

calcipotriol 0.005% + betamethasone (as dipropionate) 0.05% foam, 60 g

11091R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	‡1	1	0.00	84.44	25.00	[a] Klarvanta [XT]	
			[B]9.65	94.09	25.00	[a] Enstilar [LO]	

Calcipotriol 0.005% + betamethasone (as dipropionate) 0.05% cream, 60 g

15203E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	1	0.00	64.07	25.00	Wynzora 50/500 [KT]

calcipotriol 0.005% + betamethasone (as dipropionate) 0.05% gel, 60 g

15352B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	1	0.00	64.07	25.00	Actobet 50/500 [KT]

CALCIPOTRIOL + BETAMETHASONE DIPROPIONATE

Restricted benefit

14236

Chronic stable plaque type psoriasis vulgaris

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must be inadequately controlled by potent topical corticosteroid monotherapy.

calcipotriol 0.005% + betamethasone (as dipropionate) 0.05% ointment, 30 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13577N NP	‡2	1	0.00	*64.06	25.00	[a] Calcipotriol/Betamethasone Sandoz 50/500 [SZ]	[a] Daivobet [LO]

calcipotriol 0.005% + betamethasone (as dipropionate) 0.05% foam, 60 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13520N NP	‡2	1	0.00	*156.52	25.00	[a] Klarvanta [XT]	
			[B]20.28	*176.80	25.00	[a] Enstilar [LO]	

Calcipotriol 0.005% + betamethasone (as dipropionate) 0.05% cream, 60 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15212P NP	2	1	0.00	*113.78	25.00	Wynzora 50/500 [KT]

calcipotriol 0.005% + betamethasone (as dipropionate) 0.05% gel, 60 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15345P NP	2	1	0.00	*113.78	25.00	Actobet 50/500 [KT]

ANTIPSORIATICS FOR SYSTEMIC USE

Retinoids for treatment of psoriasis

ACITRETIN

Caution This drug is a potent teratogen - pregnancy should be avoided during therapy and for at least three years after cessation of therapy.

Note Care must be taken to comply with the provisions of State/Territory law when prescribing this drug.

Authority Required (STREAMLINED)

17316

Severe intractable psoriasis

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where this prescription is to continue existing therapy with this medicine.

Authority Required (STREAMLINED)

17272

Severe disorders of keratinisation

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where this prescription is to continue existing therapy with this medicine.

acitretin 10 mg capsule, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2019G NP	1	2	0.00	107.73	25.00	[a] Neotigason [TB]	[a] ZETIN [RW]

acitretin 25 mg capsule, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2020H NP	1	2	0.00	208.73	25.00	[a] Neotigason [TB]	[a] ZETIN [RW]

CORTICOSTEROIDS, DERMATOLOGICAL PREPARATIONS

CORTICOSTEROIDS, PLAIN

Corticosteroids, weak (group I)

HYDROCORTISONE ACETATE

Restricted benefit

4899

Corticosteroid-responsive dermatoses

hydrocortisone acetate 1% cream, 50 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2881P NP	‡1	1	0.00	17.10	18.64	[a] Cortic-DS 1% [LN]	
			[B]2.19	19.29	18.64	[a] Sigmacort [AS]	

hydrocortisone acetate 1% ointment, 50 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2882Q							
NP	‡1	1	0.00	17.10	18.64	[a] Cortic-DS 1% [LN]	
			[B]2.19	19.29	18.64	[a] Sigmacort [AS]	

HYDROCORTISONE ACETATE

Restricted benefit

4934

Corticosteroid-responsive dermatoses

hydrocortisone acetate 1% cream, 50 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5113D							
DP	‡1	0	0.00	17.10	18.64	[a] Cortic-DS 1% [LN]	
			[B]2.19	19.29	18.64	[a] Sigmacort [AS]	

hydrocortisone acetate 1% ointment, 50 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5114E							
DP	‡1	0	0.00	17.10	18.64	[a] Cortic-DS 1% [LN]	
			[B]2.19	19.29	18.64	[a] Sigmacort [AS]	

Corticosteroids, moderately potent (group II)

TRIAMCINOLONE

Restricted benefit

4924

Corticosteroid-responsive dermatoses

triamcinolone acetonide 0.02% cream, 100 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2117K							
NP	2	0	0.00	*21.84	23.38	[a] Tricortone [LN]	
			[B]3.04	*24.88	23.38	[a] Aristocort 0.02% [AS]	

triamcinolone acetonide 0.02% ointment, 100 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2118L							
NP	2	0	0.00	*21.84	23.38	[a] Tricortone [LN]	
			[B]3.04	*24.88	23.38	[a] Aristocort 0.02% [AS]	

Corticosteroids, potent (group III)

BETAMETHASONE DIPROPIONATE

Restricted benefit

4957

Corticosteroid-responsive dermatoses

betamethasone (as dipropionate) 0.05% cream, 15 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1115Q							
NP	1	1	0.00	18.25	19.79	[a] DIPROVANT [NB]	[a] Eleuphrat [AL]
			[B]2.28	20.53	19.79	[a] Diprosone [AF]	

betamethasone (as dipropionate) 0.05% ointment, 15 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1119X							
NP	1	1	0.00	18.25	19.79	[a] DIPROVANT [NB]	[a] Eleuphrat [AL]
			[B]2.28	20.53	19.79	[a] Diprosone [AF]	

BETAMETHASONE DIPROPIONATE

Authority Required (STREAMLINED)

6232

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover 10-20% of the patient's body surface area.

betamethasone (as dipropionate) 0.05% ointment, 15 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10795E							
NP	2	5	0.00	*22.14	23.68	[a] DIPROVANT [NB]	[a] Eleuphrat [AL]
			[B]4.56	*26.70	23.68	[a] Diprosone [AF]	

betamethasone (as dipropionate) 0.05% cream, 15 g

10824Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*22.14	23.68	[a] DIPROVANT [NB]	[a] Eleuphrat [AL]
			[B]4.56	*26.70	23.68	[a] Diprosone [AF]	

BETAMETHASONE DIPROPIONATE

Authority Required (STREAMLINED)

6246

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover 20-40% of the patient's body surface area.

betamethasone (as dipropionate) 0.05% cream, 15 g

10800K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	4	5	0.00	*29.92	25.00	[a] DIPROVANT [NB]	[a] Eleuphrat [AL]
			[B]9.12	*39.04	25.00	[a] Diprosone [AF]	

betamethasone (as dipropionate) 0.05% ointment, 15 g

10820L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	4	5	0.00	*29.92	25.00	[a] DIPROVANT [NB]	[a] Eleuphrat [AL]
			[B]9.12	*39.04	25.00	[a] Diprosone [AF]	

BETAMETHASONE DIPROPIONATE

Authority Required (STREAMLINED)

6263

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover 60-80% of the patient's body surface area.

betamethasone (as dipropionate) 0.05% cream, 15 g

10801L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	8	5	0.00	*45.48	25.00	[a] DIPROVANT [NB]	[a] Eleuphrat [AL]
			[B]18.24	*63.72	25.00	[a] Diprosone [AF]	

betamethasone (as dipropionate) 0.05% ointment, 15 g

10816G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	8	5	0.00	*45.48	25.00	[a] DIPROVANT [NB]	[a] Eleuphrat [AL]
			[B]18.24	*63.72	25.00	[a] Diprosone [AF]	

BETAMETHASONE DIPROPIONATE

Authority Required (STREAMLINED)

6231

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover >80% of the patient's body surface area.

betamethasone (as dipropionate) 0.05% cream, 15 g

10802M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	10	5	0.00	*53.24	25.00	[a] DIPROVANT [NB]	[a] Eleuphrat [AL]
			[B]22.80	*76.04	25.00	[a] Diprosone [AF]	

betamethasone (as dipropionate) 0.05% ointment, 15 g

10823P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	10	5	0.00	*53.24	25.00	[a] DIPROVANT [NB]	[a] Eleuphrat [AL]
			[B]22.80	*76.04	25.00	[a] Diprosone [AF]	

BETAMETHASONE DIPROPIONATE

Authority Required (STREAMLINED)

6218

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover 40-60% of the patient's body surface area.

betamethasone (as dipropionate) 0.05% cream, 15 g

10813D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	6	5	0.00	*37.68	25.00	[a] DIPROVANT [NB]	[a] Eleuphrat [AL]

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10813D			[B]13.68	*51.36	25.00	[a] Diprosone [AF]	

betamethasone (as dipropionate) 0.05% ointment, 15 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10821M							
NP	6	5	0.00	*37.68	25.00	[a] DIPROVANT [NB]	[a] Eleuphrat [AL]
			[B]13.68	*51.36	25.00	[a] Diprosone [AF]	

BETAMETHASONE VALERATE

Restricted benefit

4924

Corticosteroid-responsive dermatoses

betamethasone (as valerate) 0.02% cream, 100 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2812B							
NP	2	0	0.00 0.00	*24.70	25.00	[a] Antroquoril [AL]	[b] Cortival 1/5 [LN]
			[B]3.92	*28.62	25.00	[b] Betnovate 1/5 [AS]	
			[B]4.78	*29.48	25.00	[a] Celestone-M [AF]	

BETAMETHASONE VALERATE

Restricted benefit

4957

Corticosteroid-responsive dermatoses

betamethasone (as valerate) 0.05% cream, 15 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2813C							
NP	1	1	0.00	17.10	18.64	[a] Cortival 1/2 [LN]	
			[B]2.38	19.48	18.64	[a] Betnovate 1/2 [AS]	

BETAMETHASONE VALERATE

Authority Required (STREAMLINED)

6246

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover 20-40% of the patient's body surface area.

betamethasone (as valerate) 0.05% cream, 15 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10794D							
NP	4	5	0.00	*25.32	25.00	[a] Cortival 1/2 [LN]	
			[B]9.52	*34.84	25.00	[a] Betnovate 1/2 [AS]	

BETAMETHASONE VALERATE

Authority Required (STREAMLINED)

6232

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover 10-20% of the patient's body surface area.

betamethasone (as valerate) 0.05% cream, 15 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10799J							
NP	2	5	0.00	*19.84	21.38	[a] Cortival 1/2 [LN]	
			[B]4.76	*24.60	21.38	[a] Betnovate 1/2 [AS]	

BETAMETHASONE VALERATE

Authority Required (STREAMLINED)

6263

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover 60-80% of the patient's body surface area.

betamethasone (as valerate) 0.05% cream, 15 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10807T							
NP	8	5	0.00	*36.28	25.00	[a] Cortival 1/2 [LN]	
			[B]19.04	*55.32	25.00	[a] Betnovate 1/2 [AS]	

BETAMETHASONE VALERATE

Authority Required (STREAMLINED)

6218
Corticosteroid-responsive dermatoses
Clinical criteria:

- The condition must cover 40-60% of the patient's body surface area.

betamethasone (as valerate) 0.05% cream, 15 g

10808W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	6	5	0.00	*30.78	25.00	[a] Cortival 1/2 [LN]	
			[B]14.28	*45.06	25.00	[a] Betnovate 1/2 [AS]	

BETAMETHASONE VALERATE

Authority Required (STREAMLINED)
6231
Corticosteroid-responsive dermatoses
Clinical criteria:

- The condition must cover >80% of the patient's body surface area.

betamethasone (as valerate) 0.05% cream, 15 g

10810Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	10	5	0.00	*41.74	25.00	[a] Cortival 1/2 [LN]	
			[B]23.80	*65.54	25.00	[a] Betnovate 1/2 [AS]	

METHYLPREDNISOLONE

Restricted benefit
4957
Corticosteroid-responsive dermatoses

methylprednisolone aceponate 0.1% cream, 15 g

8054X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	0	0.00	19.55	21.09	[a] Supriad Cream [XT]	
			[B]3.79	23.34	21.09	[a] Advantan [LO]	

methylprednisolone aceponate 0.1% ointment, 15 g

8055Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	0	0.00	19.55	21.09	[a] Metvant [NB]	[a] Supriad Ointment [XT]
			[B]3.79	23.34	21.09	[a] Advantan [LO]	

methylprednisolone aceponate 0.1% ointment, 15 g

8128T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	0	0.00	19.55	21.09	[a] Metvant (Fatty) [NB]	[a] Supriad Fatty Ointment [XT]
						[a] Tanilone (Fatty) [AS]	
			[B]3.79	23.34	21.09	[a] Advantan (Fatty) [LO]	

METHYLPREDNISOLONE

Restricted benefit
6302
Eczema

methylprednisolone aceponate 0.1% lotion, 20 g

8618N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	0	0.00	20.15	21.69	Advantan [LO]

METHYLPREDNISOLONE

Authority Required (STREAMLINED)
6231
Corticosteroid-responsive dermatoses
Clinical criteria:

- The condition must cover >80% of the patient's body surface area.

methylprednisolone aceponate 0.1% cream, 15 g

10833E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	10	5	0.00	*66.24	25.00	[a] Supriad Cream [XT]	
			[B]37.90	*104.14	25.00	[a] Advantan [LO]	

methylprednisolone aceponate 0.1% ointment, 15 g

10843Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	10	5	0.00	*66.24	25.00	[a] Metvant (Fatty) [NB]	[a] Supriad Fatty Ointment [XT]

10843Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
						[a] Tanilone (Fatty) [AS]	
			[B]37.90	104.14	25.00	[a] Advantan (Fatty) [LO]	

methylprednisolone aceponate 0.1% ointment, 15 g

10845T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	10	5	0.00	*66.24	25.00	[a] Metvant [NB]	[a] Supriad Ointment [XT]
			[B]37.90	*104.14	25.00	[a] Advantan [LO]	

methylprednisolone aceponate 0.1% lotion, 20 g

10830B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	5	5	0.00	*43.29	25.00	Advantan [LO]

METHYLPREDNISOLONE

Authority Required (STREAMLINED)

6263

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover 60-80% of the patient's body surface area.

methylprednisolone aceponate 0.1% ointment, 15 g

10834F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	8	5	0.00	*55.88	25.00	[a] Metvant [NB]	[a] Supriad Ointment [XT]
			[B]30.32	*86.20	25.00	[a] Advantan [LO]	

methylprednisolone aceponate 0.1% ointment, 15 g

10839L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	8	5	0.00	*55.88	25.00	[a] Metvant (Fatty) [NB]	[a] Supriad Fatty Ointment [XT]
						[a] Tanilone (Fatty) [AS]	
			[B]30.32	86.20	25.00	[a] Advantan (Fatty) [LO]	

methylprednisolone aceponate 0.1% cream, 15 g

10851D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	8	5	0.00	*55.88	25.00	[a] Supriad Cream [XT]	
			[B]30.32	*86.20	25.00	[a] Advantan [LO]	

METHYLPREDNISOLONE

Authority Required (STREAMLINED)

6218

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover 40-60% of the patient's body surface area.

methylprednisolone aceponate 0.1% cream, 15 g

10835G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	6	5	0.00	*45.48	25.00	[a] Supriad Cream [XT]	
			[B]22.74	*68.22	25.00	[a] Advantan [LO]	

methylprednisolone aceponate 0.1% ointment, 15 g

10844R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	6	5	0.00	*45.48	25.00	[a] Metvant (Fatty) [NB]	[a] Supriad Fatty Ointment [XT]
						[a] Tanilone (Fatty) [AS]	
			[B]22.74	68.22	25.00	[a] Advantan (Fatty) [LO]	

methylprednisolone aceponate 0.1% ointment, 15 g

10853F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	6	5	0.00	*45.48	25.00	[a] Metvant [NB]	[a] Supriad Ointment [XT]
			[B]22.74	*68.22	25.00	[a] Advantan [LO]	

METHYLPREDNISOLONE

Authority Required (STREAMLINED)

6246

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover 20-40% of the patient's body surface area.

methylprednisolone aceponate 0.1% ointment, 15 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10836H							
NP	4	5	0.00	*35.12	25.00	[a] Metvant [NB]	[a] Supriad Ointment [XT]
			[B]15.16	*50.28	25.00	[a] Advantan [LO]	

methylprednisolone aceponate 0.1% ointment, 15 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10840M							
NP	4	5	0.00	*35.12	25.00	[a] Metvant (Fatty) [NB]	[a] Supriad Fatty Ointment [XT]
						[a] Tanilone (Fatty) [AS]	
			[B]15.16	50.28	25.00	[a] Advantan (Fatty) [LO]	

methylprednisolone aceponate 0.1% cream, 15 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10855H							
NP	4	5	0.00	*35.12	25.00	[a] Supriad Cream [XT]	
			[B]15.16	*50.28	25.00	[a] Advantan [LO]	

methylprednisolone aceponate 0.1% lotion, 20 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10838K						
NP	3	5	0.00	*31.74	25.00	Advantan [LO]

METHYLPREDNISOLONE

Authority Required (STREAMLINED)

6232

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover 10-20% of the patient's body surface area.

methylprednisolone aceponate 0.1% cream, 15 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10842P							
NP	2	5	0.00	*24.74	25.00	[a] Supriad Cream [XT]	
			[B]7.58	*32.32	25.00	[a] Advantan [LO]	

methylprednisolone aceponate 0.1% ointment, 15 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10846W							
NP	2	5	0.00	*24.74	25.00	[a] Metvant [NB]	[a] Supriad Ointment [XT]
			[B]7.58	*32.32	25.00	[a] Advantan [LO]	

methylprednisolone aceponate 0.1% ointment, 15 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10848Y							
NP	2	5	0.00	*24.74	25.00	[a] Metvant (Fatty) [NB]	[a] Supriad Fatty Ointment [XT]
						[a] Tanilone (Fatty) [AS]	
			[B]7.58	32.32	25.00	[a] Advantan (Fatty) [LO]	

methylprednisolone aceponate 0.1% lotion, 20 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10856J						
NP	2	5	0.00	*25.94	25.00	Advantan [LO]

METHYLPREDNISOLONE

Authority Required (STREAMLINED)

6218

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover 40-60% of the patient's body surface area.

Authority Required (STREAMLINED)

6263

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover 60-80% of the patient's body surface area.

methylprednisolone aceponate 0.1% lotion, 20 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10852E						
NP	4	5	0.00	*37.52	25.00	Advantan [LO]

MOMETASONE

Restricted benefit

4957

Corticosteroid-responsive dermatoses

mometasone furoate 0.1% lotion, 30 mL

8043H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	0	0.00	19.46	21.00	[a] Novasone [AF]	[a] Zatamil [EO]
			[B]5.31	24.77	21.00	[a] Elocon [AL]	

mometasone furoate 0.1% cream, 15 g

1913Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	0	0.00	18.10	19.64	[a] GLENMARK MOMETASONE Alcohol Free [JM]	[a] Novasone [AF]
			[B]3.33	21.43	19.64	[a] Elocon Alcohol Free [AL]	

mometasone furoate 0.1% ointment, 15 g

1915T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	0	0.00	18.10	19.64	[a] GLENMARK MOMETASONE [JM]	[a] Novasone [AF]
						[a] Zatamil [EO]	
			[B]3.33	21.43	19.64	[a] Elocon [AL]	

MOMETASONE

Authority Required (STREAMLINED)

6231

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover >80% of the patient's body surface area.

mometasone furoate 0.1% lotion, 30 mL

10804P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	5	5	0.00	*39.84	25.00	[a] Novasone [AF]	[a] Zatamil [EO]
			[B]26.55	*66.39	25.00	[a] Elocon [AL]	

mometasone furoate 0.1% ointment, 15 g

10791Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	10	5	0.00	*51.74	25.00	[a] GLENMARK MOMETASONE [JM]	[a] Novasone [AF]
						[a] Zatamil [EO]	
			[B]33.30	85.04	25.00	[a] Elocon [AL]	

mometasone furoate 0.1% cream, 15 g

10792B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	10	5	0.00	*51.74	25.00	[a] GLENMARK MOMETASONE Alcohol Free [JM]	[a] Novasone [AF]
			[B]33.30	*85.04	25.00	[a] Elocon Alcohol Free [AL]	

MOMETASONE

Authority Required (STREAMLINED)

6263

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover 60-80% of the patient's body surface area.

mometasone furoate 0.1% ointment, 15 g

10793C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	8	5	0.00	*44.28	25.00	[a] GLENMARK MOMETASONE [JM]	[a] Novasone [AF]
						[a] Zatamil [EO]	
			[B]26.64	70.92	25.00	[a] Elocon [AL]	

mometasone furoate 0.1% cream, 15 g

10818J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	8	5	0.00	*44.28	25.00	[a] GLENMARK MOMETASONE Alcohol Free [JM]	[a] Novasone [AF]
			[B]26.64	*70.92	25.00	[a] Elocon Alcohol Free [AL]	

MOMETASONE

Authority Required (STREAMLINED)

6246
Corticosteroid-responsive dermatoses
Clinical criteria:

- The condition must cover 20-40% of the patient's body surface area.

mometasone furoate 0.1% lotion, 30 mL

10826T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	3	5	0.00	*29.67	25.00	[a] Novasone [AF]	[a] Zatamil [EO]
			[B]15.93	*45.60	25.00	[a] Elocon [AL]	

mometasone furoate 0.1% cream, 15 g

10809X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	4	5	0.00	*29.32	25.00	[a] GLENMARK MOMETASONE Alcohol Free [JM]	[a] Novasone [AF]
			[B]13.32	*42.64	25.00	[a] Elocon Alcohol Free [AL]	

mometasone furoate 0.1% ointment, 15 g

10814E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	4	5	0.00	*29.32	25.00	[a] GLENMARK MOMETASONE [JM]	[a] Novasone [AF]
						[a] Zatamil [EO]	
			[B]13.32	42.64	25.00	[a] Elocon [AL]	

MOMETASONE

Authority Required (STREAMLINED)
6232
Corticosteroid-responsive dermatoses
Clinical criteria:

- The condition must cover 10-20% of the patient's body surface area.

mometasone furoate 0.1% lotion, 30 mL

10819K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*24.56	25.00	[a] Novasone [AF]	[a] Zatamil [EO]
			[B]10.62	*35.18	25.00	[a] Elocon [AL]	

mometasone furoate 0.1% ointment, 15 g

10812C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*21.84	23.38	[a] GLENMARK MOMETASONE [JM]	[a] Novasone [AF]
						[a] Zatamil [EO]	
			[B]6.66	28.50	23.38	[a] Elocon [AL]	

mometasone furoate 0.1% cream, 15 g

10827W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*21.84	23.38	[a] GLENMARK MOMETASONE Alcohol Free [JM]	[a] Novasone [AF]
			[B]6.66	*28.50	23.38	[a] Elocon Alcohol Free [AL]	

MOMETASONE

Authority Required (STREAMLINED)
6218
Corticosteroid-responsive dermatoses
Clinical criteria:

- The condition must cover 40-60% of the patient's body surface area.

mometasone furoate 0.1% cream, 15 g

10815F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	6	5	0.00	*36.78	25.00	[a] GLENMARK MOMETASONE Alcohol Free [JM]	[a] Novasone [AF]
			[B]19.98	*56.76	25.00	[a] Elocon Alcohol Free [AL]	

mometasone furoate 0.1% ointment, 15 g

10828X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	6	5	0.00	*36.78	25.00	[a] GLENMARK MOMETASONE [JM]	[a] Novasone [AF]
						[a] Zatamil [EO]	
			[B]19.98	56.76	25.00	[a] Elocon [AL]	

MOMETASONE

Authority Required (STREAMLINED)

6218

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover 40-60% of the patient's body surface area.

Authority Required (STREAMLINED)

6263

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover 60-80% of the patient's body surface area.

mometasone furoate 0.1% lotion, 30 mL

10805Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	4	5	0.00	*34.76	25.00	[a] Novasone [AF]	[a] Zatamil [EO]
			[B]21.24	*56.00	25.00	[a] Elocon [AL]	

Corticosteroids, very potent (group IV)

CLOBETASOL

Authority Required (STREAMLINED)

17270

Moderate to severe scalp psoriasis

Clinical criteria:

- The condition must be inadequately controlled with either a vitamin D analogue or potent topical corticosteroid as monotherapy; **OR**
- The condition must be inadequately controlled with combination use of a vitamin D analogue and potent topical corticosteroid.

Population criteria:

- Patient must be at least 18 years of age.

clobetasol propionate 0.05% shampoo, 125 mL

10080M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	1	0.00	47.38	25.00	Clobex [GA]

CLOBETASOL

Note Treatment should be limited to a maximum of 15 g per week.
Note This preparation is only suitable for small areas of affected skin.
Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Restricted benefit

16464

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must be resistant to lower potency topical corticosteroid therapy.

clobetasol propionate 0.05% ointment, 30 g

14808J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	0	0.00	21.97	23.51	Xobet [XT]

clobetasol propionate 0.05% cream, 30 g

14832P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	0	0.00	21.97	23.51	Xobet [XT]

ANTI-ACNE PREPARATIONS

ANTI-ACNE PREPARATIONS FOR TOPICAL USE

Retinoids for topical use in acne

ADAPALENE + BENZOYL PEROXIDE

Restricted benefit

4961

Severe acne vulgaris

Treatment Phase: Acute treatment

Clinical criteria:

- The treatment must in combination with an oral antibiotic.

adapalene 0.1% + benzoyl peroxide 2.5% gel, 30 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8954G NP	‡1	1	0.00	30.62	25.00	Epiduo [GA]

ADAPALENE + BENZOYL PEROXIDE

Restricted benefit

4898

Severe acne vulgaris

Clinical criteria:

- The treatment must be maintenance therapy.

adapalene 0.1% + benzoyl peroxide 2.5% gel, 30 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8955H NP	‡1	3	0.00	30.62	25.00	Epiduo [GA]

ADAPALENE + BENZOYL PEROXIDE

Restricted benefit

14275

Severe acne vulgaris

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The treatment must be maintenance therapy.

adapalene 0.1% + benzoyl peroxide 2.5% gel, 30 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13363H NP	‡2	3	0.00	*46.88	25.00	Epiduo [GA]

ANTI-ACNE PREPARATIONS FOR SYSTEMIC USE

Retinoids for treatment of acne

ISOTRETINOIN

Caution This drug causes birth defects.

Note Care must be taken to comply with the provisions of State/Territory law when prescribing this drug.

Authority Required (STREAMLINED)

17268

Severe cystic acne

Clinical criteria:

- The condition must be unresponsive to other therapy.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where this prescription is to continue existing therapy with this medicine.

isotretinoin 5 mg capsule, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11716P NP	1	3	0.00	25.84	25.00	Oratane [RF]

isotretinoin 10 mg capsule, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2591J NP	1	3	0.00	30.93	25.00	[a] APO-Isotretinoin [TX]	[a] Dermatane [ZS]
						[a] Isotretinoin GX [SZ]	[a] Isotretinoin Lupin [GQ]
						[a] ISOTRETINOIN-WGR [WG]	[a] Oratane [RF]

isotretinoin 30 mg capsule, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11921K NP	1	3	0.00	62.83	25.00	Oratane [RF]

isotretinoin 40 mg capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2549E NP	1	3	0.00	46.67	25.00	[a] Dermatane [ZS]	[a] Oratane [RF]

ISOTRETINOIN

Caution This drug causes birth defects.

Note Care must be taken to comply with the provisions of State/Territory law when prescribing this drug.

Note Pharmaceutical benefits that have form pack size isotretinoin 20 mg capsule, 60 and isotretinoin 20 mg capsule, 30 are equivalent for the purposes of substitution.

Authority Required (STREAMLINED)

17268

Severe cystic acne

Clinical criteria:

- The condition must be unresponsive to other therapy.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where this prescription is to continue existing therapy with this medicine.

isotretinoin 20 mg capsule, 60

2592K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	3	0.00	40.21	25.00	[a] APO-Isotretinoin [TX]	[a] Dermatane [ZS]
						[a] Isotretinoin Dr.Reddy's [RZ]	[a] Isotretinoin GX [SZ]
						[a] Isotretinoin Lupin [GQ]	[a] ISOTRETINOIN-WGR [WG]
						[a] Oratane [RF]	[a] Pharmacor Isotretinoin [CR]

isotretinoin 20 mg capsule, 30

11621P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	3	0.00	*40.20	25.00	[a] Isotretinoin Dr.Reddy's [RZ]	[a] Roaccutane [PB]

OTHER DERMATOLOGICAL PREPARATIONS

OTHER DERMATOLOGICAL PREPARATIONS

Antihidrotics

GLYCOPYRRONIUM

Caution The anticholinergic effect of this medicine may exacerbate pre-existing medical conditions including but not limited to cardiac arrhythmias.

Authority Required (STREAMLINED)

18870

Severe primary axillary hyperhidrosis

Clinical criteria:

- Patient must have previously failed topical aluminium chloride after one to two months of treatment; **OR**
- Patient must be intolerant to topical aluminium chloride treatment, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Glycopyrronium 2.2 mg/actuation cream, 124 actuations

15337F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	2	0.00	156.24	25.00	Axhidrox [KT]

Agents for dermatitis, excluding corticosteroids

DUPILUMAB

Note Pharmaceutical benefits that have the form dupilumab injection 200 mg/1.14 mL, 2 x 1.14 mL syringes and pharmaceutical benefits that have the form dupilumab injection 200 mg/1.14 mL, 2 x 1.14 mL pen devices are equivalent for the purposes of substitution.

Note Instructions on the use of the Eczema Area and Severity Index and copyright details can be found here:
https://www.dupixent.co.uk/-/media/EMS/Conditions/Dermatology/Brands/Dupixent-UK/global/1051-EASI-Leaflet-v6-webready.pdf

Note Instructions on the use of the Dermatology Life Quality Index and copyright details can be found here:
https://www.cardiff.ac.uk/medicine/resources/quality-of-life-questionnaires/dermatology-life-quality-index

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

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

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

Note Special Pricing Arrangements apply.

Authority Required

17047

Chronic severe atopic dermatitis

Treatment Phase: Initial treatment of the whole body

Clinical criteria:

- Patient must have a Physicians Global Assessment (PGA) (5-point scale) baseline score of at least 4 as evidence of severe disease despite treatment with daily topical therapy (corticosteroid of medium to high potency/calcineurin inhibitor), for at least 28 days, **AND**
- Patient must have an Eczema Area and Severity Index (EASI) baseline score of at least 20 despite treatment with daily topical therapy (corticosteroid of medium to high potency/calcineurin inhibitor), for at least 28 days, **AND**

- Patient must have an age appropriate Dermatology Life Quality Index (DLQI) baseline score (of any value) measured following treatment with daily topical therapy (corticosteroid of medium to high potency/calcineurin inhibitor), for at least 28 days, **AND**
- The condition must have had lesions for at least 6 months from the time of the initial diagnosis of chronic severe atopic dermatitis affecting either of: (i) the whole body, (ii) face/hands, **AND**
- The treatment must be the sole PBS-subsidised biological medicine for this PBS indication, **AND**
- Patient must not have experienced an inadequate response to this biological medicine in this PBS indication.

Treatment criteria:

- Must be treated by a dermatologist; **OR**
- Must be treated by a clinical immunologist.

Population criteria:

- Patient must be at least 12 years of age.

State each of the qualifying (i) PGA, (ii) EASI and (iii) DLQI scores in the authority application.

Acceptable scores can be:

(a) current scores; or

(b) past scores, including those previously quoted in a PBS authority application for another drug listed for this indication.

The EASI and DLQI baseline measurements are to form the basis of determining if an adequate response to treatment has been achieved under the Continuing treatment restriction. In addition to stating them in this authority application, document them in the patient's medical records.

Document the details of the medium to high potency topical corticosteroids (or calcineurin inhibitors) initially trialled in the patient's medical records.

Note Instructions on the use of the Physician's Global Assessment (5-point scale) can be obtained from Sanofi Medical Information on 1800 818 806 or MedInfo.Australia@sanofi.com

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Authority Required

11374

Chronic severe atopic dermatitis

Treatment Phase: Continuing or resuming treatment of the whole body

Clinical criteria:

- Patient must have received PBS-subsidised treatment with this biological medicine for the treatment of chronic severe atopic dermatitis affecting the whole body, **AND**
- Patient must have achieved an adequate response within the first 16 weeks of treatment; **OR**
- Patient must have maintained an adequate response to their most recent course of PBS-subsidised treatment with this biological medicine for this PBS indication if this is the second or subsequent Continuing treatment authority application; **OR**
- Patient must have temporarily ceased treatment for reasons other than lack of response (e.g. family planning, vaccination with live vaccines, adverse-effect investigation), thereby being unable to achieve/maintain an adequate response immediately prior to this authority application, **AND**
- The treatment must be the sole PBS-subsidised biological medicine for this PBS indication.

Treatment criteria:

- Must be treated by a dermatologist; **OR**
- Must be treated by a clinical immunologist.

For the purposes of this restriction, an adequate response to treatment is defined as:

(a) An improvement/maintenance in the Eczema Area and Severity Index (EASI) score of at least 50% compared to baseline; and

(b) An improvement/maintenance in Dermatology Life Quality Index (DLQI) score of at least 4 points compared to baseline

Where an initial baseline (post-topical corticosteroid, pre-biological medicine) DLQI score was not measured for a patient who had commenced treatment through a clinical trial, early access program or through private, non-PBS-subsidised supply, an absence of worsening in the current DLQI score compared to that measured at the time of the 'Grandfather listing' authority application will suffice as an adequate response for requirement (b) above.

State each of the current EASI and DLQI scores for this authority application.

Authority Required

17076

Chronic severe atopic dermatitis

Treatment Phase: Initial treatment of the face and/or hands

Clinical criteria:

- The condition must have at least 2 of the following Eczema Area and Severity Index (EASI) symptom sub-scores for erythema, oedema/papulation, excoriation, lichenification rated as severe despite treatment with daily topical therapy (corticosteroid of medium to high potency/calcineurin inhibitor), for at least 28 days; **OR**
- The condition must have affected at least 30% of the face/hands surface area despite treatment with daily topical therapy (corticosteroid of medium to high potency/calcineurin inhibitor), for at least 28 days, **AND**
- Patient must have an age appropriate Dermatology Life Quality Index (DLQI) baseline score (of any value) measured following treatment with daily topical therapy (corticosteroid of medium to high potency/calcineurin inhibitor), for at least 28 days, **AND**
- The condition must have had lesions for at least 6 months from the time of the initial diagnosis of chronic severe atopic dermatitis affecting either of: (i) the whole body, (ii) face/hands, **AND**

- The treatment must be the sole PBS-subsidised biological medicine for this PBS indication, **AND**
- Patient must not have experienced an inadequate response to this biological medicine in this PBS indication.

Treatment criteria:

- Must be treated by a dermatologist; **OR**
- Must be treated by a clinical immunologist.

Population criteria:

- Patient must be at least 12 years of age.

State each of the 4 Eczema Area and Severity Index (EASI) symptom sub-score ratings (0 = none, 1 = mild, 2 = moderate, 3 = severe) for:
(i) erythema,
(ii) oedema/papulation,
(iii) excoriation,
(iv) lichenification
Acceptable scores can be:
(a) current scores; or
(b) past scores, including those previously quoted in a PBS authority application for another drug listed for this indication.
State the percentage face/hand surface area affected by the condition (must be at least 30%) where EASI symptom sub-scores are not provided. This percentage surface area can also be stated in addition to the EASI symptom sub-scores.
The EASI/percentage surface area and DLQI baseline measurements are to form the basis of determining if an adequate response to treatment has been achieved under the Continuing treatment restriction. In addition to stating them in this authority application, document them in the patient's medical records.
Document the details of the medium to high potency topical corticosteroids (or calcineurin inhibitors) initially trialled are in the patient's medical records.

Authority Required

11377

Chronic severe atopic dermatitis
Treatment Phase: Continuing or resuming treatment of the face and/or hands

Clinical criteria:

- Patient must have received PBS-subsidised treatment with this biological medicine for the treatment of chronic severe atopic dermatitis affecting the face/hands, **AND**
- Patient must have achieved an adequate response within the first 16 weeks of treatment; **OR**
- Patient must have maintained an adequate response to their most recent course of PBS-subsidised treatment with this biological medicine for this PBS indication if this is the second or subsequent Continuing treatment authority application; **OR**
- Patient must have temporarily ceased treatment for reasons other than lack of response (e.g. family planning, vaccination with live vaccines, adverse-effect investigation), thereby being unable to achieve/maintain an adequate response immediately prior to this authority application, **AND**
- The treatment must be the sole PBS-subsidised biological medicine for this PBS indication.

Treatment criteria:

- Must be treated by a dermatologist; **OR**
- Must be treated by a clinical immunologist.

For the purposes of this restriction, an adequate response to treatment of the face/hands is defined as:
(a) (i) A rating of either mild (1) to none (0) on at least 3 of the assessments of erythema, oedema/papulation, excoriation and lichenification mentioned in the Eczema Area and Severity Index (EASI); or
(ii) At least a 75% reduction in the skin area affected by this condition compared to baseline; and
(b) An improvement in Dermatology Life Quality Index (DLQI) score of at least 4 points compared to baseline
Where an initial baseline (post-topical corticosteroid, pre-biological medicine) DLQI score was not measured for a patient who had commenced treatment through a clinical trial, early access program or through private, non-PBS-subsidised supply, an absence of worsening in the current DLQI score compared to that measured at the time of the 'Grandfather listing' authority application will suffice as an adequate response for requirement (b) above.
Document each qualifying response measure in the patient's medical records for PBS compliance auditing purposes

dupilumab 200 mg/1.14 mL injection, 2 x 1.14 mL syringes

12291X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $		Brand Name and Manufacturer
	1	5	0.00	1,757.67	25.00	[a]	Dupixent [SW]

dupilumab 200 mg/1.14 mL injection, 2 x 1.14 mL pen devices

15035H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $		Brand Name and Manufacturer
	1	5	0.00	1,757.67	25.00	[a]	Dupixent [SW]

DUPILUMAB

Note Pharmaceutical benefits that have the form dupilumab injection 300 mg/2 mL, 2 x 2 mL syringes and pharmaceutical benefits that have the form dupilumab injection 300 mg/2 mL, 2 x 2 mL pen devices are equivalent for the purposes of substitution.

Note Instructions on the use of the Eczema Area and Severity Index and copyright details can be found here:

https://www.dupixent.co.uk/-/media/EMS/Conditions/Dermatology/Brands/Dupixent-UK/global/1051-EASI-Leaflet-v6-webready.pdf

Note Instructions on the use of the Dermatology Life Quality Index and copyright details can be found here:
https://www.cardiff.ac.uk/medicine/resources/quality-of-life-questionnaires/dermatology-life-quality-index

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

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

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

Note Special Pricing Arrangements apply.

Authority Required

17047

Chronic severe atopic dermatitis

Treatment Phase: Initial treatment of the whole body

Clinical criteria:

- Patient must have a Physicians Global Assessment (PGA) (5-point scale) baseline score of at least 4 as evidence of severe disease despite treatment with daily topical therapy (corticosteroid of medium to high potency/calcineurin inhibitor), for at least 28 days, **AND**
- Patient must have an Eczema Area and Severity Index (EASI) baseline score of at least 20 despite treatment with daily topical therapy (corticosteroid of medium to high potency/calcineurin inhibitor), for at least 28 days, **AND**
- Patient must have an age appropriate Dermatology Life Quality Index (DLQI) baseline score (of any value) measured following treatment with daily topical therapy (corticosteroid of medium to high potency/calcineurin inhibitor), for at least 28 days, **AND**
- The condition must have had lesions for at least 6 months from the time of the initial diagnosis of chronic severe atopic dermatitis affecting either of: (i) the whole body, (ii) face/hands, **AND**
- The treatment must be the sole PBS-subsidised biological medicine for this PBS indication, **AND**
- Patient must not have experienced an inadequate response to this biological medicine in this PBS indication.

Treatment criteria:

- Must be treated by a dermatologist; **OR**
- Must be treated by a clinical immunologist.

Population criteria:

- Patient must be at least 12 years of age.

State each of the qualifying (i) PGA, (ii) EASI and (iii) DLQI scores in the authority application.

Acceptable scores can be:

(a) current scores; or

(b) past scores, including those previously quoted in a PBS authority application for another drug listed for this indication.

The EASI and DLQI baseline measurements are to form the basis of determining if an adequate response to treatment has been achieved under the Continuing treatment restriction. In addition to stating them in this authority application, document them in the patient's medical records.

Document the details of the medium to high potency topical corticosteroids (or calcineurin inhibitors) initially trialled in the patient's medical records.

Note Instructions on the use of the Physician's Global Assessment (5-point scale) can be obtained from Sanofi Medical Information on 1800 818 806 or MedInfo.Australia@sanofi.com

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Authority Required

11374

Chronic severe atopic dermatitis

Treatment Phase: Continuing or resuming treatment of the whole body

Clinical criteria:

- Patient must have received PBS-subsidised treatment with this biological medicine for the treatment of chronic severe atopic dermatitis affecting the whole body, **AND**
- Patient must have achieved an adequate response within the first 16 weeks of treatment; **OR**
- Patient must have maintained an adequate response to their most recent course of PBS-subsidised treatment with this biological medicine for this PBS indication if this is the second or subsequent Continuing treatment authority application; **OR**
- Patient must have temporarily ceased treatment for reasons other than lack of response (e.g. family planning, vaccination with live vaccines, adverse-effect investigation), thereby being unable to achieve/maintain an adequate response immediately prior to this authority application, **AND**
- The treatment must be the sole PBS-subsidised biological medicine for this PBS indication.

Treatment criteria:

- Must be treated by a dermatologist; **OR**
- Must be treated by a clinical immunologist.

For the purposes of this restriction, an adequate response to treatment is defined as:

(a) An improvement/maintenance in the Eczema Area and Severity Index (EASI) score of at least 50% compared to baseline; and

(b) An improvement/maintenance in Dermatology Life Quality Index (DLQI) score of at least 4 points compared to baseline

Where an initial baseline (post-topical corticosteroid, pre-biological medicine) DLQI score was not measured for a patient who had commenced treatment through a clinical trial, early access program or through private, non-PBS-subsidised supply, an absence of worsening in the current DLQI score compared to that measured at the time of the 'Grandfather listing' authority application will suffice as an adequate response for requirement (b) above.

State each of the current EASI and DLQI scores for this authority application.

Authority Required

17076

Chronic severe atopic dermatitis

Treatment Phase: Initial treatment of the face and/or hands

Clinical criteria:

- The condition must have at least 2 of the following Eczema Area and Severity Index (EASI) symptom sub-scores for erythema, oedema/papulation, excoriation, lichenification rated as severe despite treatment with daily topical therapy (corticosteroid of medium to high potency/calcineurin inhibitor), for at least 28 days; **OR**
- The condition must have affected at least 30% of the face/hands surface area despite treatment with daily topical therapy (corticosteroid of medium to high potency/calcineurin inhibitor), for at least 28 days, **AND**
- Patient must have an age appropriate Dermatology Life Quality Index (DLQI) baseline score (of any value) measured following treatment with daily topical therapy (corticosteroid of medium to high potency/calcineurin inhibitor), for at least 28 days, **AND**
- The condition must have had lesions for at least 6 months from the time of the initial diagnosis of chronic severe atopic dermatitis affecting either of: (i) the whole body, (ii) face/hands, **AND**
- The treatment must be the sole PBS-subsidised biological medicine for this PBS indication, **AND**
- Patient must not have experienced an inadequate response to this biological medicine in this PBS indication.

Treatment criteria:

- Must be treated by a dermatologist; **OR**
- Must be treated by a clinical immunologist.

Population criteria:

- Patient must be at least 12 years of age.

State each of the 4 Eczema Area and Severity Index (EASI) symptom sub-score ratings (0 = none, 1 = mild, 2 = moderate, 3 = severe) for:

(i) erythema,

(ii) oedema/papulation,

(iii) excoriation,

(iv) lichenification

Acceptable scores can be:

(a) current scores; or

(b) past scores, including those previously quoted in a PBS authority application for another drug listed for this indication.

State the percentage face/hand surface area affected by the condition (must be at least 30%) where EASI symptom sub-scores are not provided. This percentage surface area can also be stated in addition to the EASI symptom sub-scores.

The EASI/percentage surface area and DLQI baseline measurements are to form the basis of determining if an adequate response to treatment has been achieved under the Continuing treatment restriction. In addition to stating them in this authority application, document them in the patient's medical records.

Document the details of the medium to high potency topical corticosteroids (or calcineurin inhibitors) initially trialled are in the patient's medical records.

Authority Required

11377

Chronic severe atopic dermatitis

Treatment Phase: Continuing or resuming treatment of the face and/or hands

Clinical criteria:

- Patient must have received PBS-subsidised treatment with this biological medicine for the treatment of chronic severe atopic dermatitis affecting the face/hands, **AND**
- Patient must have achieved an adequate response within the first 16 weeks of treatment; **OR**
- Patient must have maintained an adequate response to their most recent course of PBS-subsidised treatment with this biological medicine for this PBS indication if this is the second or subsequent Continuing treatment authority application; **OR**
- Patient must have temporarily ceased treatment for reasons other than lack of response (e.g. family planning, vaccination with live vaccines, adverse-effect investigation), thereby being unable to achieve/maintain an adequate response immediately prior to this authority application, **AND**
- The treatment must be the sole PBS-subsidised biological medicine for this PBS indication.

Treatment criteria:

- Must be treated by a dermatologist; **OR**
- Must be treated by a clinical immunologist.

For the purposes of this restriction, an adequate response to treatment of the face/hands is defined as:

(a) (i) A rating of either mild (1) to none (0) on at least 3 of the assessments of erythema, oedema/papulation, excoriation and lichenification mentioned in the Eczema Area and Severity Index (EASI); or

(ii) At least a 75% reduction in the skin area affected by this condition compared to baseline; and

(b) An improvement in Dermatology Life Quality Index (DLQI) score of at least 4 points compared to baseline

Where an initial baseline (post-topical corticosteroid, pre-biological medicine) DLQI score was not measured for a patient who had commenced treatment through a clinical trial, early access program or through private, non-PBS-subsidised supply, an absence of worsening in the current DLQI score compared to that measured at the time of the 'Grandfather listing' authority application will suffice as an adequate response for requirement (b) above.

Document each qualifying response measure in the patient's medical records for PBS compliance auditing purposes

dupilumab 300 mg/2 mL injection, 2 x 2 mL syringes

12292Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	0.00	1,757.67	25.00	[a] Dupixent [SW]

dupilumab 300 mg/2 mL injection, 2 x 2 mL pen devices

14979J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	0.00	1,757.67	25.00	[a] Dupixent [SW]

PIMECROLIMUS

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

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

Authority Required (STREAMLINED)

5482

Atopic dermatitis

Population criteria:

- Patient must be at least 3 months of age.

Clinical criteria:

- The condition must be on the patient's face; **OR**
- The condition must be on the patient's eyelid, **AND**
- Patient must have 1 or more of the following contraindications to topical corticosteroids: (i) perioral dermatitis; (ii) periorbital dermatitis; (iii) rosacea; (iv) epidermal atrophy; (v) dermal atrophy; (vi) allergy to topical corticosteroids; (vii) cataracts; (viii) glaucoma; (ix) raised intraocular pressure, **AND**
- Patient must not receive more than two 15 g packs of PBS-subsidised pimecrolimus per 6-month period.

Authority Required (STREAMLINED)

5472

Atopic dermatitis

Treatment Phase: Short-term (up to 3 weeks) intermittent treatment

Population criteria:

- Patient must be at least 3 months of age.

Clinical criteria:

- The condition must be on the patient's face; **OR**
- The condition must be on the patient's eyelid, **AND**
- Patient must have failed to achieve satisfactory disease control with intermittent topical corticosteroid therapy, **AND**
- The condition must have been initially diagnosed more than three months prior to this treatment, **AND**
- Patient must not receive more than two 15 g packs of PBS-subsidised pimecrolimus per 6-month period.

Failure to achieve satisfactory disease control with intermittent topical corticosteroid therapy is manifest by:

(i) failure of the facial skin to clear despite at least 2 weeks of topical hydrocortisone 1% applied every day; or

(ii) failure of the facial skin to clear despite at least 1 week of a moderate or potent topical corticosteroid applied every day; or

(iii) clearing of the facial skin with at least 2 weeks of topical hydrocortisone 1% applied every day, but almost immediate and significant flare in facial disease (within 48 hours) upon stopping topical corticosteroids, occurring on at least 2 consecutive occasions; or

(iv) clearing of the facial skin with at least 1 week of a moderate or potent topical corticosteroid applied every day, but almost immediate and significant flare in facial disease (within 48 hours) upon stopping topical corticosteroids, occurring on at least 2 consecutive occasions

pimecrolimus 1% cream, 15 g

8802G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	1	0.00	34.31	25.00	Elidel [GO]

TACROLIMUS

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

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

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

Authority Required

19259

Moderate to severe atopic dermatitis

Treatment Phase: Flare treatment

Clinical criteria:

- Patient must have 1 or more of the following contraindications to topical corticosteroids: (i) perioral dermatitis; (ii) periorbital dermatitis; (iii) rosacea; (iv) epidermal atrophy; (v) dermal atrophy; (vi) allergy to topical corticosteroids; (vii) cataracts; (viii) glaucoma; (ix) raised intraocular pressure; **OR**
- The condition must not have been adequately controlled with topical corticosteroid therapy.

Inadequate control of this condition with topical corticosteroid therapy is defined as:

(i) no clearance of the skin despite at least 2 weeks of a potent topical corticosteroid for the body or a mild topical corticosteroid for the face and eyelids, applied every day; or

(ii) clearing of the skin with at least 2 weeks of a potent topical corticosteroid for the body or a mild topical corticosteroid for the face and eyelids, applied every day, but almost immediate and significant flare in disease (within 48 hours) upon stopping topical corticosteroids, occurring on at least 2 consecutive occasions.

Treatment should be discontinued, and further treatment options should be considered if no signs of improvement are seen after 2 weeks of treatment.

Once clearance or near clearance of atopic dermatitis is achieved, patients should cease tacrolimus treatment and reinitiate only if there is a flare of their atopic dermatitis that meets the PBS eligibility criteria.

Tacrolimus 0.1% ointment, 30 g

15542B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	1	0.00	54.27	25.00	aZematop [XT]

Other dermatologicals

DAPSONE

Dapsone 50 mg tablet, 100

15168H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	1	0.00	319.77	25.00	DAPSOMED [DZ]

dapsone 100 mg tablet, 100

1272Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	1	0.00	390.28	25.00	[a] DAPSOMED [DZ]	[a] Link Medical Products Pty Ltd [LM]

DAPSONE

Note Pharmaceutical benefits that have the brand Dapsone Tablets, USP 25 mg (Rising Pharmaceuticals, USA) may be substituted for pharmaceutical benefits that have the brand Link Medical Products Pty Ltd in case of shortage.

dapsone 25 mg tablet, 100

8801F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	1	0.00	319.77	25.00	[a] Link Medical Products Pty Ltd [LM]

dapsone 25 mg tablet, 100

15517Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	1	0.00	297.93	25.00	[a] Dapsone Tablets, USP 25 mg (Rising Pharmaceuticals, USA) [LM]

IMIQUIMOD

Note The patient or carer must be able to understand and administer the imiquimod dosing regimen.

Note Treatment of recurrent (previously treated) lesions will not be authorised.

Note Pharmaceutical benefits that have the form imiquimod single use sachets and pharmaceutical benefits that have the form imiquimod multi-use pump are equivalent for the purposes of substitution.

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

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

Authority Required

4229

Superficial basal cell carcinoma

Clinical criteria:

- The condition must be previously untreated, **AND**
- The condition must be confirmed by biopsy, **AND**
- Patient must have normal immune function, **AND**
- The condition must not be suitable for treatment with surgical excision; **OR**
- The condition must not be suitable for treatment with cryotherapy; **OR**
- The condition must not be suitable for treatment with curettage with diathermy, **AND**
- Patient must require topical drug therapy.

The date of the pathology report and name of the Approved Pathology Authority must be provided at the time of application.

imiquimod 5% cream, 12 x 250 mg sachets

2546B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	1	0.00	87.63	25.00	[a] APO-Imiquimod [TX]	
			[B]3.20	90.83	25.00	[a] Aldara [IL]	

imiquimod 5% cream, 2 x 2 g

2637T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	1	8.09	95.72	25.00	[a] Aldara Pump [IL]

GENITO URINARY SYSTEM AND SEX HORMONES

OTHER GYNECOLOGICALS

CONTRACEPTIVES FOR TOPICAL USE

Intrauterine contraceptives

LEVONORGESTREL

Restricted benefit

5214

Contraception

levonorgestrel 19.5 mg intrauterine drug delivery system, 1 system

11909T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP MW	1	0	0.00	167.79	25.00	Kyleena [SY]

levonorgestrel 52 mg intrauterine drug delivery system, 1 system

14705Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP MW	1	0	0.00	187.14	25.00	Mirena [BN]

LEVONORGESTREL

Restricted benefit

5135

Idiopathic menorrhagia

Clinical criteria:

- The treatment must be in a patient where oral treatments are ineffective.

Restricted benefit

5289

Idiopathic menorrhagia

Clinical criteria:

- The treatment must be in a patient where oral treatments are contraindicated.

levonorgestrel 52 mg intrauterine drug delivery system, 1 system

8633J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	0	0.00	187.14	25.00	Mirena [BN]

Intravaginal contraceptives

ETONOGESTREL + ETHINYLESTRADIOL

etonogestrel 120 microgram/24 hours + ethinylestradiol 15 microgram/24 hours vaginal drug delivery system, 3 rings

15074J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP MW	1	3	0.00	61.76	25.00	NuvaRing [OQ]

OTHER GYNECOLOGICALS

Prolactine inhibitors

BROMOCRIPTINE

Restricted benefit

5172

Prevention of the onset of lactation

Clinical criteria:

- The treatment must occur in the puerperium, **AND**
- The treatment must be for medical reasons.

bromocriptine 2.5 mg tablet, 30

1444B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	0	0.00	23.71	25.00	Parlodel [SZ]

BROMOCRIPTINE

Caution Care should be taken when treating patients with advanced age and significant cognitive impairment with dopamine agonists.

Restricted benefit

6717

Acromegaly

Caution Care should be taken when treating patients with advanced age and significant cognitive impairment with dopamine agonists.

Restricted benefit

6718

Parkinson disease

Caution Care should be taken when treating patients with advanced age and significant cognitive impairment with dopamine agonists.

Restricted benefit

6787

Pathological hyperprolactinaemia

Clinical criteria:

- Patient must be one in whom surgery is not indicated.

Caution Care should be taken when treating patients with advanced age and significant cognitive impairment with dopamine agonists.

Restricted benefit

6706

Pathological hyperprolactinaemia

Clinical criteria:

- Patient must have had surgery for this condition with incomplete resolution.

Caution Care should be taken when treating patients with advanced age and significant cognitive impairment with dopamine agonists.

Restricted benefit

6707

Pathological hyperprolactinaemia

Clinical criteria:

- Patient must be one in whom radiotherapy is not indicated.

Caution Care should be taken when treating patients with advanced age and significant cognitive impairment with dopamine agonists.

Restricted benefit

6719

Pathological hyperprolactinaemia

Clinical criteria:

- Patient must have had radiotherapy for this condition with incomplete resolution.

Caution Care should be taken when treating patients with advanced age and significant cognitive impairment with dopamine agonists.

bromocriptine 2.5 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1443Y	2	5	0.00	*33.06	25.00	Parlodel [SZ]

BROMOCRIPTINE

Caution Care should be taken when treating patients with advanced age and significant cognitive impairment with dopamine agonists.

Restricted benefit

14914

Acromegaly

Clinical criteria:

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

Caution Care should be taken when treating patients with advanced age and significant cognitive impairment with dopamine agonists.

Restricted benefit

15028

Parkinson disease

Clinical criteria:

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

Caution Care should be taken when treating patients with advanced age and significant cognitive impairment with dopamine agonists.

Restricted benefit

15043
Pathological hyperprolactinaemia
Clinical criteria:
- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must be one in whom surgery is not indicated.

Caution Care should be taken when treating patients with advanced age and significant cognitive impairment with dopamine agonists.

Restricted benefit
14981
Pathological hyperprolactinaemia
Clinical criteria:
- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have had surgery for this condition with incomplete resolution.

Caution Care should be taken when treating patients with advanced age and significant cognitive impairment with dopamine agonists.

Restricted benefit
15044
Pathological hyperprolactinaemia
Clinical criteria:
- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must be one in whom radiotherapy is not indicated.

Caution Care should be taken when treating patients with advanced age and significant cognitive impairment with dopamine agonists.

Restricted benefit
15017
Pathological hyperprolactinaemia
Clinical criteria:
- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have had radiotherapy for this condition with incomplete resolution.

Caution Care should be taken when treating patients with advanced age and significant cognitive impairment with dopamine agonists.

bromocriptine 2.5 mg tablet, 30

13979R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	4	5	0.00	*51.76	25.00	Parlodel [SZ]

CABERGOLINE

Restricted benefit
5172
Prevention of the onset of lactation
Clinical criteria:
- The treatment must occur in the puerperium, **AND**
- The treatment must be for medical reasons.

cabergoline 500 microgram tablet, 2

8115D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP MW	1	0	0.00	22.63	24.17	Dostinex [PF]

CABERGOLINE

Restricted benefit
5136
Pathological hyperprolactinaemia
Clinical criteria:
- Patient must be one in whom surgery is not indicated.

Restricted benefit
5137
Pathological hyperprolactinaemia
Clinical criteria:
- Patient must have had surgery for this condition with incomplete resolution.

Restricted benefit
5398
Pathological hyperprolactinaemia

Clinical criteria:

- Patient must be one in whom radiotherapy is not indicated.

Restricted benefit

5357

Pathological hyperprolactinaemia

Clinical criteria:

- Patient must have had radiotherapy for this condition with incomplete resolution.

cabergoline 500 microgram tablet, 8

8114C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	0.00	47.44	25.00	[a] Dostamine [NB]	[a] Dostinex [PF]

CABERGOLINE

Restricted benefit

14918

Pathological hyperprolactinaemia

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must be one in whom surgery is not indicated.

Restricted benefit

15005

Pathological hyperprolactinaemia

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have had surgery for this condition with incomplete resolution.

Restricted benefit

14959

Pathological hyperprolactinaemia

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must be one in whom radiotherapy is not indicated.

Restricted benefit

14983

Pathological hyperprolactinaemia

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have had radiotherapy for this condition with incomplete resolution.

cabergoline 500 microgram tablet, 8

13901P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	2	5	0.00	*80.52	25.00	[a] Dostamine [NB]	[a] Dostinex [PF]

SEX HORMONES AND MODULATORS OF THE GENITAL SYSTEM

HORMONAL CONTRACEPTIVES FOR SYSTEMIC USE

Progestogens and estrogens, fixed combinations

DROSPIRENONE + ETHINYLESTRADIOL

drospirenone 3 mg + ethinylestradiol 30 microgram tablet [21] (&) inert substance tablet [7], 28

14711G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP MW	3	3	0.00	*61.77	25.00	[a] Brooklynn [HJ]	[a] Isabelle [GQ]
						[a] Mila [NB]	[a] Rosalee [SZ]
						[a] Yasmin [XW]	[a] Yelena [XT]

drospirenone 3 mg + ethinylestradiol 30 microgram tablet [21] (&) inert substance tablet [7], 3 x 28

14725B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP MW	1	3	0.00	61.76	25.00	[a] Brooklynn [HJ]	[a] Isabelle [GQ]
						[a] Mila [NB]	[a] Rosalee [SZ]
						[a] Yasmin [XW]	[a] Yelena [XT]

DROSPIRENONE + ETHINYLESTRADIOL

Note Pharmaceutical benefits that have the form drospirenone 3 mg + ethinylestradiol 20 microgram tablet [24] (&) inert substance tablet [4], 3 x 28 are equivalent for the purposes of substitution.

drospirenone 3 mg + ethinylestradiol 20 microgram tablet [24] (&) inert substance tablet [4], 3 x 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14709E						
NP MW	1	3	0.00	61.76	25.00	[a] Yaz [XW]

drospirenone 3 mg + ethinylestradiol 20 microgram tablet [24] (&) inert substance tablet [4], 3 x 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14941J							
NP MW	1	3	0.00	61.76	25.00	[a] Bella [GQ]	[a] Brooke [HJ]
						[a] Rosie [SZ]	[a] YANA [XT]

DROSPIRENONE + ETHINYLESTRADIOL

Note Pharmaceutical benefits that have the form drospirenone 3 mg + ethinylestradiol 20 microgram tablet [24] (&) inert substance tablet [4], 28 are equivalent for the purposes of substitution.

drospirenone 3 mg + ethinylestradiol 20 microgram tablet [24] (&) inert substance tablet [4], 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14710F						
NP MW	3	3	0.00	*61.77	25.00	[a] Yaz [XW]

drospirenone 3 mg + ethinylestradiol 20 microgram tablet [24] (&) inert substance tablet [4], 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14954C							
NP MW	3	3	0.00	*61.77	25.00	[a] Bella [GQ]	[a] Brooke [HJ]
						[a] Rosie [SZ]	[a] YANA [XT]

ESTETROL + DROSPIRENONE

estetrol 14.2 mg + drospirenone 3 mg tablet [24] (&) inert substance tablet [4], 3 x 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15054H						
NP MW	1	3	0.00	61.76	25.00	Nextstellis [YN]

LEVONORGESTREL + ETHINYLESTRADIOL

levonorgestrel 100 microgram + ethinylestradiol 20 microgram tablet [21] (&) inert substance tablet [7], 4 x 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2416E						
NP MW	1	2	0.00	20.28	21.82	Femme-Tab ED 20/100 [AE]

levonorgestrel 125 microgram + ethinylestradiol 50 microgram tablet [21] (&) inert substance tablet [7], 4 x 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1456P						
NP MW	1	2	0.00	23.93	25.00	Microgynon 50 ED [XW]

levonorgestrel 150 microgram + ethinylestradiol 30 microgram tablet [21] (&) inert substance tablet [7], 4 x 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1394J							
NP MW	1	2	0.00	18.60	20.14	[a] Eleanor 150/30 ED [XT]	[a] Evelyn 150/30 ED [GQ]
						[a] Femme-Tab ED 30/150 [AE]	[a] Lenest 30 ED [AF]
						[a] LEVETH 150/30 ED [WG]	[a] Micronelle 30 ED [TX]
			[B]5.53	24.13	20.14	[a] Levlen ED [XW]	

NORETHISTERONE + ETHINYLESTRADIOL

norethisterone 500 microgram + ethinylestradiol 35 microgram tablet [21] (&) inert substance tablet [7], 4 x 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2774B						
NP MW	1	2	0.00	25.37	25.00	Norimin 28 Day [FZ]

NORETHISTERONE + ETHINYLESTRADIOL

Note Pharmaceutical benefits that have the form norethisterone 1 mg + ethinylestradiol 35 microgram tablet in a 4 pack of 28 tablets can be substituted for a 3 pack of 28 tablets in the case of a shortage.

norethisterone 1 mg + ethinylestradiol 35 microgram tablet [21] (&) inert substance tablet [7], 4 x 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2775C						
NP MW	1	2	0.00	25.37	25.00	Norimin-1 28 Day [FZ]

Progestogens and estrogens, sequential preparations

LEVONORGESTREL + ETHINYLESTRADIOL

levonorgestrel 50 microgram + ethinylestradiol 30 microgram tablet [6] (&) levonorgestrel 75 microgram + ethinylestradiol 40 microgram tablet [5] (&) levonorgestrel 125 microgram + ethinylestradiol 30 microgram tablet [10] (&) inert substance tablet [7], 4 x 28

1392G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP MW	1	2	0.00 0.00	21.85	23.39	Trifeme 28 [FZ]	[a] Logynon ED [SY]
			[B]13.15	35.00	23.39	[a] Triquilar ED [BN]	

Progestogens

DROSPIRENONE

Note Pharmaceutical benefits that have the form drospirenone 4 mg tablet [24] (&) inert substance tablet [4], 4 x 28 and pharmaceutical benefits that have the form drospirenone 4 mg tablet [24] (&) inert substance tablet [4], 28 are equivalent for the purposes of substitution when the maximum quantity of 4 x 28 tablets is dispensed.

drospirenone 4 mg tablet [24] (&) inert substance tablet [4], 4 x 28

14791L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP MW	1	2	0.00	77.57	25.00	[a] Lucinda [GQ]	[a] Slinda [HB]

drospirenone 4 mg tablet [24] (&) inert substance tablet [4], 28

14875X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP MW	‡4	2	0.00	*77.56	25.00	[a] Lucinda [GQ]	[a] Slinda [HB]

ETONOGESTREL

etonogestrel 68 mg implant, 1

8487Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP MW	1	0	0.00	167.79	25.00	Implanon NXT [OQ]

LEVONORGESTREL

levonorgestrel 30 microgram tablet, 112 tablets [4 x 28]

2913H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP MW	1	2	0.00	21.83	23.37	[a] Microlut 28 [XW]	[a] Mirolesa [LJ]

MEDROXYPROGESTERONE

medroxyprogesterone acetate 150 mg/mL injection, 1 mL syringe

14160G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP MW	1	1	0.00	28.07	25.00	Depo-Provera [PF]

NORETHISTERONE

norethisterone 350 microgram tablet, 4 x 28

1967M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP MW	1	2	0.00	25.37	25.00	Noriday 28 Day [PF]

ANDROGENS

3-oxoandrosten (4) derivatives

TESTOSTERONE

Authority Required

6910

Androgen deficiency

Clinical criteria:

- Patient must have an established pituitary or testicular disorder.

Treatment criteria:

- Must be treated by a specialist general paediatrician, specialist paediatric endocrinologist, specialist urologist, specialist endocrinologist or a Fellow of the Australasian Chapter of Sexual Health Medicine; or in consultation with one of these specialists; or have an appointment to be assessed by one of these specialists.

The name of the specialist must be included in the authority application.

Authority Required

6324

Androgen deficiency

Clinical criteria:

- Patient must not have an established pituitary or testicular disorder, **AND**
- The condition must not be due to age, obesity, cardiovascular diseases, infertility or drugs.

Population criteria:

- Patient must be aged 40 years or older.

Treatment criteria:

- Must be treated by a specialist urologist, specialist endocrinologist or a Fellow of the Australasian Chapter of Sexual Health Medicine; or in consultation with one of these specialists; or have an appointment to be assessed by one of these specialists.

Androgen deficiency is defined as:

(i) testosterone level of less than 6 nmol per litre; OR

(ii) testosterone level between 6 and 15 nmol per litre with high luteinising hormone (LH) (greater than 1.5 times the upper limit of the eugonodal reference range for young men, or greater than 14 IU per litre, whichever is higher).

Androgen deficiency must be confirmed by at least two morning blood samples taken on different mornings.

The dates and levels of the qualifying testosterone and LH measurements must be, or must have been provided in the authority application when treatment with this drug is or was initiated.

The name of the specialist must be included in the authority application.

Authority Required

6933

Micropenis

Population criteria:

- Patient must be under 18 years of age.

Treatment criteria:

- Must be treated by a specialist general paediatrician, specialist paediatric endocrinologist, specialist urologist, specialist endocrinologist or a Fellow of the Australasian Chapter of Sexual Health Medicine; or in consultation with one of these specialists; or have an appointment to be assessed by one of these specialists.

The name of the specialist must be included in the authority application.

Authority Required

6919

Pubertal induction

Population criteria:

- Patient must be under 18 years of age.

Treatment criteria:

- Must be treated by a specialist general paediatrician, specialist paediatric endocrinologist, specialist urologist, specialist endocrinologist or a Fellow of the Australasian Chapter of Sexual Health Medicine; or in consultation with one of these specialists; or have an appointment to be assessed by one of these specialists.

The name of the specialist must be included in the authority application.

Authority Required

6934

Constitutional delay of growth or puberty

Population criteria:

- Patient must be under 18 years of age.

Treatment criteria:

- Must be treated by a specialist general paediatrician, specialist paediatric endocrinologist, specialist urologist, specialist endocrinologist or a Fellow of the Australasian Chapter of Sexual Health Medicine; or in consultation with one of these specialists; or have an appointment to be assessed by one of these specialists.

The name of the specialist must be included in the authority application.

testosterone 1% (12.5 mg/actuation) gel, 2 x 60 actuations

10380H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	4	0.00	77.90	25.00	Testogel [HB]

testosterone 2% (23 mg/actuation) gel, 56 actuations

11740X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	5	0.00	83.19	25.00	Testavan [IX]

testosterone 1% (50 mg/5 g) gel, 30 x 5 g sachets

8830R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	5	0.00	77.90	25.00	Testogel [HB]

TESTOSTERONE

Authority Required

15015

Androgen deficiency

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have an established pituitary or testicular disorder.

Treatment criteria:

- Must be treated by a specialist general paediatrician, specialist paediatric endocrinologist, specialist urologist, specialist endocrinologist or a Fellow of the Australasian Chapter of Sexual Health Medicine; or in consultation with one of these specialists; or have an appointment to be assessed by one of these specialists.

The name of the specialist must be included in the authority application.

Authority Required

14912

Androgen deficiency

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must not have an established pituitary or testicular disorder, **AND**
- The condition must not be due to age, obesity, cardiovascular diseases, infertility or drugs.

Population criteria:

- Patient must be aged 40 years or older.

Treatment criteria:

- Must be treated by a specialist urologist, specialist endocrinologist or a Fellow of the Australasian Chapter of Sexual Health Medicine; or in consultation with one of these specialists; or have an appointment to be assessed by one of these specialists.

Androgen deficiency is defined as:

(i) testosterone level of less than 6 nmol per litre; OR

(ii) testosterone level between 6 and 15 nmol per litre with high luteinising hormone (LH) (greater than 1.5 times the upper limit of the eugonodal reference range for young men, or greater than 14 IU per litre, whichever is higher).

Androgen deficiency must be confirmed by at least two morning blood samples taken on different mornings.

The dates and levels of the qualifying testosterone and LH measurements must be, or must have been provided in the authority application when treatment with this drug is or was initiated.

The name of the specialist must be included in the authority application.

Authority Required

14913

Micropenis

Clinical criteria:

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

Population criteria:

- Patient must be under 18 years of age.

Treatment criteria:

- Must be treated by a specialist general paediatrician, specialist paediatric endocrinologist, specialist urologist, specialist endocrinologist or a Fellow of the Australasian Chapter of Sexual Health Medicine; or in consultation with one of these specialists; or have an appointment to be assessed by one of these specialists.

The name of the specialist must be included in the authority application.

Authority Required

14955

Pubertal induction

Clinical criteria:

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

Population criteria:

- Patient must be under 18 years of age.

Treatment criteria:

- Must be treated by a specialist general paediatrician, specialist paediatric endocrinologist, specialist urologist, specialist endocrinologist or a Fellow of the Australasian Chapter of Sexual Health Medicine; or in consultation with one of these specialists; or have an appointment to be assessed by one of these specialists.

The name of the specialist must be included in the authority application.

Authority Required

14956

Constitutional delay of growth or puberty

Clinical criteria:

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

Population criteria:

- Patient must be under 18 years of age.

Treatment criteria:

- Must be treated by a specialist general paediatrician, specialist paediatric endocrinologist, specialist urologist, specialist endocrinologist or a Fellow of the Australasian Chapter of Sexual Health Medicine; or in consultation with one of these specialists; or have an appointment to be assessed by one of these specialists.

The name of the specialist must be included in the authority application.

testosterone 1% (12.5 mg/actuation) gel, 2 x 60 actuations

13924W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡2	4	0.00	*142.80	25.00	Testogel [HB]

testosterone 2% (23 mg/actuation) gel, 56 actuations

14025E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡2	5	0.00	*153.90	25.00	Testavan [IX]

testosterone 1% (50 mg/5 g) gel, 30 x 5 g sachets

13983Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡2	5	0.00	*142.80	25.00	Testogel [HB]

TESTOSTERONE

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

Authority Required

16166

Androgen deficiency

Clinical criteria:

- Patient must have an established pituitary or testicular disorder.

Treatment criteria:

- Must be treated by a specialist general paediatrician, specialist paediatric endocrinologist, specialist urologist, specialist endocrinologist or a Fellow of the Australasian Chapter of Sexual Health Medicine; or in consultation with one of these specialists; or have an appointment to be assessed by one of these specialists.

Clinical criteria:

- The treatment must be applied to the scrotum, where possible.

The name of the specialist must be included in the authority application.

Authority Required

16211

Androgen deficiency

Clinical criteria:

- Patient must not have an established pituitary or testicular disorder, **AND**
- The condition must not be due to age, obesity, cardiovascular diseases, infertility or drugs.

Population criteria:

- Patient must be aged 40 years or older.

Treatment criteria:

- Must be treated by a specialist urologist, specialist endocrinologist or a Fellow of the Australasian Chapter of Sexual Health Medicine; or in consultation with one of these specialists; or have an appointment to be assessed by one of these specialists.

Clinical criteria:

- The treatment must be applied to the scrotum, where possible.

Androgen deficiency is defined as:

(i) testosterone level of less than 6 nmol per litre; OR

(ii) testosterone level between 6 and 15 nmol per litre with high luteinising hormone (LH) (greater than 1.5 times the upper limit of the eugonodal reference range for young men, or greater than 14 IU per litre, whichever is higher).

Androgen deficiency must be confirmed by at least two morning blood samples taken on different mornings.

The dates and levels of the qualifying testosterone and LH measurements must be, or must have been provided in the authority application when treatment with this drug is or was initiated.

The name of the specialist must be included in the authority application.

Authority Required

16204

Micropenis

Population criteria:

- Patient must be under 18 years of age.

Treatment criteria:

- Must be treated by a specialist general paediatrician, specialist paediatric endocrinologist, specialist urologist, specialist endocrinologist or a Fellow of the Australasian Chapter of Sexual Health Medicine; or in consultation with one of these specialists; or have an appointment to be assessed by one of these specialists.

Clinical criteria:

- The treatment must be applied to the scrotum, where possible.

The name of the specialist must be included in the authority application.

Authority Required

16212

Pubertal induction

Population criteria:

- Patient must be under 18 years of age.

Treatment criteria:

- Must be treated by a specialist general paediatrician, specialist paediatric endocrinologist, specialist urologist, specialist endocrinologist or a Fellow of the Australasian Chapter of Sexual Health Medicine; or in consultation with one of these specialists; or have an appointment to be assessed by one of these specialists.

Clinical criteria:

- The treatment must be applied to the scrotum, where possible.

The name of the specialist must be included in the authority application.

Authority Required

16194

Constitutional delay of growth or puberty

Population criteria:

- Patient must be under 18 years of age.

Treatment criteria:

- Must be treated by a specialist general paediatrician, specialist paediatric endocrinologist, specialist urologist, specialist endocrinologist or a Fellow of the Australasian Chapter of Sexual Health Medicine; or in consultation with one of these specialists; or have an appointment to be assessed by one of these specialists.

Clinical criteria:

- The treatment must be applied to the scrotum, where possible.

The name of the specialist must be included in the authority application.

testosterone 5% (50 mg/mL) cream, 50 mL

10378F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	0.00	105.62	25.00	AndroForte 5 [LX]

NP

TESTOSTERONE

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

Authority Required

16186

Androgen deficiency

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have an established pituitary or testicular disorder.

Treatment criteria:

- Must be treated by a specialist general paediatrician, specialist paediatric endocrinologist, specialist urologist, specialist endocrinologist or a Fellow of the Australasian Chapter of Sexual Health Medicine; or in consultation with one of these specialists; or have an appointment to be assessed by one of these specialists.

Clinical criteria:

- The treatment must be applied to the scrotum, where possible.

The name of the specialist must be included in the authority application.

Authority Required

16214

Androgen deficiency

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must not have an established pituitary or testicular disorder, **AND**
- The condition must not be due to age, obesity, cardiovascular diseases, infertility or drugs.

Population criteria:

- Patient must be aged 40 years or older.

Treatment criteria:

- Must be treated by a specialist urologist, specialist endocrinologist or a Fellow of the Australasian Chapter of Sexual Health Medicine; or in consultation with one of these specialists; or have an appointment to be assessed by one of these specialists.

Clinical criteria:

- The treatment must be applied to the scrotum, where possible.

Androgen deficiency is defined as:

(i) testosterone level of less than 6 nmol per litre; OR

(ii) testosterone level between 6 and 15 nmol per litre with high luteinising hormone (LH) (greater than 1.5 times the upper limit of the eugonodal reference range for young men, or greater than 14 IU per litre, whichever is higher).

Androgen deficiency must be confirmed by at least two morning blood samples taken on different mornings.

The dates and levels of the qualifying testosterone and LH measurements must be, or must have been provided in the authority application when treatment with this drug is or was initiated.

The name of the specialist must be included in the authority application.

Authority Required

16206

Micropenis

Clinical criteria:

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

Population criteria:

- Patient must be under 18 years of age.

Treatment criteria:

- Must be treated by a specialist general paediatrician, specialist paediatric endocrinologist, specialist urologist, specialist endocrinologist or a Fellow of the Australasian Chapter of Sexual Health Medicine; or in consultation with one of these specialists; or have an appointment to be assessed by one of these specialists.

Clinical criteria:

- The treatment must be applied to the scrotum, where possible.

The name of the specialist must be included in the authority application.

Authority Required

16207

Pubertal induction

Clinical criteria:

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

Population criteria:

- Patient must be under 18 years of age.

Treatment criteria:

- Must be treated by a specialist general paediatrician, specialist paediatric endocrinologist, specialist urologist, specialist endocrinologist or a Fellow of the Australasian Chapter of Sexual Health Medicine; or in consultation with one of these specialists; or have an appointment to be assessed by one of these specialists.

Clinical criteria:

- The treatment must be applied to the scrotum, where possible.

The name of the specialist must be included in the authority application.

Authority Required

16195

Constitutional delay of growth or puberty

Clinical criteria:

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

Population criteria:

- Patient must be under 18 years of age.

Treatment criteria:

- Must be treated by a specialist general paediatrician, specialist paediatric endocrinologist, specialist urologist, specialist endocrinologist or a Fellow of the Australasian Chapter of Sexual Health Medicine; or in consultation with one of these specialists; or have an appointment to be assessed by one of these specialists.

Clinical criteria:

- The treatment must be applied to the scrotum, where possible.

The name of the specialist must be included in the authority application.

testosterone 5% (50 mg/mL) cream, 50 mL

14563L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡2	1	0.00	*201.00	25.00	AndroForte 5 [LX]

TESTOSTERONE UNDECANOATE

Authority Required

6910

Androgen deficiency

Clinical criteria:

- Patient must have an established pituitary or testicular disorder.

Treatment criteria:

- Must be treated by a specialist general paediatrician, specialist paediatric endocrinologist, specialist urologist, specialist endocrinologist or a Fellow of the Australasian Chapter of Sexual Health Medicine; or in consultation with one of these specialists; or have an appointment to be assessed by one of these specialists.

The name of the specialist must be included in the authority application.

Authority Required

6324

Androgen deficiency

Clinical criteria:

- Patient must not have an established pituitary or testicular disorder, **AND**
- The condition must not be due to age, obesity, cardiovascular diseases, infertility or drugs.

Population criteria:

- Patient must be aged 40 years or older.

Treatment criteria:

- Must be treated by a specialist urologist, specialist endocrinologist or a Fellow of the Australasian Chapter of Sexual Health Medicine; or in consultation with one of these specialists; or have an appointment to be assessed by one of these specialists.

Androgen deficiency is defined as:

(i) testosterone level of less than 6 nmol per litre; OR

(ii) testosterone level between 6 and 15 nmol per litre with high luteinising hormone (LH) (greater than 1.5 times the upper limit of the eugonodal reference range for young men, or greater than 14 IU per litre, whichever is higher).

Androgen deficiency must be confirmed by at least two morning blood samples taken on different mornings.

The dates and levels of the qualifying testosterone and LH measurements must be, or must have been provided in the authority application when treatment with this drug is or was initiated.

The name of the specialist must be included in the authority application.

Authority Required

6933

Micropenis

Population criteria:

- Patient must be under 18 years of age.

Treatment criteria:

- Must be treated by a specialist general paediatrician, specialist paediatric endocrinologist, specialist urologist, specialist endocrinologist or a Fellow of the Australasian Chapter of Sexual Health Medicine; or in consultation with one of these specialists; or have an appointment to be assessed by one of these specialists.

The name of the specialist must be included in the authority application.

Authority Required

6919

Pubertal induction

Population criteria:

- Patient must be under 18 years of age.

Treatment criteria:

- Must be treated by a specialist general paediatrician, specialist paediatric endocrinologist, specialist urologist, specialist endocrinologist or a Fellow of the Australasian Chapter of Sexual Health Medicine; or in consultation with one of these specialists; or have an appointment to be assessed by one of these specialists.

The name of the specialist must be included in the authority application.

Authority Required

6934

Constitutional delay of growth or puberty

Population criteria:

- Patient must be under 18 years of age.

Treatment criteria:

- Must be treated by a specialist general paediatrician, specialist paediatric endocrinologist, specialist urologist, specialist endocrinologist or a Fellow of the Australasian Chapter of Sexual Health Medicine; or in consultation with one of these specialists; or have an appointment to be assessed by one of these specialists.

The name of the specialist must be included in the authority application.

testosterone undecanoate 1 g/4 mL modified release injection, 4 mL vial

10205D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	1	0.00	92.91	25.00	[a] Gonadron [RA]	[a] Reandron 1000 [AS]
						[a] REJUNON 1000 [JU]	[a] Testosterone ADVZ 1000 [BZ]

ESTROGENS

Natural and semisynthetic estrogens, plain

ESTRADIOL

estradiol 10 microgram modified release pessary, 18

10203B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	2	0.00	30.42	25.00	[a] Estro-Pess [AS]	[a] Vagifem Low [NO]

estradiol valerate 1 mg tablet, 56

1663M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	2	0.00	17.51	19.05	Progynova [GH]

estradiol valerate 2 mg tablet, 56

1664N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	2	0.00	18.74	20.28	Progynova [GH]

estradiol 2 mg tablet, 56

8274L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	2	0.00	20.38	21.92	Zumenon [XT]

ESTRADIOL

Note Estradiol should be used in conjunction with progestogen in women with an intact uterus.

estradiol 25 microgram/24 hours patch, 8

8311K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	5	0.00	25.54	25.00	Estraderm MX 25 [JU]

estradiol 25 microgram/24 hours patch, 24

14691F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	1	0.00	65.33	25.00	Estramon (Germany, Sandoz) [SZ]

estradiol 37.5 microgram/24 hours patch, 8

8762E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	5	0.00	30.67	25.00	Estradot 37.5 [SZ]

estradiol 50 microgram/24 hours patch, 8

8140K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	5	0.00	25.54	25.00	Estraderm MX 50 [JU]

estradiol 50 microgram/24 hours patch, 24

14660N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	1	0.00	62.86	25.00	Estramon (Germany, Sandoz) [SZ]

estradiol 75 microgram/24 hours patch, 8

8764G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	5	0.00	31.93	25.00	Estradot 75 [SZ]

estradiol 75 microgram/24 hours patch, 24

14652E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	1	0.00	67.08	25.00	Estramon (Germany, Sandoz) [SZ]

estradiol 100 microgram/24 hours patch, 8

8312L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	5	0.00	27.32	25.00	Estraderm MX 100 [JU]

estradiol 100 microgram/24 hours patch, 8

8765H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	5	0.00	31.26	25.00	Estradot 100 [SZ]

estradiol 100 microgram/24 hours patch, 24

14715L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	1	0.00	65.05	25.00	Estramon (Germany, Sandoz) [SZ]

estradiol 0.06% (750 microgram/actuation) gel, 64 actuations

14719Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	5	0.00	36.43	25.00	Estrogel [HB]

estradiol 0.1% (1 mg/g) gel, 28 x 500 mg sachets

14653F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	22.62	24.16	Sandrena [OX]

estradiol 0.1% (1 mg/g) gel, 28 x 1 g sachets

8286D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	5	0.00	26.17	25.00	Sandrena [OX]

ESTRADIOL

Restricted benefit

14238
The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

estradiol 10 microgram modified release pessary, 18

13978Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	2	0.00	*46.48	25.00	[a] Estro-Pess [AS]	[a] Vagifem Low [NO]

estradiol valerate 1 mg tablet, 56

13872D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	2	0.00	*20.66	22.20	Progynova [GH]

estradiol 2 mg tablet, 56

13931F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	2	0.00	*26.40	25.00	Zumenon [XT]

estradiol valerate 2 mg tablet, 56

13980T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	2	0.00	*23.12	24.66	Progynova [GH]

ESTRADIOL

Note Estradiol should be used in conjunction with progestogen in women with an intact uterus.
Note Pharmaceutical benefits that have the brand Estradot 25 may be substituted for pharmaceutical benefits that have the brand Dermestril 25 (Italy) in case of shortage.

estradiol 25 microgram/24 hours patch, 8

8761D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	5	0.00	31.35	25.00	[a] Estradot 25 [SZ]

estradiol 25 microgram/24 hours patch, 8

15524C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	5	0.00	90.00	25.00	[a] Dermestril 25 (Italy) [KQ]

ESTRADIOL

Note Estradiol should be used in conjunction with progestogen in women with an intact uterus.
Note Pharmaceutical benefits that have the brand Estradot 50 may be substituted for pharmaceutical benefits that have the brand Dermestril 50 (Italy) in case of shortage.

estradiol 50 microgram/24 hours patch, 8

8763F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	5	0.00	30.53	25.00	[a] Estradot 50 [SZ]

estradiol 50 microgram/24 hours patch, 8

15507E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	5	0.00	103.37	25.00	[a] Dermestril 50 (Italy) [KQ]

ESTRADIOL

Note Estradiol should be used in conjunction with progestogen in women with an intact uterus.

Restricted benefit
14238
The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

estradiol 0.06% (750 microgram/actuation) gel, 64 actuations

14741W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*58.50	25.00	Estrogel [HB]

estradiol 0.1% (1 mg/g) gel, 28 x 500 mg sachets

14642P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*30.88	25.00	Sandrena [OX]

estradiol 0.1% (1 mg/g) gel, 28 x 1 g sachets

14026F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡2	5	0.00	*37.98	25.00	Sandrena [OX]

ESTRIOL

estriol 500 microgram pessary, 15

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1771F NP	‡1	2	0.00	26.78	25.00	Ovestin Ovula [AS]

estriol 0.1% (1 mg/g) cream, 15 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1781R NP	‡1	1	0.00	25.34	25.00	Ovestin [AS]

ESTRIOL

Restricted benefit

14238

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

estriol 500 microgram pessary, 15

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14059Y NP	‡2	2	0.00	*39.20	25.00	Ovestin Ovula [AS]

estriol 0.1% (1 mg/g) cream, 15 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13926Y NP	‡2	1	0.00	*36.32	25.00	Ovestin [AS]

PROGESTOGENS

Pregnen (4) derivatives

MEDROXYPROGESTERONE

medroxyprogesterone acetate 5 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2323G NP	1	2	0.00	19.70	21.24	[a] Ralovera [FZ]	
			[B]4.42	24.12	21.24	[a] Provera [PF]	

medroxyprogesterone acetate 10 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2321E NP	1	2	0.00	21.02	22.56	[a] Ralovera [FZ]	
			[B]6.50	27.52	22.56	[a] Provera [PF]	

MEDROXYPROGESTERONE

Restricted benefit

6244

Endometriosis

medroxyprogesterone acetate 10 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2722G NP	1	2	0.00	36.58	25.00	[a] Ralovera [FZ]	
			[B]6.49	43.07	25.00	[a] Provera [PF]	

MEDROXYPROGESTERONE

Restricted benefit

14238

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

medroxyprogesterone acetate 5 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13956M NP	2	2	0.00	*25.04	25.00	[a] Ralovera [FZ]	
			[B]8.84	*33.88	25.00	[a] Provera [PF]	

medroxyprogesterone acetate 10 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13849X NP	2	2	0.00	*27.68	25.00	[a] Ralovera [FZ]	
			[B]13.00	*40.68	25.00	[a] Provera [PF]	

MEDROXYPROGESTERONE

Restricted benefit

15030

Endometriosis

Clinical criteria:

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

medroxyprogesterone acetate 10 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13928C NP	2	2	0.00	*58.80	25.00	[a] Ralovera [FZ]	
			[B]12.98	*71.78	25.00	[a] Provera [PF]	

PROGESTERONE

progesterone 100 mg capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14730G NP	1	5	0.00	43.51	25.00	[a] Progesterone ADVZ 100 [BZ]	[a] PROGESTERONE-APX [XT]
						[a] Prometrium [XW]	

PROGESTERONE

Restricted benefit

14238

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

progesterone 100 mg capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14733K NP	2	5	0.00	*72.66	25.00	[a] Progesterone ADVZ 100 [BZ]	[a] PROGESTERONE-APX [XT]
						[a] Prometrium [XW]	

PROGESTERONE

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

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

Authority Required (STREAMLINED)

11673

Prevention of preterm birth

Clinical criteria:

- Patient must have a singleton pregnancy, **AND**
- Patient must have at least one of: (i) short cervix (mid-trimester sonographic cervix no greater than 25 mm), (ii) a history of spontaneous preterm birth, **AND**
- The treatment must be administered no earlier than at 16 weeks gestation.

progesterone 200 mg pessary, 15

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12465C NP MW	3	3	0.00	*125.67	25.00	Oripro [ON]

PROGESTERONE

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

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

Authority Required (STREAMLINED)

11835

Prevention of preterm birth

Clinical criteria:

- Patient must have a singleton pregnancy, **AND**
- Patient must have at least one of: (i) short cervix (mid-trimester sonographic cervix no greater than 25 mm), (ii) a history of spontaneous preterm birth, **AND**
- The treatment must be administered no earlier than at 16 weeks gestation.

progesterone 200 mg pessary, 42

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
12598C NP MW	1	3	0.00	93.14	25.00	[a] Progesterone BNM 200 [BZ]	[a] Utrogestan [HB]

Pregnadien derivatives

DIENOGEST

Authority Required (STREAMLINED)

16222

Endometriosis

dienogest 2 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14667Y NP	1	5	0.00	57.28	25.00	[a] Dinasane [XT]	[a] Visanne [BN]

Estren derivatives

NORETHISTERONE

norethisterone 5 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2993M NP	1	2	0.00	35.91	25.00	Primolut N [BN]

NORETHISTERONE

Restricted benefit

14238

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

norethisterone 5 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13873E NP	2	2	0.00	*57.46	25.00	Primolut N [BN]

PROGESTOGENS AND ESTROGENS IN COMBINATION

Progestogens and estrogens, fixed combinations

ESTRADIOL + NORETHISTERONE ACETATE

estradiol 50 microgram/24 hours + norethisterone acetate 140 microgram/24 hours patch, 8

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8427M NP	‡1	5	0.00	36.69	25.00	Estalis continuous 50/140 [SZ]

estradiol 50 microgram/24 hours + norethisterone acetate 250 microgram/24 hours patch, 8

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8428N NP	‡1	5	0.00	34.99	25.00	Estalis continuous 50/250 [SZ]

ESTRADIOL + NORETHISTERONE ACETATE

Restricted benefit

14238

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

estradiol 50 microgram/24 hours + norethisterone acetate 140 microgram/24 hours patch, 8

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13902Q NP	‡2	5	0.00	*59.02	25.00	Estalis continuous 50/140 [SZ]

estradiol 50 microgram/24 hours + norethisterone acetate 250 microgram/24 hours patch, 8

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14336M NP	‡2	5	0.00	*55.62	25.00	Estalis continuous 50/250 [SZ]

PROGESTERONE (&) ESTRADIOL

progesterone 100 mg capsule [30] (&) estradiol 0.06% (750 microgram/actuation) gel [64 actuations], 1 pack

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14721T NP	‡1	5	0.00	58.26	25.00	Estrogel Pro [HB]

PROGESTERONE (&) ESTRADIOL

Restricted benefit

14238

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

progesterone 100 mg capsule [30] (&) estradiol 0.06% (750 microgram/actuation) gel [64 actuations], 1 pack

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14720R NP	2	5	0.00	*102.16	25.00	Estrogel Pro [HB]

Progestogens and estrogens, sequential preparations

ESTRADIOL (&) ESTRADIOL + DYDROGESTERONE

estradiol 1 mg tablet [14] (&) estradiol 1 mg + dydrogesterone 10 mg tablet [14], 28

10146B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	5	0.00	24.77	25.00	Femoston 1/10 [XT]

estradiol 2 mg tablet [14] (&) estradiol 2 mg + dydrogesterone 10 mg tablet [14], 28

8244X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	5	0.00	24.77	25.00	Femoston 2/10 [XT]

ESTRADIOL (&) ESTRADIOL + DYDROGESTERONE

Restricted benefit

14238

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

estradiol 1 mg tablet [14] (&) estradiol 1 mg + dydrogesterone 10 mg tablet [14], 28

14024D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡2	5	0.00	*35.18	25.00	Femoston 1/10 [XT]

estradiol 2 mg tablet [14] (&) estradiol 2 mg + dydrogesterone 10 mg tablet [14], 28

13930E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡2	5	0.00	*35.18	25.00	Femoston 2/10 [XT]

ESTRADIOL (&) ESTRADIOL + NORETHISTERONE ACETATE

estradiol 50 microgram/24 hours patch [4] (&) estradiol 50 microgram/24 hours + norethisterone acetate 140 microgram/24 hours patch [4], 8

8425K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	5	0.00	44.91	25.00	Estalis sequi 50/140 [SZ]

estradiol 50 microgram/24 hours patch [4] (&) estradiol 50 microgram/24 hours + norethisterone acetate 250 microgram/24 hours patch [4], 8

8426L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	5	0.00	43.29	25.00	Estalis sequi 50/250 [SZ]

ESTRADIOL (&) ESTRADIOL + NORETHISTERONE ACETATE

Restricted benefit

14238

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

estradiol 50 microgram/24 hours patch [4] (&) estradiol 50 microgram/24 hours + norethisterone acetate 140 microgram/24 hours patch [4], 8

13932G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡2	5	0.00	*75.46	25.00	Estalis sequi 50/140 [SZ]

estradiol 50 microgram/24 hours patch [4] (&) estradiol 50 microgram/24 hours + norethisterone acetate 250 microgram/24 hours patch [4], 8

13981W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡2	5	0.00	*72.22	25.00	Estalis sequi 50/250 [SZ]

GONADOTROPINS AND OTHER OVULATION STIMULANTS

Gonadotropins

CHORIOGONADOTROPIN ALFA

Note Pharmaceutical benefits that have the form choriogonadotropin alfa solution for injection 250 micrograms in 0.5 mL pre-filled syringe (Ovidrel USA) can be substituted for choriogonadotropin alfa solution for injection 250 micrograms in 0.5 mL pre-filled pen in the case of a shortage.

Restricted benefit

14096

Infertility indications other than that of Assisted Reproductive Technology

Treatment criteria:

- Patient must not be undergoing treatment with medical services as described in items 13200, 13201, 13202 or 13203 of the Medicare Benefits Schedule, **AND**
- Patient must not be undergoing simultaneous treatment with this drug through another PBS program listing, **AND**
- Must be treated by an obstetrician/gynaecologist; **OR**
- Must be treated by a specialist in reproductive endocrinology/infertility; **OR**

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

The PBS prescription, whether it is to initiate or continue treatment, must be made out under the specialist's prescriber number.

choriogonadotropin alfa 250 microgram/0.5 mL injection, 0.5 mL pen device

13300B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	4	5	0.00	*296.68	25.00	[a] Ovidrel [SG]

choriogonadotropin alfa 250 microgram/0.5 mL injection, 0.5 mL syringe

14640M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	4	5	0.00	*503.48	25.00	[a] Ovidrel (USA) [SG]

FOLLITROPIN ALFA

Note Except in cases of hypopituitarism or primary amenorrhoea, the patient should have been adequately treated with clomifene citrate and/or gonadorelin and failed to have conceived.

Note Patients with hyperprolactinaemia should have had appropriate surgical or medical treatment prior to treatment.

Note Biosimilar prescribing policy

Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Pharmaceutical benefits that have the form follitropin alfa cartridge (Ovaleap) and pharmaceutical benefits that have the form follitropin alfa single pen device (Gonal-f Pen), in the same corresponding strength, are equivalent for the purposes of substitution.

Where the Ovaleap brand is supplied, the separate pen device is to be supplied to the patient where required as it is not packaged with the cartridges. The pen device for the Ovaleap brand can be obtained by contacting the pharmaceutical wholesaler, or, the sponsor directly.

Restricted benefit

6257

Anovulatory infertility

Note Women who have had apparent ovulation induced by other agents and have failed to conceive should have laparoscopic evidence that there is no other impediment to conception.

Note Oligomenorrhoea should have been present for at least twelve months or amenorrhoea for at least six months prior to treatment.

Restricted benefit

6321

Infertility

Clinical criteria:

- The condition must be due to hypogonadotrophic hypogonadism, **AND**
- The treatment must be following failure of 6 months' treatment with human chorionic gonadotrophin to achieve adequate spermatogenesis, **AND**
- The treatment must be administered with human chorionic gonadotrophin.

follitropin alfa 75 units (5.5 microgram)/0.125 mL injection, 5 x 0.125 mL pen devices

10865W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	3	1	0.00	*346.50	25.00	Bemfola [FX]

follitropin alfa 150 units (11 microgram)/0.25 mL injection, 5 x 0.25 mL pen devices

10877L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	3	1	0.00	*683.70	25.00	Bemfola [FX]

follitropin alfa 225 units (16.5 microgram)/0.375 mL injection, 5 x 0.375 mL pen devices

10876K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	3	1	0.00	*1,020.87	25.00	Bemfola [FX]

follitropin alfa 300 units (21.84 microgram)/0.48 mL injection, 0.48 mL pen device

8713N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	3	5	0.00	*293.31	25.00	[a] Gonal-f Pen [SG]

follitropin alfa 300 units (22 microgram)/0.5 mL injection, 0.5 mL cartridge

12769C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	3	5	0.00	*293.31	25.00	[a] Ovaleap [TT]

follitropin alfa 450 units (32.76 microgram)/0.72 mL injection, 0.72 mL pen device

8714P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	3	5	0.00	*435.24	25.00	[a] Gonal-f Pen [SG]

follitropin alfa 450 units (33 microgram)/0.75 mL injection, 0.75 mL cartridge

12808D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	3	5	0.00	*435.24	25.00	[a] Ovaleap [TT]

follitropin alfa 900 units (65.52 microgram)/1.44 mL injection, 1.44 mL pen device

8715Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	5	0.00	*726.64	25.00	[a] Gonal-f Pen [SG]

follitropin alfa 900 units (66 microgram)/1.5 mL injection, 1.5 mL cartridge

12778M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	5	0.00	*726.64	25.00	[a] Ovaleap [TT]

FOLLITROPIN BETA

Restricted benefit

6257

Anovulatory infertility

Note Except in cases of hypopituitarism or primary amenorrhoea, the patient should have been adequately treated with clomifene citrate and/or gonadorelin and failed to have conceived.

Note Women who have had apparent ovulation induced by other agents and have failed to conceive should have laparoscopic evidence that there is no other impediment to conception.

Note Oligomenorrhoea should have been present for at least twelve months or amenorrhoea for at least six months prior to treatment.

Note Patients with hyperprolactinaemia should have had appropriate surgical or medical treatment prior to treatment.

Restricted benefit

6321

Infertility

Clinical criteria:

- The condition must be due to hypogonadotrophic hypogonadism, **AND**
- The treatment must be following failure of 6 months' treatment with human chorionic gonadotrophin to achieve adequate spermatogenesis, **AND**
- The treatment must be administered with human chorionic gonadotrophin.

Note Except in cases of hypopituitarism or primary amenorrhoea, the patient should have been adequately treated with clomifene citrate and/or gonadorelin and failed to have conceived.

Note Patients with hyperprolactinaemia should have had appropriate surgical or medical treatment prior to treatment.

follitropin beta 300 units/0.36 mL injection, 0.36 mL cartridge

8565T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	3	5	0.00	*309.60	25.00	Puregon 300 IU/0.36 mL [AF]

follitropin beta 600 units/0.72 mL injection, 0.72 mL cartridge

8566W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	5	0.00	*399.94	25.00	Puregon 600 IU/0.72 mL [AF]

follitropin beta 900 units/1.08 mL injection, 1.08 mL cartridge

8871X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	5	0.00	*589.98	25.00	Puregon 900 IU/1.08 mL [AF]

HUMAN CHORIONIC GONADOTROPHIN

Restricted benefit

6989

Anovulatory infertility

Note Except in cases of hypopituitarism or primary amenorrhoea, the patient should have been adequately treated with clomifene citrate and/or gonadorelin and failed to have conceived.

Note Women who have had apparent ovulation induced by other agents and have failed to conceive should have laparoscopic evidence that there is no other impediment to conception.

Note Oligomenorrhoea should have been present for at least twelve months or amenorrhoea for at least six months prior to treatment.

Note Patients with hyperprolactinaemia should have had appropriate surgical or medical treatment prior to treatment.

Restricted benefit

6987

Infertility

Population criteria:

- Patient must be male.

Clinical criteria:

- The condition must be due to hypogonadotrophic hypogonadism.

Note Patients with hyperprolactinaemia should have had appropriate surgical or medical treatment prior to treatment.

Restricted benefit
6990
Infertility
Population criteria:
- Patient must be male.

Clinical criteria:
- The condition must be associated with isolated luteinising hormone deficiency.

Note Patients with hyperprolactinaemia should have had appropriate surgical or medical treatment prior to treatment.

Restricted benefit
6979
Combined deficiency of human growth hormone and gonadotrophins
Population criteria:
- Patient must be male.

Clinical criteria:
- Patient must be one in whom the absence of secondary sexual characteristics indicates a lag in maturation.

Note Patients with hyperprolactinaemia should have had appropriate surgical or medical treatment prior to treatment.

Restricted benefit
6995
Hypogonadism or delayed puberty
Population criteria:
- Patient must be male
- Patient must be aged 16 years or older.

Clinical criteria:
- Patient must show clinical evidence of the condition, **AND**
- The treatment must not extend beyond 6 months.

Note Patients with hyperprolactinaemia should have had appropriate surgical or medical treatment prior to treatment.

human chorionic gonadotrophin 1500 units injection [3 vials] (&) inert substance diluent [3 x 1 mL vials], 1 pack

12905F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	0.00	162.60	25.00	Brevactid 1500 I.E [DZ]

Ovulation stimulants, synthetic

CLOMIFENE

Restricted benefit
6221
Anovulatory infertility
Note Care must be taken to comply with the provisions of State/Territory law when prescribing this drug.

Restricted benefit
6240
Patients undergoing in-vitro fertilisation
Note Care must be taken to comply with the provisions of State/Territory law when prescribing this drug.

clomifene citrate 50 mg tablet, 10

1211R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	0.00	35.38	25.00	Clomid [VJ]

ANTIANDROGENS

Antiandrogens, plain

CYPROTERONE

cyproterone acetate 50 mg tablet, 50

1270W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*73.92	25.00	[a] ANTERONE 50 [RW]	[a] Cyproterone Sandoz [HX]
			[B]1.90	*75.82	25.00	[a] Androcur [GH]	

cyproterone acetate 100 mg tablet, 50

8019C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	60.74	25.00	[a] ANTERONE 100 [RW]	[a] Cyproterone Sandoz [HX]
			[B]1.17	61.91	25.00	[a] Androcur-100 [GH]	

CYPROTERONE

Restricted benefit
14238

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

cyproterone acetate 50 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14023C NP	4	5	0.00	*134.44	25.00	[a] ANTERONE 50 [RW]	[a] Cyproterone Sandoz [HX]
			[B]4.00	*138.44	25.00	[a] Androcur [GH]	

cyproterone acetate 100 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14022B NP	2	5	0.00	*107.12	25.00	[a] ANTERONE 100 [RW]	[a] Cyproterone Sandoz [HX]
			[B]2.34	*109.46	25.00	[a] Androcur-100 [GH]	

CYPROTERONE

Caution This drug should not be used during pregnancy as it may result in feminisation of the male foetus.

Authority Required (STREAMLINED)

5532

Moderate to severe androgenisation

Clinical criteria:

- The condition must not be indicated by acne alone, as this is not a sufficient indication of androgenisation.

Population criteria:

- Patient must be female.

Clinical criteria:

- Patient must not be pregnant.

cyproterone acetate 50 mg tablet, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1269T NP	1	5	0.00	26.27	25.00	[a] ANTERONE 50 [RW]	[a] Cyproterone Sandoz [HX]

CYPROTERONE

Caution This drug should not be used during pregnancy as it may result in feminisation of the male foetus.

Authority Required (STREAMLINED)

14868

Moderate to severe androgenisation

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must not be indicated by acne alone, as this is not a sufficient indication of androgenisation.

Population criteria:

- Patient must be female.

Clinical criteria:

- Patient must not be pregnant.

cyproterone acetate 50 mg tablet, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13925X NP	2	5	0.00	*38.18	25.00	[a] ANTERONE 50 [RW]	[a] Cyproterone Sandoz [HX]

OTHER SEX HORMONES AND MODULATORS OF THE GENITAL SYSTEM

Progesterone receptor modulators

MIFEPRISTONE (&) MISOPROSTOL

Note Care must be taken to comply with the provisions of State/Territory law when prescribing this drug.
Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

14202

Termination of an intra-uterine pregnancy

Clinical criteria:

- The condition must be an intra-uterine pregnancy of up to 63 days of gestation.

mifepristone 200 mg tablet [1] (&) misoprostol 200 microgram tablet [4], 1 pack

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10211K NP MW	‡1	0	0.00	380.19	25.00	[a] ARZESTRA [LJ]	[a] MS-2 Step [XH]

UROLOGICALS

UROLOGICALS

Drugs for urinary frequency and incontinence

OXYBUTYNIN

Restricted benefit

6241

Detrusor overactivity

oxybutynin hydrochloride 5 mg tablet, 100

8039D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	22.93	24.47	Ditropan [SW]

OXYBUTYNIN

Restricted benefit

6243

Detrusor overactivity

Clinical criteria:

- Patient must be unable to tolerate oral oxybutynin; **OR**
- Patient must be unable to swallow oral oxybutynin.

oxybutynin 3.9 mg/24 hours patch, 8

9454N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	5	0.00	39.90	25.00	Oxytrol [TT]

OXYBUTYNIN

Restricted benefit

14915

Detrusor overactivity

Clinical criteria:

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

oxybutynin hydrochloride 5 mg tablet, 100

13957N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*31.50	25.00	Ditropan [SW]

OXYBUTYNIN

Restricted benefit

15006

Detrusor overactivity

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must be unable to tolerate oral oxybutynin; **OR**
- Patient must be unable to swallow oral oxybutynin.

oxybutynin 3.9 mg/24 hours patch, 8

13984B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡2	5	0.00	*65.44	25.00	Oxytrol [TT]

PROPANTHELINE

Restricted benefit

6241

Detrusor overactivity

propantheline bromide 15 mg tablet, 100

1953T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*25.08	25.00	Pro-Banthine [RW]

PROPANTHELINE

Restricted benefit

14915

Detrusor overactivity

Clinical criteria:

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

propantheline bromide 15 mg tablet, 100

13927B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	4	5	0.00	*35.80	25.00	Pro-Banthine [RW]

Other urologicals

BICARBONATE

sodium bicarbonate 840 mg capsule, 100

9470K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	2	0.00	22.31	23.85	Sodibic [AS]

BICARBONATE

Restricted benefit

14238

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

sodium bicarbonate 840 mg capsule, 100

13933H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	2	0.00	*30.26	25.00	Sodibic [AS]

PHENOXYBENZAMINE

Restricted benefit

16499

Phaeochromocytoma

Treatment criteria:

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

Restricted benefit

16567

Neurogenic urinary retention

Treatment criteria:

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

phenoxybenzamine hydrochloride 10 mg capsule, 30

1166J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	3	5	0.00	*659.16	25.00	Amdipharm Mercury (Australia) Pty Limited [GH]

phenoxybenzamine hydrochloride 10 mg capsule, 100

1862B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	731.38	25.00	Dibenyline [GH]

DRUGS USED IN BENIGN PROSTATIC HYPERTROPHY

Alpha-adrenoreceptor antagonists

DUTASTERIDE + TAMSULOSIN

Authority Required (STREAMLINED)

6189

Benign prostatic hyperplasia

Clinical criteria:

- Patient must have lower urinary tract symptoms, **AND**
- Patient must have moderate to severe benign prostatic hyperplasia.

dutasteride 500 microgram + tamsulosin hydrochloride 400 microgram modified release capsule, 30

5490Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	31.73	25.00	[a] Doubluts [GC]	[a] Dutasteride/Tamsulosin Lupin 500/400 [GQ]
						[a] Dutasteride/Tamsulosin Sandoz 500/400 [SZ]	[a] Dutasteride/Tamsulosin Viatris 500/400 [AF]
						[a] DUTASTERIDE/TAMSULOSIN-WGR [WG]	[a] DUTASTERIDE-TAMSULOSIN ZPL [CR]
						[a] DUTATAM 500/400 [TN]	
			[B]3.39	35.12	25.00	[a] Duodart 500ug/400ug [GK]	

DUTASTERIDE + TAMSULOSIN

Authority Required (STREAMLINED)

15004

Benign prostatic hyperplasia

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have lower urinary tract symptoms, **AND**
- Patient must have moderate to severe benign prostatic hyperplasia.

dutasteride 500 microgram + tamsulosin hydrochloride 400 microgram modified release capsule, 30

13929D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*49.10	25.00	[a] Doubluts [GC]	[a] Dutasteride/Tamsulosin Lupin 500/400 [GQ]
						[a] Dutasteride/Tamsulosin Sandoz 500/400 [SZ]	[a] Dutasteride/Tamsulosin Viatris 500/400 [AF]
						[a] DUTASTERIDE/TAMSULOSIN-WGR [WG]	[a] DUTASTERIDE-TAMSULOSIN ZPL [CR]
						[a] DUTATAM 500/400 [TN]	
			[B]6.78	55.88	25.00	[a] Duodart 500ug/400ug [GK]	

Testosterone-5-alpha reductase inhibitors

DUTASTERIDE

Authority Required (STREAMLINED)

6202

Benign prostatic hyperplasia

Clinical criteria:

- Patient must have lower urinary tract symptoms, **AND**
- Patient must have moderate to severe benign prostatic hyperplasia, **AND**
- The treatment must be in combination with an alpha-antagonist.

dutasteride 500 microgram capsule, 30

5468T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	30.23	25.00	[a] APO-Dutasteride [TX]	[a] Dutacor [CR]
			[B]6.79	37.02	25.00	[a] Avodart [GK]	

DUTASTERIDE

Authority Required (STREAMLINED)

15018

Benign prostatic hyperplasia

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have lower urinary tract symptoms, **AND**
- Patient must have moderate to severe benign prostatic hyperplasia, **AND**
- The treatment must be in combination with an alpha-antagonist.

dutasteride 500 microgram capsule, 30

13900N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*46.10	25.00	[a] APO-Dutasteride [TX]	[a] Dutacor [CR]
			[B]13.58	*59.68	25.00	[a] Avodart [GK]	

SYSTEMIC HORMONAL PREPARATIONS, EXCL. SEX HORMONES AND INSULINS

PITUITARY AND HYPOTHALAMIC HORMONES AND ANALOGUES

ANTERIOR PITUITARY LOBE HORMONES AND ANALOGUES

ACTH

TETRACOSACTIDE

Restricted benefit

7484

Hypsarrhythmia and/or infantile spasms

tetracosactide 1 mg/mL modified release injection, 1 mL ampoule

2832C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	5	5	0.00	*300.69	25.00	Synacthen Depot 1 mg/1 mL [IX]

Thyrotropin

THYROTROPIN ALFA

Restricted benefit

5296
Ablation of thyroid remnant tissue
Clinical criteria:

- Patient must have undergone a thyroidectomy, **AND**
- The treatment must be in combination with radioactive iodine, **AND**
- Patient must not have a known metastatic disease.

thyrotropin alfa 900 microgram injection, 2 vials

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2700D	1	0	0.00	1,560.27	25.00	Thyrogen [GZ]

POSTERIOR PITUITARY LOBE HORMONES

Vasopressin and analogues

DESMOPRESSIN

Authority Required (STREAMLINED)
5266
Cranial diabetes insipidus

desmopressin acetate 200 microgram tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8662X	3	5	0.00	*111.03	25.00	Minirin [FP]

DESMOPRESSIN

Authority Required (STREAMLINED)
15012
Cranial diabetes insipidus
Clinical criteria:

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

desmopressin acetate 200 microgram tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13889B	6	5	0.00	*212.34	25.00	Minirin [FP]

DESMOPRESSIN

Note Pharmaceutical benefits that have the following forms are equivalent for the purposes of substitution:

- desmopressin acetate 10 microgram/actuation nasal spray, 50 actuations; and
- desmopressin acetate 10 microgram/actuation nasal spray, 60 actuations.

Authority Required (STREAMLINED)
5266
Cranial diabetes insipidus

desmopressin acetate 10 microgram/actuation nasal spray, 60 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8711L	2	5	0.00	*100.50	25.00	[a] Minirin Nasal Spray [FP]

desmopressin acetate 10 microgram/actuation nasal spray, 50 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15282H	2	5	0.00	*86.14	25.00	[a] Desmomed [DZ]

DESMOPRESSIN

Authority Required (STREAMLINED)
5413
Primary nocturnal enuresis
Population criteria:

- Patient must be 6 years of age or older.

Clinical criteria:

- Patient must be refractory to an enuresis alarm.

Note Not to be used in preference to enuresis alarms.
Note Only one application per six months with no more than twice the maximum quantity will be authorised for the tablets.

Authority Required (STREAMLINED)
5295
Primary nocturnal enuresis
Population criteria:

- Patient must be 6 years of age or older.

Clinical criteria:

- Patient must be one in whom an enuresis alarm is contraindicated.

The reason that an enuresis alarm is contraindicated must be documented in the patient's medical records when treatment is initiated

Note Not to be used in preference to enuresis alarms.

Note Only one application per six months with no more than twice the maximum quantity will be authorised for the tablets.

desmopressin acetate 200 microgram tablet, 30

8663Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	46.58	25.00	Minirin [FP]

DESMOPRESSIN

Authority Required (STREAMLINED)

14972

Primary nocturnal enuresis

Clinical criteria:

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

Population criteria:

- Patient must be 6 years of age or older.

Clinical criteria:

- Patient must be refractory to an enuresis alarm.

No more than twice the maximum quantity will be authorised.

Note Not to be used in preference to enuresis alarms.

Authority Required (STREAMLINED)

14842

Primary nocturnal enuresis

Clinical criteria:

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

Population criteria:

- Patient must be 6 years of age or older.

Clinical criteria:

- Patient must be one in whom an enuresis alarm is contraindicated.

The reason that an enuresis alarm is contraindicated must be documented in the patient's medical records when treatment is initiated

No more than twice the maximum quantity will be authorised.

Note Not to be used in preference to enuresis alarms.

desmopressin acetate 200 microgram tablet, 30

13945Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*78.80	25.00	Minirin [FP]

DESMOPRESSIN

Caution Desmopressin nasal spray may be associated with an increased risk of hyponatraemia compared to the oral formulations.

Note Pharmaceutical benefits that have the following forms are equivalent for the purposes of substitution:

- desmopressin acetate 10 microgram/actuation nasal spray, 50 actuations; and
- desmopressin acetate 10 microgram/actuation nasal spray, 60 actuations.

Authority Required (STREAMLINED)

5342

Primary nocturnal enuresis

Population criteria:

- Patient must be 6 years of age or older.

Clinical criteria:

- Patient must be refractory to an enuresis alarm.

Caution Desmopressin nasal spray may be associated with an increased risk of hyponatraemia compared to the oral formulations.

Note Not to be used in preference to enuresis alarms.

Authority Required (STREAMLINED)

5267

Primary nocturnal enuresis

Population criteria:

- Patient must be 6 years of age or older.

Clinical criteria:

- Patient must be one in whom an enuresis alarm is contraindicated.

The reason that an enuresis alarm is contraindicated must be documented in the patient's medical records when treatment is initiated

Caution Desmopressin nasal spray may be associated with an increased risk of hyponatraemia compared to the oral formulations.

Note Not to be used in preference to enuresis alarms.

desmopressin acetate 10 microgram/actuation nasal spray, 60 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8712M						
NP	‡1	5	0.00	57.43	25.00	[a] Minirin Nasal Spray [FP]

desmopressin acetate 10 microgram/actuation nasal spray, 50 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15333B						
NP	‡1	5	0.00	50.25	25.00	[a] Desmomed [DZ]

DESMOPRESSIN

Note Pharmaceutical benefits that have the following forms are equivalent for the purposes of substitution:

- Desmopressin 240 microgram sublingual tablet; and
- Desmopressin 240 microgram sublingual wafer.

Authority Required (STREAMLINED)

5412

Primary nocturnal enuresis

Population criteria:

- Patient must be 6 years of age or older.

Clinical criteria:

- Patient must be refractory to an enuresis alarm.

Note Not to be used in preference to enuresis alarms.

Note Only one application per six months will be authorised for the wafers. No more than twice the maximum quantity for the 120 micrograms wafers and no applications for increased maximum quantities for the 240 micrograms wafers will be authorised.

Authority Required (STREAMLINED)

5226

Primary nocturnal enuresis

Population criteria:

- Patient must be 6 years of age or older.

Clinical criteria:

- Patient must be one in whom an enuresis alarm is contraindicated.

The reason that an enuresis alarm is contraindicated must be documented in the patient's medical records when treatment is initiated

Note Not to be used in preference to enuresis alarms.

Note Only one application per six months will be authorised for the wafers. No more than twice the maximum quantity for the 120 micrograms wafers and no applications for increased maximum quantities for the 240 micrograms wafers will be authorised.

desmopressin 240 microgram sublingual wafer, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8975J						
NP	1	5	0.00	75.38	25.00	[a] Minirin Melt [FP]

Desmopressin 240 microgram sublingual tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15291T						
NP	1	5	0.00	75.38	25.00	[a] Desmopressin ADVZ [BZ]

DESMOPRESSIN

Note Pharmaceutical benefits that have the following forms are equivalent for the purposes of substitution:

- Desmopressin 120 microgram sublingual tablet; and
- Desmopressin 120 microgram sublingual wafer.

Authority Required (STREAMLINED)

5412

Primary nocturnal enuresis

Population criteria:

- Patient must be 6 years of age or older.

Clinical criteria:

- Patient must be refractory to an enuresis alarm.

Note Not to be used in preference to enuresis alarms.

Note Only one application per six months will be authorised for the wafers. No more than twice the maximum quantity for the 120 micrograms wafers and no applications for increased maximum quantities for the 240 micrograms wafers will be authorised.

Authority Required (STREAMLINED)

5226
Primary nocturnal enuresis
Population criteria:
- Patient must be 6 years of age or older.

Clinical criteria:
- Patient must be one in whom an enuresis alarm is contraindicated.

The reason that an enuresis alarm is contraindicated must be documented in the patient's medical records when treatment is initiated

Note Not to be used in preference to enuresis alarms.

Note Only one application per six months will be authorised for the wafers. No more than twice the maximum quantity for the 120 micrograms wafers and no applications for increased maximum quantities for the 240 micrograms wafers will be authorised.

desmopressin 120 microgram sublingual wafer, 30

9398P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	50.26	25.00	[a] Minirin Melt [FP]

Desmopressin 120 microgram sublingual tablet, 30

15313Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	50.26	25.00	[a] Desmopressin ADVZ [BZ]

DESMOPRESSIN

Note Pharmaceutical benefits that have the following forms are equivalent for the purposes of substitution:
- Desmopressin 240 microgram sublingual tablet; and
- Desmopressin 240 microgram sublingual wafer.

Authority Required (STREAMLINED)
14945
Primary nocturnal enuresis
Clinical criteria:
- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Population criteria:
- Patient must be 6 years of age or older.

Clinical criteria:
- Patient must be refractory to an enuresis alarm.

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

Note Not to be used in preference to enuresis alarms.

Authority Required (STREAMLINED)
15025
Primary nocturnal enuresis
Clinical criteria:
- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Population criteria:
- Patient must be 6 years of age or older.

Clinical criteria:
- Patient must be one in whom an enuresis alarm is contraindicated.

The reason that an enuresis alarm is contraindicated must be documented in the patient's medical records when treatment is initiated

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

Note Not to be used in preference to enuresis alarms.

desmopressin 240 microgram sublingual wafer, 30

13890C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*137.50	25.00	[a] Minirin Melt [FP]

Desmopressin 240 microgram sublingual tablet, 30

15312X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*137.50	25.00	[a] Desmopressin ADVZ [BZ]

DESMOPRESSIN

Note Pharmaceutical benefits that have the following forms are equivalent for the purposes of substitution:
- Desmopressin 120 microgram sublingual tablet; and
- Desmopressin 120 microgram sublingual wafer.

Authority Required (STREAMLINED)

14972
Primary nocturnal enuresis
Clinical criteria:
- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Population criteria:
- Patient must be 6 years of age or older.

Clinical criteria:
- Patient must be refractory to an enuresis alarm.

No more than twice the maximum quantity will be authorised.

Note Not to be used in preference to enuresis alarms.

Authority Required (STREAMLINED)
14842
Primary nocturnal enuresis
Clinical criteria:
- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Population criteria:
- Patient must be 6 years of age or older.

Clinical criteria:
- Patient must be one in whom an enuresis alarm is contraindicated.

The reason that an enuresis alarm is contraindicated must be documented in the patient's medical records when treatment is initiated

No more than twice the maximum quantity will be authorised.

Note Not to be used in preference to enuresis alarms.

desmopressin 120 microgram sublingual wafer, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14004C NP	2	5	0.00	*86.16	25.00	[a] Minirin Melt [FP]

Desmopressin 120 microgram sublingual tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15323L NP	2	5	0.00	*86.16	25.00	[a] Desmopressin ADVZ [BZ]

HYPOTHALAMIC HORMONES

Gonadotropin-releasing hormones

NAFARELIN

Restricted benefit
6552
Endometriosis
Treatment Phase: Initial treatment, for up to 6 months
Clinical criteria:
- The condition must be visually proven.

Restricted benefit
6517
Endometriosis
Treatment Phase: Subsequent treatment, for up to 6 months
Clinical criteria:
- The condition must be visually proven, **AND**
- The treatment must not be within 2 years of the end of the previous course of treatment with this drug, **AND**
- Patient must have had a recent bone density assessment.

The date of the bone density assessment must be recorded in the patient's medical records.

nafarelin 200 microgram/actuation nasal spray, 60 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2962X	‡1	5	0.00	121.72	25.00	Synarel [PF]

Anti-gonadotropin-releasing hormones

RELUGOLIX + ESTRADIOL + NORETHISTERONE ACETATE

Caution Ryeqo should not be used interchangeably with GnRH agonists and/or hormonal contraceptives brands due to differences in dose and schedule of treatment.

Authority Required (STREAMLINED)
16429
Endometriosis

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have experienced moderate to severe pain associated with endometriosis, **AND**
- The condition must be visually proven, **AND**
- Patient must have received an inadequate response to, or be intolerant to, previous first line therapies for this condition, including at least one of the following: (i) hormonal contraceptives, (ii) analgesics, **AND**
- Patient must not have undergone surgery for this condition in the last 3 months; **OR**
- Patient must not commence this treatment until 3 months post-surgery, **AND**
- Patient must not have a history of, nor currently have any of the following: (i) osteoporosis, (ii) risk of other metabolic bone disease.

Treatment criteria:

- Must be treated by a specialist medical practitioner with experience in the diagnosis and management of endometriosis.

Population criteria:

- Patient must be pre-menopausal
- Patient must be at least 18 years of age.

Assessment of bone mineral density (BMD) by dual-energy X-ray absorptiometry (DXA) is recommended at baseline, after the first 52 weeks of treatment, and annually thereafter. Depending on the degree of change in BMD, the benefit and risks of Ryeqo may need to be reconsidered. Use is recommended to be limited to 24 months, with extension of therapy conditional on stability of DXA and reassessment of risk/benefit in the individual patient by the treating physician.

Authority Required (STREAMLINED)

16430

Endometriosis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have undergone surgery for this condition in the last 3 months, **AND**
- Patient must not have a history of, nor currently have any of the following: (i) osteoporosis, (ii) risk of other metabolic bone disease.

Treatment criteria:

- Must be treated by a specialist medical practitioner with experience in the diagnosis and management of endometriosis.

Population criteria:

- Patient must be pre-menopausal.

The prescriber must only request for this treatment phase for the patient if ongoing treatment with this drug is likely to result in an adequate response.

Details of bone mineral density (BMD) by dual-energy X-ray absorptiometry (DXA) for continuing treatment beyond 6 months if under 41 years of age must be documented in the patient's medical record.

Assessment of bone mineral density (BMD) by dual-energy X-ray absorptiometry (DXA) is recommended at baseline, after the first 52 weeks of treatment, and annually thereafter. Depending on the degree of change in BMD, the benefit and risks of Ryeqo may need to be reconsidered. Use is recommended to be limited to 24 months, with extension of therapy conditional on stability of DXA and reassessment of risk/benefit in the individual patient by the treating physician.

relugolix 40 mg + estradiol 1 mg + norethisterone acetate 500 microgram tablet, 28

14795Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	0.00	208.18	25.00	Ryeqo [FX]

CORTICOSTEROIDS FOR SYSTEMIC USE

CORTICOSTEROIDS FOR SYSTEMIC USE, PLAIN

Mineralocorticoids

FLUDROCORTISONE

Restricted benefit

16559

For prescribing by certain health practitioners

Treatment criteria:

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

fludrocortisone acetate 100 microgram tablet, 100

1433K

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	1	0.00	*35.38	25.00	[a] Florinef [AS]	[a] FLUDROCORTISONE MEDSURGE [DZ]

Glucocorticoids

ABIRATERONE (&) METHYLPREDNISOLONE

Caution The bioavailability on a mg to mg basis of abiraterone combination product Yonsa MPred to ANDRIGA-10 or abiraterone single drug product is not equivalent. When changing between abiraterone products, exercise caution in explaining correct dosing directions to the patient.

Note Where the term 'novel hormonal drug' appears in this restriction, it refers to: (i) abiraterone, (ii) abiraterone and methylprednisolone, (iii) abiraterone and prednisolone, (iv) apalutamide, (v) darolutamide, (vi) enzalutamide.

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

Authority Required

17939

Castration resistant metastatic carcinoma of the prostate

Clinical criteria:

- The treatment must not be used in combination with chemotherapy, **AND**
- Patient must have a WHO performance status of 2 or less, **AND**
- The treatment must not be a PBS benefit where disease progression occurs whilst being treated with any of: (i) a combination treatment containing the individual drugs in one pharmaceutical benefit, (ii) the individual drugs obtained as separate pharmaceutical benefits, **AND**
- Patient must only receive subsidy for one novel hormonal drug per lifetime for prostate cancer (regardless of whether a drug was subsidised under a metastatic/non-metastatic indication); **OR**
- Patient must only receive subsidy for a subsequent novel hormonal drug where there has been a severe intolerance to another novel hormonal drug leading to permanent treatment cessation.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

abiraterone acetate 125 mg tablet [120] (&) methylprednisolone 4 mg tablet [60], 1 pack

13263C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	2	0.00	682.85	25.00	Yonsa Mpred [RA]

ABIRATERONE (&) METHYLPREDNISOLONE

Caution The bioavailability on a mg to mg basis of abiraterone combination product Yonsa MPred to ANDRIGA-10 or abiraterone single drug product is not equivalent. When changing between abiraterone products, exercise caution in explaining correct dosing directions to the patient.

Note Where the term 'novel hormonal drug' appears in this restriction, it refers to: (i) abiraterone, (ii) abiraterone and methylprednisolone, (iii) abiraterone and prednisolone, (iv) apalutamide, (v) darolutamide, (vi) enzalutamide.

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

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

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

Authority Required

17877

Metastatic castration sensitive carcinoma of the prostate

Clinical criteria:

- The treatment must be/have been initiated within 6 months of treatment initiation with androgen deprivation therapy, **AND**
- Patient must only receive subsidy for one novel hormonal drug per lifetime for prostate cancer (regardless of whether a drug was subsidised under a metastatic/non-metastatic indication); **OR**
- Patient must only receive subsidy for a subsequent novel hormonal drug where there has been a severe intolerance to another novel hormonal drug leading to permanent treatment cessation, **AND**
- Patient must not receive PBS-subsidised treatment with this drug if progressive disease develops while on this drug.

Treatment criteria:

- Patient must be undergoing concurrent androgen deprivation therapy, **AND**
- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

abiraterone acetate 125 mg tablet [120] (&) methylprednisolone 4 mg tablet [30], 1 pack

14078Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	5	0.00	570.97	25.00	Yonsa Mpred [RA]

BETAMETHASONE ACETATE + BETAMETHASONE SODIUM PHOSPHATE

Restricted benefit

6209

Local intra-articular or peri-articular infiltration

Restricted benefit

6237
Keloid
Restricted benefit
6291
Lichen planus hypertrophic

betamethasone acetate 3 mg/mL + betamethasone sodium phosphate 3.9 mg/mL (total betamethasone 5.7 mg/mL) injection, 5 x 1 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5034Y DP	1	0	0.00	30.04	25.00	Celestone Chronodose [OQ]

BETAMETHASONE ACETATE + BETAMETHASONE SODIUM PHOSPHATE

Restricted benefit
6253
Alopecia areata
Restricted benefit
6268
Local intra-articular or peri-articular infiltration
Restricted benefit
6254
Granulomata
Clinical criteria:
- The condition must be dermal.

Restricted benefit
6210
Keloid
Restricted benefit
6281
Lichen planus hypertrophic
Restricted benefit
6255
Lichen simplex chronicus
Restricted benefit
6211
Chronic discoid lupus erythematosus
Restricted benefit
6269
Necrobiosis lipoidica
Restricted benefit
6212
Uveitis

betamethasone acetate 3 mg/mL + betamethasone sodium phosphate 3.9 mg/mL (total betamethasone 5.7 mg/mL) injection, 5 x 1 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2694T NP	1	0	0.00	30.04	25.00	Celestone Chronodose [OQ]

CORTISONE

Restricted benefit
16559
For prescribing by certain health practitioners
Treatment criteria:
- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) a nurse practitioner who is continuing treatment with this medicine (of any strength) that was initiated by a medical practitioner as a PBS benefit.

cortisone acetate 5 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1246N NP	1	4	0.00	21.47	23.01	Cortate [AS]

cortisone acetate 25 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1247P NP	1	4	0.00	26.45	25.00	Cortate [AS]

CORTISONE

Restricted benefit
16508
The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Treatment criteria:

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

cortisone acetate 5 mg tablet, 50

13946B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	4	0.00	*28.58	25.00	Cortate [AS]

cortisone acetate 25 mg tablet, 60

13862N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	4	0.00	*38.54	25.00	Cortate [AS]

DEXAMETHASONE

dexamethasone 500 microgram tablet, 30

1292B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	4	0.00	17.10	18.64	Dexmethsone [AS]

dexamethasone 4 mg tablet, 30

2507Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	4	0.00	19.44	20.98	Dexmethsone [AS]

DEXAMETHASONE

Restricted benefit

14238

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

dexamethasone 500 microgram tablet, 30

14007F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	4	0.00	*19.84	21.38	Dexmethsone [AS]

HYDROCORTISONE

Restricted benefit

16559

For prescribing by certain health practitioners

Treatment criteria:

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

hydrocortisone 4 mg tablet, 50

1499X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	4	0.00	28.39	25.00	[a] Hydrocortisone Viatris 4 [AL]	
			[B]2.91	31.30	25.00	[a] Hysone 4 [AF]	

hydrocortisone 20 mg tablet, 60

1500Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	4	0.00	34.39	25.00	[a] Hydrocortisone Viatris 20 [AL]	
			[B]2.91	37.30	25.00	[a] Hysone 20 [AF]	

HYDROCORTISONE

Restricted benefit

16508

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

Treatment criteria:

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

hydrocortisone 4 mg tablet, 50

13863P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	4	0.00	*42.42	25.00	[a] Hydrocortisone Viatris 4 [AL]	
			[B]5.82	*48.24	25.00	[a] Hysone 4 [AF]	

hydrocortisone 20 mg tablet, 60

14476X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	4	0.00	*54.42	25.00	[a] Hydrocortisone Viatris 20 [AL]	
			[B]5.82	*60.24	25.00	[a] Hysone 20 [AF]	

HYDROCORTISONE SODIUM SUCCINATE

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

1501B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	0	0.00	*25.02	25.00	Solu-Cortef [PF]

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

3096Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	0	0.00	23.66	25.00	Solu-Cortef [PF]

HYDROCORTISONE SODIUM SUCCINATE

Restricted benefit

6252

For use in a hospital

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

1510L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	6	0	0.00	*46.32	25.00	Solu-Cortef [PF]

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

5118J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
DP	6	0	0.00	*46.32	25.00	Solu-Cortef [PF]

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

1511M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	6	0	0.00	*70.14	25.00	Solu-Cortef [PF]

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

5119K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
DP	6	0	0.00	*70.14	25.00	Solu-Cortef [PF]

METHYLPREDNISOLONE

Restricted benefit

6273

Local intra-articular or peri-articular infiltration

methylprednisolone acetate 40 mg/mL modified release injection, 5 x 1 mL vials

1928L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	0	0.00	28.57	25.00	Depo-Medrol [PF]

METHYLPREDNISOLONE

Restricted benefit

6209

Local intra-articular or peri-articular infiltration

methylprednisolone acetate 40 mg/mL modified release injection, 5 x 1 mL vials

5148Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
DP	1	0	0.00	28.57	25.00	Depo-Medrol [PF]

PREDNISOLONE

prednisolone 1 mg tablet, 100

3152X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	4	0.00	17.48	19.02	[a] Predsolone [LN]	
			[B]0.93	18.41	19.02	[a] Panafcortelone [AS]	

prednisolone 5 mg tablet, 60

1917X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	4	0.00	17.89	19.43	Panafcortelone [AS]	Solone [IL]

prednisolone 25 mg tablet, 30

1916W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	4	0.00	18.58	20.12	Panafcortelone [AS]	Solone [IL]

PREDNISOLONE

Restricted benefit

14238

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

prednisolone 1 mg tablet, 100

13888Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	4	0.00	*20.60	22.14	[a] Predsolone [LN]	
			[B]1.86	*22.46	22.14	[a] Panafcortelone [AS]	

prednisolone 5 mg tablet, 60

14045F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	4	0.00	*21.42	22.96	Panafcortelone [AS]	Solone [IL]

PREDNISOLONE SODIUM PHOSPHATE

prednisolone (as sodium phosphate) 5 mg/mL oral liquid, 30 mL

8285C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	‡1	5	0.00	20.56	22.10	[a] PredMix [LN]	
			[B]2.01	22.57	22.10	[a] Redipred [AS]	

PREDNISOLONE SODIUM PHOSPHATE

Restricted benefit

14238

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

prednisolone (as sodium phosphate) 5 mg/mL oral liquid, 30 mL

13837G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	‡2	5	0.00	*26.76	25.00	[a] PredMix [LN]	
			[B]4.02	*30.78	25.00	[a] Redipred [AS]	

PREDNISONE

prednisone 1 mg tablet, 100

1934T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	4	0.00	17.43	18.97	[a] Predsone [LN]	
			[B]0.93	18.36	18.97	[a] Panafcort [AS]	

prednisone 5 mg tablet, 60

1935W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	4	0.00	17.81	19.35	Panafcort [AS]	Sone [IL]

prednisone 25 mg tablet, 30

1936X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	4	0.00	17.37	18.91	Panafcort [AS]	Sone [IL]

PREDNISONE

Restricted benefit

14238

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

prednisone 1 mg tablet, 100

14043D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	4	0.00	*20.50	22.04	[a] Predsone [LN]	
			[B]1.86	*22.36	22.04	[a] Panafcort [AS]	

prednisone 5 mg tablet, 60

13944X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	4	0.00	*21.26	22.80	Panafcort [AS]	Sone [IL]

TRIAMCINOLONE

Restricted benefit

6209

Local intra-articular or peri-articular infiltration

Restricted benefit

6237

Keloid

Restricted benefit

6291

Lichen planus hypertrophic

triamcinolone acetonide 10 mg/mL injection, 5 x 1 mL ampoules

5233K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
DP	1	0	0.00	30.04	25.00	Kenacort-A10 [AS]

TRIAMCINOLONE

Restricted benefit

6253

Alopecia areata

Restricted benefit

6268

Local intra-articular or peri-articular infiltration

Restricted benefit

6254

Granulomata

Clinical criteria:

- The condition must be dermal.

Restricted benefit

6210

Keloid

Restricted benefit

6281

Lichen planus hypertrophic

Restricted benefit

6255

Lichen simplex chronicus

Restricted benefit

6211

Chronic discoid lupus erythematosus

Restricted benefit

6269

Necrobiosis lipoidica

Restricted benefit

6287

Psoriasis

triamcinolone acetonide 10 mg/mL injection, 5 x 1 mL ampoules

2990J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	0	0.00	30.04	25.00	Kenacort-A10 [AS]

ANTIADRENAL PREPARATIONS

Anticorticosteroids

OSILODROSTAT

Caution The following should be assessed prior to receiving treatment and closely monitored throughout the treatment period:

1. QTc prolongation via an electrocardiogram
2. Hypocortisolism
3. Corticotroph tumour growth

Note Cortisol levels should be monitored at regular intervals, since hypocortisolism-related events can occur at any time during treatment.

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

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

Note Special Pricing Arrangements apply.

Authority Required

16306

Endogenous Cushing's syndrome

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be at least one of: (i) persistent hypercortisolism after surgery, (ii) recurrent hypercortisolism after surgery, (iii) inappropriate for surgery, **AND**
- Patient must have active endogenous Cushing's Syndrome determined by a mean urinary free cortisol (UFC) level greater than 1.3 times the upper limit of normal (ULN); **OR**

- Patient must have undergone treatment for this condition with conventional therapies to control cortisol production resulting in an improved UFC level prior to applying for the initial authority application of this drug.

Treatment criteria:

- Must be treated by an endocrinologist.

Population criteria:

- Patient must be at least 18 years of age.

For the purposes of administering this restriction, the mean UFC is the average of at least two values being 1.3 times greater than the ULN.

Patient must undergo a dose titration period whereby responses must be assessed every 1-2 weeks until the mean UFC levels are within the normal range.

At the time of authority application, medical practitioners must request the appropriate number of packs to provide sufficient drug, based on the prescribed dose of the patient, for 4 weeks of treatment.

A separate authority prescription form must be completed for each strength requested. The dose must not exceed 30 mg twice daily. Up to a maximum of 6 repeats will be authorised.

Where there is a current, approved PBS prescription with valid repeat prescriptions specified (i.e. where the dose is changing), mark the prescription that is intended for no further supply as 'Cancelled'.

The condition is inappropriate for surgery if the patient:

(i) has a medical contraindication for surgery;

(ii) has inoperable tumours;

(iii) has been determined that surgery is unlikely to reduce hypercortisolism;

(iv) refuses surgery;

(v) cannot access surgical treatment.

osilodrostat 1 mg tablet, 60

14714K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	6	0.00	2,580.36	25.00	Isturisa [RJ]

osilodrostat 5 mg tablet, 60

14724Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	6	0.00	9,985.56	25.00	Isturisa [RJ]

OSILODROSTAT

Caution The following should be assessed prior to receiving treatment and closely monitored throughout the treatment period:

1. QTc prolongation via an electrocardiogram
2. Hypocortisolism
3. Corticotroph tumour growth

Note Cortisol levels should be monitored at regular intervals, since hypocortisolism-related events can occur at any time during treatment.

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

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

Note Special Pricing Arrangements apply.

Authority Required

16317

Endogenous Cushing's syndrome

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated a complete response after at least 26 weeks of treatment with this drug; **OR**
- Patient must have demonstrated a partial response after at least 26 weeks of treatment with this drug.

Treatment criteria:

- Must be treated by an endocrinologist.

Population criteria:

- Patient must be at least 18 years of age.

For the purposes of administering this restriction, a complete response is defined as a mean urinary free cortisol (UFC) level of less than or equal to the upper limit of normal (ULN).

A partial response is defined as mean UFC level of greater than ULN but with at least 50% reduction from the baseline value. The mean UFC should be the average of at least two urine samples.

At the time of authority application, medical practitioners must request the appropriate number of packs to provide sufficient drug, based on the prescribed dose of the patient, for 4 weeks of treatment.

A separate authority prescription form must be completed for each strength requested. The dose must not exceed 30 mg twice daily. Up to a maximum of 5 repeats will be authorised.

Where there is a current, approved PBS prescription with valid repeat prescriptions specified (i.e. where the dose is changing), mark the prescription that is intended for no further supply as 'Cancelled'.

An application for the continuing treatment must be accompanied with the assessment of response conducted after 26 weeks from the first dose of osilodrostat and no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for patients who meet the continuing restriction for PBS-subsidised treatment.

osilodrostat 1 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14723X	1	5	0.00	2,580.36	25.00	Isturisa [RJ]

osilodrostat 5 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14729F	1	5	0.00	9,985.56	25.00	Isturisa [RJ]

THYROID THERAPY

THYROID PREPARATIONS

Thyroid hormones

LEVOTHYROXINE

Restricted benefit

16261

For prescribing by certain health practitioners

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) a nurse practitioner, (iii) an endorsed midwife who is each of: (a) sharing patient care with a medical practitioner for the current pregnancy episode, (b) continuing existing treatment with this drug that was initiated by a medical practitioner.

levothyroxine sodium 125 microgram tablet, 200

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12830G NP MW	1	1	0.00	24.24	25.00	Eltroxin [LT]

LEVOTHYROXINE

Note Eltroxin and Levothox are not interchangeable with Oroxine, Eutroxsig, Levoxine, Levothyroxine Lup, APO-Levothyroxine, Thyrox or Levothyroxine Sandoz on a dose to dose basis, and dose titration may be required.

Note Pharmaceutical benefits that have the form levothyroxine sodium 75 microgram tablet, 200 (Eutroxsig, Oroxine, Levothyroxine Lup, APO-Levothyroxine and Levothyroxine Sandoz brands) and pharmaceutical benefits that have the form levothyroxine sodium 75 microgram tablet, 2 x 100 (Levoxine and Thyrox brands) are equivalent for the purposes of substitution.

Restricted benefit

16261

For prescribing by certain health practitioners

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) a nurse practitioner, (iii) an endorsed midwife who is each of: (a) sharing patient care with a medical practitioner for the current pregnancy episode, (b) continuing existing treatment with this drug that was initiated by a medical practitioner.

levothyroxine sodium 75 microgram tablet, 2 x 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
12960D NP MW	1	1	0.00	21.91	23.45	[a] LEVOXINE [RA]	[a] Thyrox [IX]

LEVOTHYROXINE

Note Eltroxin and Levothox are not interchangeable with Oroxine, Eutroxsig, Levoxine, Levothyroxine Lup, APO-Levothyroxine, Thyrox or Levothyroxine Sandoz on a dose to dose basis, and dose titration may be required.

Note Pharmaceutical benefits that have the form levothyroxine sodium 100 microgram tablet, 200 (Eutroxsig, Oroxine, Levothyroxine Lup, APO-Levothyroxine and Levothyroxine Sandoz brands) and pharmaceutical benefits that have the form levothyroxine sodium 100 microgram tablet, 2 x 100 (Levoxine and Thyrox brands) are equivalent for the purposes of substitution.

Restricted benefit

16261

For prescribing by certain health practitioners

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) a nurse practitioner, (iii) an endorsed midwife who is each of: (a) sharing patient care with a medical practitioner for the current pregnancy episode, (b) continuing existing treatment with this drug that was initiated by a medical practitioner.

levothyroxine sodium 100 microgram tablet, 2 x 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
12968M NP MW	1	1	0.00	22.06	23.60	[a] LEVOXINE [RA]	[a] Thyrox [IX]

LEVOTHYROXINE

Note Eltroxin and Levothox are not interchangeable with Oroxine, Eutroxsig, Levoxine, Levothyroxine Lup, APO-Levothyroxine, Thyrox or Levothyroxine Sandoz on a dose to dose basis, and dose titration may be required.

Note Pharmaceutical benefits that have the form levothyroxine sodium 50 microgram tablet, 200 (Eutroxsig, Oroxine, Levothyroxine Lup, APO-Levothyroxine and Levothyroxine Sandoz brands) and pharmaceutical benefits that have the form levothyroxine sodium 50 microgram tablet, 2 x 100 (Levoxine and Thyrox brands) are equivalent for the purposes of substitution.

Restricted benefit

16261

For prescribing by certain health practitioners

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) a nurse practitioner, (iii) an endorsed midwife who is each of: (a) sharing patient care with a medical practitioner for the current pregnancy episode, (b) continuing existing treatment with this drug that was initiated by a medical practitioner.

levothyroxine sodium 50 microgram tablet, 2 x 100

12969N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP MW	1	1	0.00	21.79	23.33	[a] LEVOXINE [RA]	[a] Thyrox [IX]

LEVOTHYROXINE

Note Eltroxin and Levothox are not interchangeable with Oroxine, Eutroxsig, Levoxine, Levothyroxine Lup, APO-Levothyroxine, Thyrox or Levothyroxine Sandoz on a dose to dose basis, and dose titration may be required.

Note Pharmaceutical benefits that have the form levothyroxine sodium 200 microgram tablet, 200 (Eutroxsig, Oroxine, Levothyroxine Lup, APO-Levothyroxine and Levothyroxine Sandoz brands) and pharmaceutical benefits that have the form levothyroxine sodium 200 microgram tablet, 2 x 100 (Levoxine and Thyrox brands) are equivalent for the purposes of substitution.

Restricted benefit

16261

For prescribing by certain health practitioners

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) a nurse practitioner, (iii) an endorsed midwife who is each of: (a) sharing patient care with a medical practitioner for the current pregnancy episode, (b) continuing existing treatment with this drug that was initiated by a medical practitioner.

levothyroxine sodium 200 microgram tablet, 2 x 100

12970P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP MW	1	1	0.00	23.38	24.92	[a] LEVOXINE [RA]	[a] Thyrox [IX]

LEVOTHYROXINE

Note Eltroxin and Levothox are not interchangeable with Oroxine, Eutroxsig, Levoxine, Levothyroxine Lup, APO-Levothyroxine, Thyrox or Levothyroxine Sandoz on a dose to dose basis, and dose titration may be required.

Note Pharmaceutical benefits that have the form levothyroxine sodium 200 microgram tablet, 200 (Eltroxin and Levothox brands) are equivalent for the purposes of substitution.

Note Pharmaceutical benefits that have the form levothyroxine sodium 200 microgram tablet, 200 (Eutroxsig, Oroxine, Levothyroxine Lup, APO-Levothyroxine and Levothyroxine Sandoz brands) and pharmaceutical benefits that have the form levothyroxine sodium 200 microgram tablet, 2 x 100 (Levoxine and Thyrox brands) are equivalent for the purposes of substitution.

Restricted benefit

16261

For prescribing by certain health practitioners

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) a nurse practitioner, (iii) an endorsed midwife who is each of: (a) sharing patient care with a medical practitioner for the current pregnancy episode, (b) continuing existing treatment with this drug that was initiated by a medical practitioner.

levothyroxine sodium 200 microgram tablet, 200

2173J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP MW	1	1	0.00 0.00	23.38	24.92	[a] APO-Levothyroxine [XT]	[a] Eutroxsig [LN]
						[a] Levothyroxine Lup [GQ]	[a] Levothyroxine Sandoz [SZ]
						[b] Eltroxin [LT]	[b] Levothox [AF]
			[B]0.96	24.34	24.92	[a] Oroxine [AS]	

LEVOTHYROXINE

Note Eltroxin and Levothox are not interchangeable with Oroxine, Eutroxsig, Levoxine, Levothyroxine Lup, APO-Levothyroxine, Thyrox or Levothyroxine Sandoz on a dose to dose basis, and dose titration may be required.

Note Pharmaceutical benefits that have the form levothyroxine sodium 50 microgram tablet, 200 (Eltroxin and Levothox brands) are equivalent for the purposes of substitution.

Note Pharmaceutical benefits that have the form levothyroxine sodium 50 microgram tablet, 200 (Eutroxsig, Oroxine, Levothyroxine Lup, APO-Levothyroxine and Levothyroxine Sandoz brands) and pharmaceutical benefits that have the form levothyroxine sodium 50 microgram tablet, 2 x 100 (Levoxine and Thyrox brands) are equivalent for the purposes of substitution.

Restricted benefit

16261

For prescribing by certain health practitioners

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) a nurse practitioner, (iii) an endorsed midwife who is each of: (a) sharing patient care with a medical practitioner for the current pregnancy episode, (b) continuing existing treatment with this drug that was initiated by a medical practitioner.

levothyroxine sodium 50 microgram tablet, 200

2174K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP MW	1	1	0.00 0.00	21.79	23.33	[a] APO-Levothyroxine [XT]	[a] Eutroxsig [LN]
						[a] Levothyroxine Lup [GQ]	[a] Levothyroxine Sandoz [SZ]
						[b] Eltroxin [LT]	[b] Levothox [AF]
			[B]0.96	22.75	23.33	[a] Oroxine [AS]	

LEVOTHYROXINE

Note Eltroxin and Levothox are not interchangeable with Oroxine, Eutroxsig, Levoxine, Levothyroxine Lup, APO-Levothyroxine, Thyrox or Levothyroxine Sandoz on a dose to dose basis, and dose titration may be required.

Note Pharmaceutical benefits that have the form levothyroxine sodium 100 microgram tablet, 200 (Eltroxin and Levothox brands) are equivalent for the purposes of substitution.

Note Pharmaceutical benefits that have the form levothyroxine sodium 100 microgram tablet, 200 (Eutroxsig, Oroxine, Levothyroxine Lup, APO-Levothyroxine and Levothyroxine Sandoz brands) and pharmaceutical benefits that have the form levothyroxine sodium 100 microgram tablet, 2 x 100 (Levoxine and Thyrox brands) are equivalent for the purposes of substitution.

Restricted benefit

16261

For prescribing by certain health practitioners

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) a nurse practitioner, (iii) an endorsed midwife who is each of: (a) sharing patient care with a medical practitioner for the current pregnancy episode, (b) continuing existing treatment with this drug that was initiated by a medical practitioner.

levothyroxine sodium 100 microgram tablet, 200

2175L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP MW	1	1	0.00 0.00	22.06	23.60	[a] APO-Levothyroxine [XT]	[a] Eutroxsig [LN]
						[a] Levothyroxine Lup [GQ]	[a] Levothyroxine Sandoz [SZ]
						[b] Eltroxin [LT]	[b] Levothox [AF]
			[B]0.96	23.02	23.60	[a] Oroxine [AS]	

LEVOTHYROXINE

Note Eltroxin and Levothox are not interchangeable with Oroxine, Eutroxsig, Levoxine, Levothyroxine Lup, APO-Levothyroxine, Thyrox or Levothyroxine Sandoz on a dose to dose basis, and dose titration may be required.

Note Pharmaceutical benefits that have the form levothyroxine sodium 75 microgram tablet, 200 (Eltroxin and Levothox brands) are equivalent for the purposes of substitution.

Note Pharmaceutical benefits that have the form levothyroxine sodium 75 microgram tablet, 200 (Eutroxsig, Oroxine, Levothyroxine Lup, APO-Levothyroxine and Levothyroxine Sandoz brands) and pharmaceutical benefits that have the form levothyroxine sodium 75 microgram tablet, 2 x 100 (Levoxine and Thyrox brands) are equivalent for the purposes of substitution.

Restricted benefit

16261

For prescribing by certain health practitioners

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) a nurse practitioner, (iii) an endorsed midwife who is each of: (a) sharing patient care with a medical practitioner for the current pregnancy episode, (b) continuing existing treatment with this drug that was initiated by a medical practitioner.

levothyroxine sodium 75 microgram tablet, 200

9287T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP MW	1	1	0.00 0.00	21.91	23.45	[a] APO-Levothyroxine [XT]	[a] Eutroxsig [LN]
						[a] Levothyroxine Lup [GQ]	[a] Levothyroxine Sandoz [SZ]
						[b] Eltroxin [LT]	[b] Levothox [AF]
			[B]0.97	22.88	23.45	[a] Oroxine [AS]	

LIOTHYRONINE

Authority Required (STREAMLINED)

6475

Hypothyroidism

Clinical criteria:

- The condition must be severe hypothyroidism, **AND**
- The treatment must be for initiation of therapy only.

liothyronine sodium 20 microgram tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14841D	1	2	0.00	57.32	25.00	Tertroxin [AS]

LIOTHYRONINE

Authority Required (STREAMLINED)

16607

Thyroid cancer

Treatment criteria:

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

Authority Required (STREAMLINED)

16676

Hypothyroidism

Clinical criteria:

- The treatment must be for replacement therapy, **AND**
- Patient must have documented intolerance to levothyroxine sodium; **OR**
- Patient must have documented resistance to levothyroxine sodium.

Treatment criteria:

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

liothyronine sodium 20 microgram tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2318B NP	1	2	0.00	57.32	25.00	Tertroxin [AS]

LIOTHYRONINE

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

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

Authority Required (STREAMLINED)

16698

Thyroid cancer

Clinical criteria:

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

Treatment criteria:

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

Authority Required (STREAMLINED)

16510

Hypothyroidism

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The treatment must be for replacement therapy, **AND**
- Patient must have documented intolerance to levothyroxine sodium; **OR**
- Patient must have documented resistance to levothyroxine sodium.

Treatment criteria:

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

liothyronine sodium 20 microgram tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13966C NP	2	2	0.00	*100.28	25.00	Tertroxin [AS]

ANTITHYROID PREPARATIONS

Thiouracils

PROPYLTHIOURACIL

Restricted benefit

16559

For prescribing by certain health practitioners

Treatment criteria:

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

propylthiouracil 50 mg tablet, 100

1955X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	2	0.00	*44.88	25.00	PTU [FF]

PROPYLTHIOURACIL

Restricted benefit

16508

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

Treatment criteria:

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

propylthiouracil 50 mg tablet, 100

13836F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	4	2	0.00	*75.40	25.00	PTU [FF]

Sulfur-containing imidazole derivatives

CARBIMAZOLE

Restricted benefit

16559

For prescribing by certain health practitioners

Treatment criteria:

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

carbimazole 5 mg tablet, 100

1153Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	2	0.00	*25.70	25.00	[a] Neo-Mercazole [GH]	[a] THIRAZOL [NB]
						[a] WP Carbimazole [TN]	

CARBIMAZOLE

Restricted benefit

16508

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

Treatment criteria:

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

carbimazole 5 mg tablet, 100

13967D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	4	2	0.00	*37.04	25.00	[a] Neo-Mercazole [GH]	[a] THIRAZOL [NB]
						[a] WP Carbimazole [TN]	

PANCREATIC HORMONES

GLYCOGENOLYTIC HORMONES

Glycogenolytic hormones

GLUCAGON HYDROCHLORIDE

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

1449G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	1	0.00	50.88	25.00	GlucaGen Hypokit [NO]

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

5105Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
DP	1	0	0.00	50.88	25.00	GlucaGen Hypokit [NO]

CALCIUM HOMEOSTASIS

PARATHYROID HORMONES AND ANALOGUES

Parathyroid hormones and analogues

ABALOPARATIDE

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

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

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

Note Special Pricing Arrangements apply.

Authority Required

18926

Severe established osteoporosis

Treatment Phase: Initial treatment - Second-line therapy

Treatment criteria:

- Must be treated by a consultant physician.

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with any of: (i) teriparatide, (ii) romosozumab or (iii) abaloparatide; **OR**
- Patient must have developed intolerance to (i) teriparatide, or (ii) romosozumab of a severity necessitating permanent treatment withdrawal within the first 6 months of therapy, **AND**
- Patient must be at very high risk of fracture, **AND**
- Patient must have a bone mineral density (BMD) T-score of -3.0 or less, **AND**
- Patient must have had 2 or more fractures due to minimal trauma, **AND**
- Patient must have experienced at least 1 symptomatic new fracture after at least 12 months continuous therapy with an anti-resorptive agent at adequate doses, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- The treatment must not exceed a lifetime maximum of 18 months of PBS and non-PBS-subsidised therapy with this drug for this condition.

A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

If treatment with anti-resorptive therapy is contraindicated according to the relevant TGA-approved Product Information, details of the contraindication must be documented in the patient's medical record at the time treatment with this drug is initiated.

If an intolerance of a severity necessitating permanent treatment withdrawal develops during the relevant period of use of one anti-resorptive agent, alternate anti-resorptive agents must be trialled so that the patient achieves the minimum requirement of 12 months continuous therapy. Details must be documented in the patient's medical record at the time treatment with this drug is initiated.

Anti-resorptive therapies for osteoporosis and their adequate doses which will be accepted for the purposes of administering this restriction are alendronate sodium 10 mg per day or 70 mg once weekly, risedronate sodium 5 mg per day or 35 mg once weekly or 150 mg once monthly, raloxifene hydrochloride 60 mg per day (women only), denosumab 60 mg once every 6 months and zoledronic acid 5 mg per annum.

Details of prior anti-resorptive therapy, fracture history including the date(s), site(s), the symptoms associated with the fracture(s) which developed after at least 12 months continuous anti-resorptive therapy and the score of the qualifying BMD measurement must be provided at the time of application.

Authority Required

19037

Severe established osteoporosis

Treatment Phase: Continuing treatment - Second-line therapy

Treatment criteria:

- Must be treated by a medical practitioner identifying as either: (i) a consultant physician, (ii) a general practitioner.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition as second-line therapy, **AND**
- The treatment must not exceed a lifetime maximum of 18 months of PBS and non-PBS-subsidised therapy with this drug for this condition.

Abaloparatide 2 mg/mL injection, 1.5 mL pen device

15436K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	0.00	387.19	25.00	Eladynos [TT]

ABALOPARATIDE

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

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

Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority Required

18973

Severe established osteoporosis

Treatment Phase: Initial treatment - First-line therapy

Treatment criteria:

- Must be treated by a consultant physician.

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with any of: (i) anti-resorptive therapy, (ii) teriparatide, (iii) romosozumab, or (iv) abaloparatide; **OR**
- Patient must have developed intolerance to romosozumab of a severity necessitating permanent treatment withdrawal within the first 6 months of therapy, **AND**
- Patient must be at very high risk of fracture, **AND**
- Patient must have a Bone Mineral Density (BMD) T-score of -2.5 or less, **AND**
- Patient must have had a symptomatic fracture due to minimal trauma, **AND**
- Patient must have had at least 1 hip or symptomatic vertebral fracture in the previous 24 months; **OR**
- Patient must have had at least 2 fractures including 1 symptomatic new fracture in the previous 24 months, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- The treatment must not exceed a lifetime maximum of 18 months of PBS and non-PBS-subsidised therapy with this drug for this condition.

Details of fracture history including the date(s), site(s), the symptoms associated with the fracture(s) and the score of the qualifying BMD measurement must be provided at the time of application.

A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

Anti-resorptive therapies for osteoporosis include alendronate sodium, risedronate sodium, raloxifene hydrochloride, denosumab and zoledronic acid.

Authority Required

18997

Severe established osteoporosis

Treatment Phase: Continuing treatment - First-line therapy

Treatment criteria:

- Must be treated by a medical practitioner identifying as either: (i) a consultant physician, (ii) a general practitioner.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition as first-line therapy, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- The treatment must not exceed a lifetime maximum of 18 months of PBS and non-PBS-subsidised therapy with this drug for this condition.

Abaloparatide 2 mg/mL injection, 1.5 mL pen device

15468D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	0.00	387.19	25.00	Eladynos [TT]

TERIPARATIDE

Note Pharmaceutical benefits that have the form teriparatide 250 microgram/mL injection, 2.4 mL cartridge and the pharmaceutical benefits that have the form teriparatide 250 microgram/mL injection, 2.4 mL pen device are equivalent for the purposes of substitution.
Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

15536

Severe established osteoporosis

Treatment Phase: Continuing treatment

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have previously been issued with an authority prescription for this drug, **AND**
- The treatment must not exceed a lifetime maximum of 18 months therapy.

Treatment criteria:

- Must be treated by a specialist; **OR**
- Must be treated by a consultant physician.

Note Up to a maximum of 18 pens will be reimbursed through the PBS.

teriparatide 250 microgram/mL injection, 2.4 mL pen device

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14482F	2	2	0.00	*336.92	25.00	[a] Teriparatide Lupin [GQ]	[a] Terrosa [FX]

teriparatide 250 microgram/mL injection, 2.4 mL cartridge

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15188J	2	2	0.00	*336.92	25.00	[a] Ritosa [XT]

TERIPARATIDE

Note Pharmaceutical benefits that have the form teriparatide 250 microgram/mL injection, 2.4 mL cartridge and the pharmaceutical benefits that have the form teriparatide 250 microgram/mL injection, 2.4 mL pen device are equivalent for the purposes of substitution.

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

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

Authority Required (STREAMLINED)

19012

Severe established osteoporosis

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by a specialist; **OR**
- Must be treated by a consultant physician.

Clinical criteria:

- Patient must be at very high risk of fracture, **AND**
- Patient must have a bone mineral density (BMD) T-score of -3.0 or less, **AND**
- Patient must have had 2 or more fractures due to minimal trauma, **AND**
- Patient must have experienced at least 1 symptomatic new fracture after at least 12 months continuous therapy with an anti-resorptive agent at adequate doses, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- The treatment must not exceed a lifetime maximum of 18 months therapy, **AND**
- Patient must not have received PBS-subsidised treatment with any of: (i) romosozumab, (ii) abaloparatide; **OR**
- Patient must have developed intolerance to: (i) romosozumab, or (ii) abaloparatide of a severity necessitating permanent treatment withdrawal within the first 6 months of therapy.

A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

If treatment with anti-resorptive therapy is contraindicated according to the relevant TGA-approved Product Information, details of the contraindication must be documented in the patient's medical record at the time treatment with teriparatide is initiated.

If an intolerance of a severity necessitating permanent treatment withdrawal develops during the relevant period of use of one anti-resorptive agent, alternate anti-resorptive agents must be trialled so that the patient achieves the minimum requirement of 12 months continuous therapy. Details must be documented in the patient's medical record at the time treatment with teriparatide is initiated.

Anti-resorptive therapies for osteoporosis and their adequate doses which will be accepted for the purposes of administering this restriction are alendronate sodium 10 mg per day or 70 mg once weekly, risedronate sodium 5 mg per day or 35 mg once weekly or 150 mg once monthly, raloxifene hydrochloride 60 mg per day (women only), denosumab 60 mg once every 6 months and zoledronic acid 5 mg per annum.

Details of prior anti-resorptive therapy, fracture history including the date(s), site(s), the symptoms associated with the fracture(s) which developed after at least 12 months continuous anti-resorptive therapy and the score of the qualifying BMD measurement must be documented in the patient's medical record.

Authority Required (STREAMLINED)

12270

Severe established osteoporosis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously been issued with an authority prescription for this drug, **AND**
- The treatment must not exceed a lifetime maximum of 18 months therapy.

Treatment criteria:

- Must be treated by a specialist; **OR**
- Must be treated by a consultant physician.

Note Up to a maximum of 18 pens will be reimbursed through the PBS.

teriparatide 250 microgram/mL injection, 2.4 mL pen device

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14093R	1	5	0.00	173.14	25.00	[a] Teriparatide Lupin [GQ]	[a] Terrosa [FX]

teriparatide 250 microgram/mL injection, 2.4 mL cartridge

15152L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	0.00	173.14	25.00	[a] Ritosa [XT]

ANTI-PARATHYROID AGENTS

Calcitonin preparations

CALCITONIN SALMON

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

Authority Required

16678

Symptomatic Paget disease of bone

Clinical criteria:

- The treatment must be for a patient who cannot tolerate bisphosphonates due to kidney disease.

Treatment criteria:

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

Authority Required

16575

Hypercalcaemia

Clinical criteria:

- The treatment must be initiated in a hospital, **AND**
- The treatment must be for a patient who cannot tolerate bisphosphonates due to kidney disease.

Treatment criteria:

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

calcitonin salmon 100 units/mL injection, 5 x 1 mL ampoules

2997R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	3	5	0.00	*125.70	25.00	Miacalcic 100 [EU]

Other anti-parathyroid agents

CINACALCET

Authority Required (STREAMLINED)

10068

Secondary hyperparathyroidism

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have chronic kidney disease, **AND**
- Patient must be on dialysis, **AND**
- Patient must have achieved a decrease of at least 30% in intact parathyroid hormone (iPTH) concentrations after 6 months treatment; **OR**
- Patient must have an intact parathyroid (iPTH) concentration greater than 15 pmol/L and an (adjusted) serum calcium concentration of less than 2.6 mmol/L after 6 months.

During the maintenance phase, iPTH should be monitored quarterly (measured at least 12 hours post dose) and dose adjusted as necessary to maintain an appropriate iPTH concentration.

During the maintenance phase, prescribers should request approval to allow sufficient supply for 4 weeks treatment up to a maximum of 6 months supply, with doses between 30 and 180 mg per day according to the patient's response and tolerability.

cinacalcet 30 mg tablet, 28

9157Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	30.69	25.00	[a] Cinacalcet Viatris [AL]	[a] Pharmacor Cinacalcet [CR]

cinacalcet 60 mg tablet, 28

9158B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	47.04	25.00	[a] Cinacalcet Viatris [AL]	[a] Pharmacor Cinacalcet [CR]

cinacalcet 90 mg tablet, 28

9159C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	63.37	25.00	[a] Cinacalcet Viatris [AL]	[a] Pharmacor Cinacalcet [CR]

ANTIINFECTIVES FOR SYSTEMIC USE

ANTIBACTERIALS FOR SYSTEMIC USE

TETRACYCLINES

Tetracyclines

DOXYCYCLINE

Note Pharmaceutical benefits that have the forms doxycycline tablet 100 mg (as hyclate (hydrochloride)), doxycycline tablet 100 mg (as monohydrate) and doxycycline modified release capsule 100 mg (as hyclate (hydrochloride)) are equivalent for the purposes of substitution.

doxycycline 100 mg modified release capsule, 7

2708M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP MW	1	1	[B]1.43	18.53	18.64	[a] Mayne Pharma Doxycycline [YT]	
			[B]2.75	19.85	18.64	[a] Doryx [YN]	

doxycycline 100 mg modified release capsule, 7

3322W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
DP	1	0	[B]1.43	18.53	18.64	[a] Mayne Pharma Doxycycline [YT]	
			[B]2.75	19.85	18.64	[a] Doryx [YN]	

doxycycline 100 mg tablet, 7

2709N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP MW	1	1	0.00	17.10	18.64	[a] APX-Doxycycline [TX]	[a] Doxsig [RW]
						[a] DOXYCYCLINE-WGR [WG]	[a] Doxylin 100 [AF]

doxycycline 100 mg tablet, 7

3321T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
DP	1	0	0.00	17.10	18.64	[a] APX-Doxycycline [TX]	[a] Doxsig [RW]
						[a] DOXYCYCLINE-WGR [WG]	[a] Doxylin 100 [AF]

doxycycline 100 mg tablet, 7

5082L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
DP	1	0	0.00	17.10	18.64	[a] Blooms The Chemist Doxycycline [BG]	[a] Doxycycline Sandoz [HX]

doxycycline 100 mg tablet, 7

9105F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP MW	1	1	0.00	17.10	18.64	[a] Blooms The Chemist Doxycycline [BG]	[a] Doxycycline Sandoz [HX]

DOXYCYCLINE

Restricted benefit

4514

Pelvic inflammatory disease

Note Pharmaceutical benefits that have the forms doxycycline tablet 100 mg (as hyclate (hydrochloride)), doxycycline tablet 100 mg (as monohydrate) and doxycycline modified release capsule 100 mg (as hyclate (hydrochloride)) are equivalent for the purposes of substitution.

doxycycline 100 mg tablet, 7

2702F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	4	0	0.00	*25.32	25.00	[a] APX-Doxycycline [TX]	[a] Doxsig [RW]
						[a] DOXYCYCLINE-WGR [WG]	[a] Doxylin 100 [AF]

doxycycline 100 mg tablet, 7

9107H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	4	0	0.00	*25.32	25.00	[a] Blooms The Chemist Doxycycline [BG]	[a] Doxycycline Sandoz [HX]

doxycycline 100 mg modified release capsule, 7

2703G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	4	0	[B]5.72	*31.04	25.00	[a] Mayne Pharma Doxycycline [YT]	
			[B]11.00	*36.32	25.00	[a] Doryx [YN]	

DOXYCYCLINE

Restricted benefit

4485

Urethritis

Note Pharmaceutical benefits that have the forms doxycycline tablet 100 mg (as hyclate (hydrochloride)), doxycycline tablet 100 mg (as monohydrate) and doxycycline modified release capsule 100 mg (as hyclate (hydrochloride)) are equivalent for the purposes of substitution.

doxycycline 100 mg tablet, 7

2714W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	3	0	0.00	*22.59	24.13	[a] APX-Doxycycline [TX]	[a] Doxsig [RW]
						[a] DOXYCYCLINE-WGR [WG]	[a] Doxylin 100 [AF]

doxycycline 100 mg tablet, 7

9108J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	3	0	0.00	*22.59	24.13	[a] Blooms The Chemist Doxycycline [BG]	[a] Doxycycline Sandoz [HX]

doxycycline 100 mg modified release capsule, 21

2715X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	0	3.12	25.30	23.72	[a] Mayne Pharma Doxycycline [YT]

doxycycline 100 mg tablet, 21

10176N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	0	0.00	22.18	23.72	[a] APX-Doxycycline [TX]	[a] Doxsig [RW]
						[a] Doxylin 100 [AF]	

DOXYCYCLINE

Note Pharmaceutical benefits that have the forms doxycycline tablet 100 mg (as hyclate (hydrochloride)), doxycycline tablet 100 mg (as monohydrate) and doxycycline modified release capsule 100 mg (as hyclate (hydrochloride)) are equivalent for the purposes of substitution.

Restricted benefit

6200

Severe acne

doxycycline 100 mg modified release capsule, 7

10777F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	4	5	[B]5.72	*31.04	25.00	[a] Mayne Pharma Doxycycline [YT]	
			[B]11.00	*36.32	25.00	[a] Doryx [YN]	

doxycycline 100 mg tablet, 7

10779H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	4	5	0.00	*25.32	25.00	[a] APX-Doxycycline [TX]	[a] Doxsig [RW]
						[a] DOXYCYCLINE-WGR [WG]	[a] Doxylin 100 [AF]

doxycycline 100 mg tablet, 7

10781K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	4	5	0.00	*25.32	25.00	[a] Blooms The Chemist Doxycycline [BG]	[a] Doxycycline Sandoz [HX]

DOXYCYCLINE

Note Pharmaceutical benefits that have the forms doxycycline tablet 100 mg (as hyclate (hydrochloride)), doxycycline tablet 100 mg (as monohydrate) and doxycycline modified release capsule 100 mg (as hyclate (hydrochloride)) are equivalent for the purposes of substitution.

Restricted benefit

15625

Severe acne

Clinical criteria:

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

doxycycline 100 mg modified release capsule, 7

14443E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	8	2	[B]11.44	*47.72	25.00	[a] Mayne Pharma Doxycycline [YT]
			[B]22.00	*58.28	25.00	[a] Doryx [YN]

doxycycline 100 mg tablet, 7

14480D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	8	2	0.00	*36.28	25.00	[a] APX-Doxycycline [TX]	[a] Doxsig [RW]
						[a] DOXYCYCLINE-WGR [WG]	[a] Doxylin 100 [AF]

doxycycline 100 mg tablet, 7

14511R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	8	2	0.00	*36.28	25.00	[a] Blooms The Chemist Doxycycline [BG]	[a] Doxycycline Sandoz [HX]

DOXYCYCLINE

Restricted benefit

4539

Bronchiectasis

Population criteria:

- Patient must be aged 8 years or older.

Note Pharmaceutical benefits that have the forms doxycycline tablet 50 mg (as hyclate (hydrochloride)), doxycycline tablet 50 mg (as monohydrate) and doxycycline modified release capsule 50 mg (as hyclate (hydrochloride)) are equivalent for the purposes of substitution.

Restricted benefit

4475

Chronic bronchitis

Population criteria:

- Patient must be aged 8 years or older.

Note Pharmaceutical benefits that have the forms doxycycline tablet 50 mg (as hyclate (hydrochloride)), doxycycline tablet 50 mg (as monohydrate) and doxycycline modified release capsule 50 mg (as hyclate (hydrochloride)) are equivalent for the purposes of substitution.

Restricted benefit

4529

Severe acne

Note Pharmaceutical benefits that have the forms doxycycline tablet 50 mg (as hyclate (hydrochloride)), doxycycline tablet 50 mg (as monohydrate) and doxycycline modified release capsule 50 mg (as hyclate (hydrochloride)) are equivalent for the purposes of substitution.

doxycycline 50 mg modified release capsule, 25

2707L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	[B]2.41	19.68	18.81	[a] Mayne Pharma Doxycycline [YT]	
			[B]4.74	22.01	18.81	[a] Doryx [YN]	

doxycycline 50 mg tablet, 25

2711Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	17.27	18.81	[a] APX-Doxycycline [TX]	[a] Doxsig [RW]
						[a] DOXYCYCLINE-WGR [WG]	[a] Doxylin 50 [AF]

doxycycline 50 mg tablet, 25

9106G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	17.27	18.81	[a] Doxycycline Sandoz [HX]

DOXYCYCLINE

Restricted benefit

15596

Bronchiectasis

Clinical criteria:

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

Population criteria:

- Patient must be aged 8 years or older.

Note Pharmaceutical benefits that have the forms doxycycline tablet 50 mg (as hyclate (hydrochloride)), doxycycline tablet 50 mg (as monohydrate) and doxycycline modified release capsule 50 mg (as hyclate (hydrochloride)) are equivalent for the purposes of substitution.

Restricted benefit

15659

Chronic bronchitis

Clinical criteria:

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

Population criteria:

- Patient must be aged 8 years or older.

Note Pharmaceutical benefits that have the forms doxycycline tablet 50 mg (as hyclate (hydrochloride)), doxycycline tablet 50 mg (as monohydrate) and doxycycline modified release capsule 50 mg (as hyclate (hydrochloride)) are equivalent for the purposes of substitution.

Restricted benefit

15686

Severe acne

Clinical criteria:

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

Note Pharmaceutical benefits that have the forms doxycycline tablet 50 mg (as hyclate (hydrochloride)), doxycycline tablet 50 mg (as monohydrate) and doxycycline modified release capsule 50 mg (as hyclate (hydrochloride)) are equivalent for the purposes of substitution.

doxycycline 50 mg tablet, 25

14307B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	2	0.00	*20.18	21.72	[a] APX-Doxycycline [TX]	[a] Doxsig [RW]
						[a] DOXYCYCLINE-WGR [WG]	[a] Doxylin 50 [AF]

doxycycline 50 mg tablet, 25

14513W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	2	0.00	*20.18	21.72	[a] Doxycycline Sandoz [HX]

doxycycline 50 mg modified release capsule, 25

14484H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	2	[B]4.82	*25.00	21.72	[a] Mayne Pharma Doxycycline [YT]	
			[B]9.48	*29.66	21.72	[a] Doryx [YN]	

MINOCYCLINE

Caution There are concerns about the incidence of benign intracranial hypertension associated with this drug.

Restricted benefit

5995

Severe acne

Clinical criteria:

- The condition must not be responding to other tetracyclines.

Caution There are concerns about the incidence of benign intracranial hypertension associated with this drug.

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

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

minocycline 50 mg tablet, 60

1616C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	26.77	25.00	[a] Akamin 50 [AF]	[a] Minomycin-50 [AS]

MINOCYCLINE

Caution There are concerns about the incidence of benign intracranial hypertension associated with this drug.

Restricted benefit

15657

Severe acne

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must not be responding to other tetracyclines.

Caution There are concerns about the incidence of benign intracranial hypertension associated with this drug.

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

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

minocycline 50 mg tablet, 60

14483G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	2	0.00	*39.18	25.00	[a] Akamin 50 [AF]	[a] Minomycin-50 [AS]

BETA-LACTAM ANTIBACTERIALS, PENICILLINS

Penicillins with extended spectrum

AMOXICILLIN

amoxicillin 100 mg/mL powder for oral liquid, 20 mL

1888J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP MW	‡1	1	0.00	24.25	25.00	Amoxil [AS]

amoxicillin 100 mg/mL powder for oral liquid, 20 mL

3310F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
DP	‡1	0	0.00	24.25	25.00	Amoxil [AS]

amoxicillin 125 mg/5 mL powder for oral liquid, 100 mL

1886G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP MW	‡1	1	0.00	20.35	22.34	[a] AMOXICILLIN MEDSURGE [DZ]	[a] Amoxycillin Sandoz [SZ]
						[a] APO-Amoxycillin [TX]	
			[B]4.50	24.85	22.34	[a] Amoxil [AS]	

amoxicillin 125 mg/5 mL powder for oral liquid, 100 mL

3302T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
DP	‡1	0	0.00	20.35	22.34	[a] AMOXICILLIN MEDSURGE [DZ]	[a] Amoxycillin Sandoz [SZ]
						[a] APO-Amoxycillin [TX]	
			[B]4.50	24.85	22.34	[a] Amoxil [AS]	

amoxicillin 250 mg capsule, 20

3301R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
DP	1	0	0.00	17.10	18.64	[a] Alphamox 250 [AF]	[a] AMILOXYN [RF]
						[a] APO-Amoxycillin [TX]	[a] Cilamox [AL]

amoxicillin 250 mg/5 mL powder for oral liquid, 100 mL

1887H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP MW	‡1	1	0.00	20.35	22.34	[a] AMOXICILLIN MEDSURGE [DZ]	[a] AMOXICILLIN-WGR [WG]
						[a] Amoxycillin Sandoz [SZ]	[a] APO-Amoxycillin [TX]
			[B]4.27	24.62	22.34	[a] Amoxil Forte [AS]	

amoxicillin 250 mg/5 mL powder for oral liquid, 100 mL

3393N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
DP	‡1	0	0.00	20.35	22.34	[a] AMOXICILLIN MEDSURGE [DZ]	[a] AMOXICILLIN-WGR [WG]
						[a] Amoxycillin Sandoz [SZ]	[a] APO-Amoxycillin [TX]
			[B]4.27	24.62	22.34	[a] Amoxil Forte [AS]	

amoxicillin 500 mg capsule, 20

3300Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
DP	1	0	0.00	17.10	18.64	[a] Alphamox 500 [AF]	[a] AMILOXYN [RF]
						[a] AMOXICILLIN-WGR [WG]	[a] Amoxycillin generichealth 500 [GQ]
						[a] Amoxycillin Sandoz [SZ]	[a] APO-Amoxycillin [TX]
						[a] Blooms The Chemist Amoxicillin [BG]	[a] Cilamox [AL]
			[B]4.41	21.51	18.64	[a] Amoxil [AS]	

amoxicillin 500 mg/5 mL powder for oral liquid, 100 mL

5225B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
DP	‡1	0	0.00	20.62	22.61	Maxamox [SZ]

amoxicillin 500 mg/5 mL powder for oral liquid, 100 mL

8705E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP MW	‡1	1	0.00	20.62	22.61	Maxamox [SZ]

AMOXICILLIN

Restricted benefit

5843

Chronic bronchitis

Clinical criteria:

- Patient must have acute exacerbations of the condition.

amoxicillin 1 g tablet, 14

8581P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	1	0.00	17.10	18.64	[a] Amoxycillin Sandoz [BG]	
			[B]1.00	18.10	18.64	[a] Maxamox [SZ]	

AMOXICILLIN

Authority Required

5863

Infection suspected or proven to be due to a susceptible organism

Clinical criteria:

- The treatment must be for patients who require a liquid formulation and in whom the syrup formulations are unsuitable.

amoxicillin 100 mg/mL powder for oral liquid, 20 mL

9714G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP MW	‡1	1	0.00	24.25	25.00	Amoxil [AS]

AMOXICILLIN

Authority Required (STREAMLINED)

10402

Infection

Clinical criteria:

- Patient must be a male with acute cystitis; **OR**
- Patient must have pyelonephritis; **OR**
- Patient must have a tooth avulsion; **OR**
- Patient must have salmonella enteritis; **OR**
- Patient must have community acquired pneumonia; **OR**
- Patient must have a condition requiring prolonged oral antibiotic therapy.

amoxicillin 500 mg capsule, 20

11947T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	0	0.00	*19.84	21.38	[a] Alphamox 500 [AF]	[a] AMILOXYN [RF]
						[a] AMOXICILLIN-WGR [WG]	[a] Amoxycillin generichealth 500 [GQ]
						[a] Amoxycillin Sandoz [SZ]	[a] APO-Amoxycillin [TX]
						[a] Blooms The Chemist Amoxicillin [BG]	[a] Cilamox [AL]
			[B]8.82	28.66	21.38	[a] Amoxil [AS]	

AMOXICILLIN

Authority Required (STREAMLINED)

10404

Infection

Clinical criteria:

- Patient must have a condition requiring prolonged oral antibiotic therapy.

amoxicillin 250 mg capsule, 20

11998L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	0	0.00	*19.84	21.38	[a] Alphamox 250 [AF]	[a] AMILOXYN [RF]
						[a] APO-Amoxycillin [TX]	[a] Cilamox [AL]

AMOXICILLIN

Authority Required (STREAMLINED)

10416

Community acquired pneumonia

Clinical criteria:

- Patient must have community acquired pneumonia.

amoxicillin 1 g tablet, 14

12002Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	1	0.00	17.10	18.64	[a] Amoxycillin Sandoz [BG]	
			[B]1.00	18.10	18.64	[a] Maxamox [SZ]	

AMOXICILLIN

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

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

amoxicillin 250 mg capsule, 20

1884E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP MW	1	0	0.00	17.10	18.64	[a] Alphamox 250 [AF]	[a] AMILOXYN [RF]
						[a] APO-Amoxycillin [TX]	[a] Cilamox [AL]

amoxicillin 500 mg capsule, 20

1889K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP MW	1	0	0.00	17.10	18.64	[a] Alphamox 500 [AF]	[a] AMILOXYN [RF]
						[a] AMOXICILLIN-WGR [WG]	[a] Amoxycillin generichealth 500 [GQ]
						[a] Amoxycillin Sandoz [SZ]	[a] APO-Amoxycillin [TX]
						[a] Blooms The Chemist Amoxicillin [BG]	[a] Cilamox [AL]
			[B]4.41	21.51	18.64	[a] Amoxil [AS]	

Beta-lactamase sensitive penicillins

BENZATHINE BENZYLPENICILLIN

benzathine benzylpenicillin tetrahydrate 600 000 units (517 mg)/1.17 mL injection, 10 x 1.17 mL syringes

11723B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP MW	1	0	0.00	211.54	25.00	Bicillin L-A [PF]

benzathine benzylpenicillin tetrahydrate 600 000 units (517 mg)/1.17 mL injection, 10 x 1.17 mL syringes

11735P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
DP	1	0	0.00	211.54	25.00	Bicillin L-A [PF]

BENZATHINE BENZYLPENICILLIN

Note Pharmaceutical benefits that have the brand Lentocilin S 1200 (Portugal), or the brand Benzylpenicillin benzathine (Brancaster Pharma, UK), or the brand Benzetacil (Spain) may be substituted for pharmaceutical benefits that have the brand Bicillin L-A in case of shortage.

benzathine benzylpenicillin 1.2 million units powder for injection, 1 vial

15365Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP MW	10	0	0.00	*490.44	25.00	[a] Benzylpenicillin benzathine (Brancaster Pharma, UK) [QY]

benzathine benzylpenicillin 1.2 million units powder for injection, 1 vial

15389Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
DP	10	0	0.00	*490.44	25.00	[a] Benzylpenicillin benzathine (Brancaster Pharma, UK) [QY]

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

15058M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP MW	10	0	0.00	*490.44	25.00	[a] Lentocilin S 1200 (Portugal) [NG]

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

15063T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
DP	10	0	0.00	*490.44	25.00	[a] Lentocilin S 1200 (Portugal) [NG]

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

15506D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
DP	10	0	0.00	*767.24	25.00	[a] Benzetacil (Spain) [KQ]

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

15527F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP MW	10	0	0.00	*767.24	25.00	[a] Benzetacil (Spain) [KQ]

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

2267H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP MW	1	0	0.00	327.06	25.00	[a] Bicillin L-A [PF]

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

5027N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
DP	1	0	0.00	327.06	25.00	[a] Bicillin L-A [PF]

BENZYLPENICILLIN

benzylpenicillin 600 mg injection, 1 vial

1775K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP MW	10	1	0.00	*71.94	25.00	[a] BenPen [SZ]	[a] PEN G Sandoz [HX]

benzylpenicillin 600 mg injection, 1 vial

3398W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
DP	10	0	0.00	*71.94	25.00	[a] BenPen [SZ]	[a] PEN G Sandoz [HX]

benzylpenicillin 3 g injection, 1 vial

3399X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
DP	10	0	0.00	*107.24	25.00	BenPen [SZ]

BENZYLPENICILLIN

Caution If prescribed for sepsis (or suspected sepsis) by an authorised PBS prescriber who is not a medical practitioner, the decision to prescribe this benefit is to be shared with a medical practitioner.

benzylpenicillin 3 g injection, 1 vial

2647H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP MW	10	0	0.00	*107.24	25.00	BenPen [SZ]

PHENOXYMETHYLPENICILLIN

phenoxymethylpenicillin 125 mg/5 mL powder for oral liquid, 100 mL

5024K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
DP	2	0	0.00	*27.15	25.00	Phenoxymethylpenicillin-AFT [AE]

phenoxymethylpenicillin 125 mg/5 mL powder for oral liquid, 100 mL

8976K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	1	0.00	*27.15	25.00	Phenoxymethylpenicillin-AFT [AE]

phenoxymethylpenicillin 150 mg/5 mL oral liquid, 100 mL

5012T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
DP	2	0	0.00	*25.72	25.00	Cilicaine V [AF]

phenoxymethylpenicillin 150 mg/5 mL oral liquid, 100 mL

9143F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	1	0.00	*25.72	25.00	Cilicaine V [AF]

phenoxymethylpenicillin 250 mg tablet, 25

1787C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	0	0.00	*22.50	24.04	Aspecillin VK [AF]

phenoxymethylpenicillin 250 mg tablet, 25

3360W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
DP	2	0	0.00	*22.50	24.04	Aspecillin VK [AF]

phenoxymethylpenicillin 250 mg capsule, 50

1789E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	0	0.00	18.43	19.97	Cilicaine VK [AF]	LPV [IL]

phenoxymethylpenicillin 250 mg capsule, 50

3363B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
DP	1	0	0.00	18.43	19.97	Cilicaine VK [AF]	LPV [IL]

phenoxymethylpenicillin 250 mg/5 mL powder for oral liquid, 100 mL

5029Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
DP	2	0	0.00	*28.95	25.00	Phenoxymethylpenicillin-AFT [AE]

phenoxymethylpenicillin 250 mg/5 mL powder for oral liquid, 100 mL

8977L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	1	0.00	*28.95	25.00	Phenoxymethylpenicillin-AFT [AE]

phenoxymethylpenicillin 500 mg capsule, 50

2965C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	0	0.00	19.65	21.19	Cilicaine VK [AF]	LPV [IL]

phenoxymethylpenicillin 500 mg capsule, 50

3364C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
DP	1	0	0.00	19.65	21.19	Cilicaine VK [AF]	LPV [IL]

phenoxymethylpenicillin 500 mg tablet, 25

3028J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	0	0.00	*24.94	25.00	Aspecillin VK [AF]

phenoxymethylpenicillin 500 mg tablet, 25

3361X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
DP	2	0	0.00	*24.94	25.00	Aspecillin VK [AF]

PHENOXYMETHYLPENICILLIN

Restricted benefit

5697

Recurrent streptococcal infections (including rheumatic fever)

Clinical criteria:

- The treatment must be for prophylaxis.

phenoxymethylpenicillin 250 mg tablet, 25

1703P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*22.50	24.04	Aspecillin VK [AF]

phenoxymethylpenicillin 250 mg capsule, 50

1705R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	18.43	19.97	Cilicaine VK [AF]	LPV [IL]

PHENOXYMETHYLPENICILLIN

Restricted benefit

14947

Recurrent streptococcal infections (including rheumatic fever)

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The treatment must be for prophylaxis.

phenoxymethylpenicillin 250 mg capsule, 50

13968E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*22.50	24.04	Cilicaine VK [AF]	LPV [IL]

phenoxymethylpenicillin 250 mg tablet, 25

14044E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	4	5	0.00	*30.64	25.00	Aspecillin VK [AF]

Beta-lactamase resistant penicillins

DICLOXACILLIN

Restricted benefit

5268

Serious staphylococcal infection

dicloxacillin 250 mg capsule, 24

5096F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
DP	1	0	0.00	18.90	20.44	[a] ARX-Dicloxacillin [XT]	[a] DICLOXACILLIN VIATRIS 250 [MQ]
			[B]1.83	20.73	20.44	[a] Distaph 250 [AF]	

dicloxacillin 500 mg capsule, 24

5097G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
DP	1	0	0.00	22.21	23.75	[a] ARX-Dicloxacillin [XT]	[a] DICLOXACILLIN VIATRIS 500 [MQ]
			[B]1.90	24.11	23.75	[a] Distaph 500 [AF]	

DICLOXACILLIN

Restricted benefit

5415

Serious staphylococcal infection

dicloxacillin 250 mg capsule, 24

8121K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP MW	1	0	0.00	18.90	20.44	[a] ARX-Dicloxacillin [XT]	[a] DICLOXACILLIN VIATRIS 250 [MQ]
			[B]1.83	20.73	20.44	[a] Distaph 250 [AF]	

dicloxacillin 500 mg capsule, 24

8122L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP MW	1	0	0.00	22.21	23.75	[a] ARX-Dicloxacillin [XT]	[a] DICLOXACILLIN VIATRIS 500 [MQ]
			[B]1.90	24.11	23.75	[a] Distaph 500 [AF]	

DICLOXACILLIN

Authority Required (STREAMLINED)

6188

Osteomyelitis

dicloxacillin 500 mg capsule, 24

10790X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	2	1	0.00	*30.06	25.00	[a] ARX-Dicloxacillin [XT]	[a] DICLOXACILLIN VIATRIS 500 [MQ]
			[B]3.80	*33.86	25.00	[a] Distaph 500 [AF]	

FLUCLOXACILLIN

Caution Severe cholestatic hepatitis has been reported with this drug. Significant risk factors are age, particularly greater than 55 years, and duration of treatment longer than 14 days.

Restricted benefit

5414

Serious staphylococcal infection

Caution Severe cholestatic hepatitis has been reported with this drug. Significant risk factors are age, particularly greater than 55 years, and duration of treatment longer than 14 days.

flucloxacillin 250 mg capsule, 24

1526H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP MW	1	0	0.00	18.46	20.00	[a] Flopen [AL]	[a] Flopen Viatris [MQ]
						[a] Staphylex 250 [AF]	

flucloxacillin 500 mg capsule, 24

1527J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP MW	1	0	0.00	22.79	24.33	[a] Flopen [AL]	[a] Flopen Viatris [MQ]
						[a] Staphylex 500 [AF]	

FLUCLOXACILLIN

Caution Severe cholestatic hepatitis has been reported with this drug. Significant risk factors are age, particularly greater than 55 years, and duration of treatment longer than 14 days.

Restricted benefit

5298

Serious staphylococcal infection

Caution Severe cholestatic hepatitis has been reported with this drug. Significant risk factors are age, particularly greater than 55 years, and duration of treatment longer than 14 days.

flucloxacillin 125 mg/5 mL powder for oral liquid, 100 mL

5257Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
DP	‡1	0	0.00	27.88	25.00	Flucil [LN]

flucloxacillin 250 mg capsule, 24

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5090X							
DP	1	0	0.00	18.46	20.00	[a] Flopen [AL]	[a] Flopen Viatris [MQ]
						[a] Staphylex 250 [AF]	

flucloxacillin 250 mg/5 mL powder for oral liquid, 100 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5258R						
DP	‡1	0	0.00	29.19	25.00	Flucil [LN]

flucloxacillin 500 mg capsule, 24

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5091Y							
DP	1	0	0.00	22.79	24.33	[a] Flopen [AL]	[a] Flopen Viatris [MQ]
						[a] Staphylex 500 [AF]	

FLUCLOXACILLIN

Caution Severe cholestatic hepatitis has been reported with this drug. Significant risk factors are age, particularly greater than 55 years, and duration of treatment longer than 14 days.

Restricted benefit

5297

Serious staphylococcal infection

flucloxacillin 125 mg/5 mL powder for oral liquid, 100 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9149M						
NP MW	‡1	1	0.00	27.88	25.00	Flucil [LN]

flucloxacillin 250 mg/5 mL powder for oral liquid, 100 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9150N						
NP MW	‡1	1	0.00	29.19	25.00	Flucil [LN]

FLUCLOXACILLIN

Caution Severe cholestatic jaundice has been reported with this drug. Significant risk factors are age, particularly greater than 55 years, and duration of treatment longer than 14 days.

Authority Required (STREAMLINED)

17381

Osteomyelitis

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where this prescription is to continue existing therapy with this medicine.

flucloxacillin 500 mg capsule, 24

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10788T							
NP	2	1	0.00	*31.22	25.00	[a] Flopen [AL]	[a] Flopen Viatris [MQ]
						[a] Staphylex 500 [AF]	

Combinations of penicillins, incl. beta-lactamase inhibitors

AMOXICILLIN + CLAVULANIC ACID

Authority Required (STREAMLINED)

10413

Infection

Clinical criteria:

- Patient must have periorbital (preseptal) cellulitis; **OR**
- Patient must have postpartum endometritis; **OR**
- Patient must have an exacerbation of bronchiectasis; **OR**
- Patient must have pyelonephritis; **OR**
- Patient must have pneumonia acquired in hospital or aged care; **OR**
- Patient must have a diabetic foot infection; **OR**
- Patient must have a condition requiring prolonged oral antibiotic therapy.

amoxicillin 875 mg + clavulanic acid 125 mg tablet, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
11933C							
NP MW	2	0	0.00	*21.00	22.54	[a] Alphaclav Duo Forte Viatris [AL]	[a] AMCLAVOX DUO FORTE 875/125 [RW]
						[a] AMOXICILLIN/CLAVULANIC ACID-WGR 875/125 [WG]	[a] AmoxyClav generichealth 875/125 [HQ]
						[a] APO-Amoxycillin and Clavulanic Acid [TX]	[a] APO-AMOXY/CLAV 875/125 [TW]

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
11933C						[a] APX-Amoxicillin/Clavulanic Acid [XT]	[a] Blooms The Chemist Amoxicillin/Clavulanic Acid 875/125 [BG]
						[a] COMOX [DZ]	[a] Curam Duo Forte 875/125 [SZ]
			[B]12.92	33.92	22.54	[a] Augmentin Duo forte [AS]	

AMOXICILLIN + CLAVULANIC ACID

Authority Required (STREAMLINED)

10405

Infection

Clinical criteria:

- Patient must be a male with acute cystitis; **OR**
- Patient must have a condition requiring prolonged oral antibiotic therapy.

amoxicillin 500 mg + clavulanic acid 125 mg tablet, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
11941L NP MW	2	0	0.00	*20.44	21.98	[a] Alphaclav Duo Viatris [AL]	[a] AMCLAVOX DUO 500/125 [RW]
						[a] AMOXICILLIN/CLAVULANIC ACID-WGR 500/125 [WG]	[a] APO-Amoxycillin/ Clavulanic Acid 500/125 [TX]
						[a] APO-AMOXY/CLAV 500/125 [TW]	[a] APX-Amoxicillin/Clavulanic Acid [XT]
						[a] COMOX [DZ]	[a] Curam Duo 500/125 [SZ]
			[B]10.26	30.70	21.98	[a] Augmentin Duo [AS]	

AMOXICILLIN + CLAVULANIC ACID

Caution Hepatotoxicity has been reported with this drug.

Restricted benefit

5833

Infection where resistance to amoxicillin is suspected

Caution Hepatotoxicity has been reported with this drug.

Restricted benefit

5894

Infections where resistance to amoxicillin is proven

Caution Hepatotoxicity has been reported with this drug.

amoxicillin 125 mg/5 mL + clavulanic acid 31.25 mg/5 mL powder for oral liquid, 75 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5009P DP	‡1	0	0.00	20.35	22.34	Curam [SZ]

amoxicillin 400 mg/5 mL + clavulanic acid 57 mg/5 mL powder for oral liquid, 60 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5011R DP	‡1	0	0.00	20.35	22.34	[a] Curam Duo [SZ]	
			[B]5.19	25.54	22.34	[a] Augmentin Duo 400 [AS]	

amoxicillin 500 mg + clavulanic acid 125 mg tablet, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5008N DP	1	0	0.00	17.40	18.94	[a] Alphaclav Duo Viatris [AL]	[a] AMCLAVOX DUO 500/125 [RW]
						[a] AMOXICILLIN/CLAVULANIC ACID-WGR 500/125 [WG]	[a] APO-Amoxycillin/ Clavulanic Acid 500/125 [TX]
						[a] APO-AMOXY/CLAV 500/125 [TW]	[a] APX-Amoxicillin/Clavulanic Acid [XT]
						[a] COMOX [DZ]	[a] Curam Duo 500/125 [SZ]
			[B]5.13	22.53	18.94	[a] Augmentin Duo [AS]	

amoxicillin 875 mg + clavulanic acid 125 mg tablet, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5006L DP	1	0	0.00	17.68	19.22	[a] Alphaclav Duo Forte Viatris [AL]	[a] AMCLAVOX DUO FORTE 875/125 [RW]
						[a] AMOXICILLIN/CLAVULANIC ACID-WGR 875/125 [WG]	[a] AmoxyClav generichealth 875/125 [HQ]
						[a] APO-Amoxycillin and Clavulanic Acid [TX]	[a] APO-AMOXY/CLAV 875/125 [TW]

5006L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
						[a] APX-Amoxicillin/Clavulanic Acid [XT]	[a] Blooms The Chemist Amoxicillin/Clavulanic Acid 875/125 [BG]
						[a] COMOX [DZ]	[a] Curam Duo Forte 875/125 [SZ]
			[B]6.46	24.14	19.22	[a] Augmentin Duo forte [AS]	

AMOXICILLIN + CLAVULANIC ACID

Caution Hepatotoxicity has been reported with this drug.

Restricted benefit

5893

Infection where resistance to amoxicillin is suspected

Restricted benefit

5832

Infections where resistance to amoxicillin is proven

amoxicillin 125 mg/5 mL + clavulanic acid 31.25 mg/5 mL powder for oral liquid, 75 mL

1892N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP MW	‡1	1	0.00	20.35	22.34	Curam [SZ]

amoxicillin 400 mg/5 mL + clavulanic acid 57 mg/5 mL powder for oral liquid, 60 mL

8319W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP MW	‡1	1	0.00	20.35	22.34	[a] Curam Duo [SZ]	
			[B]5.19	25.54	22.34	[a] Augmentin Duo 400 [AS]	

AMOXICILLIN + CLAVULANIC ACID

Caution Hepatotoxicity has been reported with this drug.

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

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

Restricted benefit

5893

Infection where resistance to amoxicillin is suspected

Caution Hepatotoxicity has been reported with this drug.

Restricted benefit

5832

Infections where resistance to amoxicillin is proven

Caution Hepatotoxicity has been reported with this drug.

amoxicillin 500 mg + clavulanic acid 125 mg tablet, 10

1891M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP MW	1	0	0.00	17.40	18.94	[a] Alphaclav Duo Viatris [AL]	[a] AMCLAVOX DUO 500/125 [RW]
						[a] AMOXICILLIN/CLAVULANIC ACID-WGR 500/125 [WG]	[a] APO-Amoxycillin/ Clavulanic Acid 500/125 [TX]
						[a] APO-AMOXY/CLAV 500/125 [TW]	[a] APX-Amoxicillin/Clavulanic Acid [XT]
						[a] COMOX [DZ]	[a] Curam Duo 500/125 [SZ]
			[B]5.13	22.53	18.94	[a] Augmentin Duo [AS]	

AMOXICILLIN + CLAVULANIC ACID

Caution Hepatotoxicity has been reported with this drug.

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

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

Restricted benefit

5893

Infection where resistance to amoxicillin is suspected

Restricted benefit

5832

Infections where resistance to amoxicillin is proven

amoxicillin 875 mg + clavulanic acid 125 mg tablet, 10

8254K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP MW	1	0	0.00	17.68	19.22	[a] Alphaclav Duo Forte Viatris [AL]	[a] AMCLAVOX DUO FORTE 875/125 [RW]
						[a] AMOXICILLIN/CLAVULANIC ACID-WGR 875/125 [WG]	[a] AmoxyClav generichealth 875/125 [HQ]

8254K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
						[a] APO-Amoxycillin and Clavulanic Acid [TX]	[a] APO-AMOXY/CLAV 875/125 [TW]
						[a] APX-Amoxicillin/Clavulanic Acid [XT]	[a] Blooms The Chemist Amoxicillin/Clavulanic Acid 875/125 [BG]
						[a] COMOX [DZ]	[a] Curam Duo Forte 875/125 [SZ]
			[B]6.46	24.14	19.22	[a] Augmentin Duo forte [AS]	

OTHER BETA-LACTAM ANTIBACTERIALS

First-generation cephalosporins

CEFALEXIN

cefalexin 125 mg/5 mL powder for oral liquid, 100 mL

3094W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP MW	‡1	1	0.00	20.35	22.34	[a] Cefalexin Sandoz [SZ]	[a] Ibilex 125 [AF]

cefalexin 125 mg/5 mL powder for oral liquid, 100 mL

3319Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
DP	‡1	0	0.00	20.35	22.34	[a] Cefalexin Sandoz [SZ]	[a] Ibilex 125 [AF]

cefalexin 250 mg capsule, 20

3317N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
DP	1	0	0.00	17.10	18.64	[a] APO-Cephalexin [TX]	[a] Cefalexin Viatris [AL]
						[a] Ibilex 250 [AF]	
			[B]4.47	21.57	18.64	[a] Keflex [AS]	

cefalexin 250 mg/5 mL powder for oral liquid, 100 mL

3095X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP MW	‡1	1	0.00	20.45	22.44	[a] Cefalexin Sandoz [SZ]	[a] Ibilex 250 [AF]
			[B]5.91	26.36	22.44	[a] Keflex [AS]	

cefalexin 250 mg/5 mL powder for oral liquid, 100 mL

3320R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
DP	‡1	0	0.00	20.45	22.44	[a] Cefalexin Sandoz [SZ]	[a] Ibilex 250 [AF]
			[B]5.91	26.36	22.44	[a] Keflex [AS]	

cefalexin 500 mg capsule, 20

3318P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
DP	1	0	0.00	17.10	18.64	[a] APO-Cephalexin [TX]	[a] Blooms The Chemist Cefalexin [BG]
						[a] Cefalexin Sandoz [SZ]	[a] Cephalex 500 [CR]
						[a] Cephalexin generichealth [GQ]	[a] CEPHALEXIN-WGR [WG]
						[a] Ibilex 500 [AF]	
			[B]5.98	23.08	18.64	[a] Keflex [AS]	

CEFALEXIN

Authority Required (STREAMLINED)

4243

Prophylaxis of urinary tract infection

cefalexin 250 mg capsule, 20

2655R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	2	0.00	*19.84	21.38	[a] APO-Cephalexin [TX]	[a] Cefalexin Viatris [AL]
						[a] Ibilex 250 [AF]	
			[B]8.94	28.78	21.38	[a] Keflex [AS]	

CEFALEXIN

Authority Required (STREAMLINED)

17381

Osteomyelitis

Treatment criteria:

- Must be treated by a medical practitioner; **OR**

- Must be treated by a nurse practitioner where this prescription is to continue existing therapy with this medicine.

cefalexin 500 mg capsule, 20

10778G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	1	0.00	*19.84	21.38	[a] APO-Cephalexin [TX]	[a] Blooms The Chemist Cefalexin [BG]
						[a] Cefalexin Sandoz [SZ]	[a] Cephalex 500 [CR]
						[a] Cephalexin generichealth [GQ]	[a] CEPHALEXIN-WGR [WG]
						[a] Ibilex 500 [AF]	
			[B]11.96	31.80	21.38	[a] Keflex [AS]	

CEFALEXIN

Authority Required (STREAMLINED)

10410

Infection

Clinical criteria:

- Patient must have a pin-site infection; **OR**
- Patient must have an infection following cardiac device insertion; **OR**
- Patient must have acute otitis externa; **OR**
- Patient must have streptococcal pharyngitis or tonsillitis; **OR**
- Patient must have mastitis; **OR**
- Patient must have periorbital (preseptal) cellulitis; **OR**
- Patient must have acute rheumatic fever; **OR**
- Patient must have a diabetic foot infection; **OR**
- Patient must have a widespread infection of dermatitis; **OR**
- Patient must require treatment for prophylaxis for invasive group A streptococcal (iGAS) infection; **OR**
- Patient must have impetigo; **OR**
- Patient must have pyelonephritis; **OR**
- Patient must have a condition requiring prolonged oral antibiotic therapy.

Midwives may prescribe under this item for the treatment of mastitis only.

cefalexin 500 mg capsule, 20

11934D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP MW	2	0	0.00	*19.84	21.38	[a] APO-Cephalexin [TX]	[a] Blooms The Chemist Cefalexin [BG]
						[a] Cefalexin Sandoz [SZ]	[a] Cephalex 500 [CR]
						[a] Cephalexin generichealth [GQ]	[a] CEPHALEXIN-WGR [WG]
						[a] Ibilex 500 [AF]	
			[B]11.96	31.80	21.38	[a] Keflex [AS]	

CEFALEXIN

Authority Required (STREAMLINED)

10412

Infection

Clinical criteria:

- Patient must have impaired renal function, **AND**
- Patient must have a pin-site infection; **OR**
- Patient must have an infection following cardiac device insertion; **OR**
- Patient must have acute otitis externa; **OR**
- Patient must have streptococcal pharyngitis or tonsillitis; **OR**
- Patient must have mastitis; **OR**
- Patient must have periorbital (preseptal) cellulitis; **OR**
- Patient must have acute rheumatic fever; **OR**
- Patient must have a diabetic foot infection; **OR**
- Patient must have a widespread infection of dermatitis; **OR**
- Patient must require treatment for prophylaxis for invasive group A streptococcal (iGAS) infection; **OR**
- Patient must have impetigo; **OR**
- Patient must have pyelonephritis; **OR**
- Patient must have a condition requiring prolonged oral antibiotic therapy.

Midwives may prescribe under this item for the treatment of mastitis only, where the patient has impaired renal function.

cefalexin 250 mg capsule, 20

11963P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP MW	2	0	0.00	*19.84	21.38	[a] APO-Cephalexin [TX]	[a] Cefalexin Viatris [AL]
						[a] Ibilex 250 [AF]	
			[B]8.94	28.78	21.38	[a] Keflex [AS]	

CEFALEXIN

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

cefalexin 250 mg capsule, 20

3058Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP MW	1	0	0.00	17.10	18.64	[a] APO-Cephalexin [TX]	[a] Cefalexin Viatris [AL]
						[a] Ibilex 250 [AF]	
			[B]4.47	21.57	18.64	[a] Keflex [AS]	

cefalexin 500 mg capsule, 20

3119E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP MW	1	0	0.00	17.10	18.64	[a] APO-Cephalexin [TX]	[a] Blooms The Chemist Cefalexin [BG]
						[a] Cefalexin Sandoz [SZ]	[a] Cephalex 500 [CR]
						[a] Cephalexin generichealth [GQ]	[a] CEPHALEXIN-WGR [WG]
						[a] Ibilex 500 [AF]	
			[B]5.98	23.08	18.64	[a] Keflex [AS]	

CEFAZOLIN

Restricted benefit
5883
Cellulitis

cefazolin 1 g injection, 5 vials

1799Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	0	0.00	*22.92	24.46	Cefazolin-AFT [AE]

CEFAZOLIN

Restricted benefit
5867
Cellulitis

cefazolin 2 g injection, 10 vials

12115P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	0	0.00	46.59	25.00	Cephazolin Viatris [AL]

CEFAZOLIN

Restricted benefit
15964
Infection where positive bacteriological evidence confirms that this antibiotic is an appropriate therapeutic agent
Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

cefazolin 1 g injection, 5 vials

14698N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP MW	2	0	0.00	*22.92	24.46	Cefazolin-AFT [AE]

cefazolin 2 g injection, 10 vials

14694J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP MW	1	0	0.00	46.59	25.00	Cephazolin Viatris [AL]

CEFAZOLIN

Restricted benefit
16030
Septicaemia, suspected
Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Restricted benefit

16029

Septicaemia, proven

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

cefazolin 1 g injection, 5 vials

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1797N NP	2	0	0.00	*22.92	24.46	Cefazolin-AFT [AE]

cefazolin 2 g injection, 10 vials

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12118T NP	1	0	0.00	46.59	25.00	Cephazolin Viatris [AL]

Second-generation cephalosporins

CEFACLOR

Caution Serum sickness-like reactions have been reported with this drug, especially in children.

cefaclor 125 mg/5 mL powder for oral liquid, 100 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2460L	‡1	1	0.00	21.35	23.34	[a] Cefaclor SUN [RA]	[a] Keflor [AF]
			[B]7.67	29.02	23.34	[a] Ceclor [AL]	

cefaclor 125 mg/5 mL powder for oral liquid, 100 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5046N DP	‡1	0	0.00	21.35	23.34	[a] Cefaclor SUN [RA]	[a] Keflor [AF]
			[B]7.67	29.02	23.34	[a] Ceclor [AL]	

cefaclor 250 mg/5 mL powder for oral liquid, 75 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2461M	‡1	1	0.00	21.35	23.34	[a] Cefaclor SUN [RA]	[a] Keflor [AF]
			[B]7.67	29.02	23.34	[a] Ceclor [AL]	

cefaclor 250 mg/5 mL powder for oral liquid, 75 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5047P DP	‡1	0	0.00	21.35	23.34	[a] Cefaclor SUN [RA]	[a] Keflor [AF]
			[B]7.67	29.02	23.34	[a] Ceclor [AL]	

cefaclor 375 mg modified release tablet, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1169M	1	1	0.00	18.10	19.64	[a] Keflor CD [AF]	
			[B]7.67	25.77	19.64	[a] Ceclor CD [AL]	

cefaclor 375 mg modified release tablet, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5045M DP	1	0	0.00	18.10	19.64	[a] Keflor CD [AF]	
			[B]7.67	25.77	19.64	[a] Ceclor CD [AL]	

CEFUROXIME

cefuroxime 250 mg tablet, 14

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5052X DP	1	0	0.00	18.92	20.46	[a] ARX-Cefuroxime [XT]	[a] Pharmacor Cefuroxime [CR]

cefuroxime 250 mg tablet, 14

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8292K NP	1	1	0.00	18.92	20.46	[a] ARX-Cefuroxime [XT]	[a] Pharmacor Cefuroxime [CR]

cefuroxime 250 mg tablet, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
11227X NP	1	1	0.00	20.80	22.34	[a] ARX-Cefuroxime [XT]	[a] Pharmacor Cefuroxime [CR]
			[B]3.10	23.90	22.34	[a] Zinnat [AS]	

cefuroxime 250 mg tablet, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
11228Y							
DP	1	0	0.00	20.80	22.34	[a] ARX-Cefuroxime [XT]	[a] Pharmacor Cefuroxime [CR]
			[B]3.10	23.90	22.34	[a] Zinnat [AS]	

Third-generation cephalosporins

CEFTRIAXONE

Restricted benefit

5855

Gonorrhoea

ceftriaxone 500 mg injection, 1 vial

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9058R						
NP MW	1	0	0.00	17.10	18.64	Ceftriaxone-AFT [AE]

CEFTRIAXONE

Restricted benefit

15964

Infection where positive bacteriological evidence confirms that this antibiotic is an appropriate therapeutic agent

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

ceftriaxone 500 mg injection, 1 vial

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14697M						
NP MW	5	0	0.00	*28.04	25.00	Ceftriaxone-AFT [AE]

ceftriaxone 1 g injection, 10 vials

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14700Q						
NP MW	0.5	0	0.00	*32.88	25.00	Ceftriaxone Viatris [AL]

CEFTRIAXONE

Note Pharmaceutical benefits that have the form ceftriaxone 2 g injection, 5 vials and pharmaceutical benefits that have the form ceftriaxone 2 g injection, 10 vials are equivalent for the purposes of substitution.

Restricted benefit

15964

Infection where positive bacteriological evidence confirms that this antibiotic is an appropriate therapeutic agent

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

ceftriaxone 2 g injection, 5 vials

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14695K						
NP MW	1	0	0.00	27.76	25.00	[a] Ceftriaxone Viatris [AL]

ceftriaxone 2 g injection, 10 vials

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14699P						
NP MW	0.5	0	0.00	*33.01	25.00	[a] Ceftriaxone Viatris [AL]

CEFTRIAXONE

Restricted benefit

16030

Septicaemia, suspected

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Restricted benefit

16029

Septicaemia, proven

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

ceftriaxone 500 mg injection, 1 vial

1783W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	5	0	0.00	*28.04	25.00	Ceftriaxone-AFT [AE]

ceftriaxone 1 g injection, 10 vials

12114N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	0.5	0	0.00	*32.88	25.00	Ceftriaxone Viatris [AL]

CEFTRIAXONE

Note Pharmaceutical benefits that have the form ceftriaxone 2 g injection, 5 vials and pharmaceutical benefits that have the form ceftriaxone 2 g injection, 10 vials are equivalent for the purposes of substitution.

Restricted benefit

16030

Septicaemia, suspected

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Restricted benefit

16029

Septicaemia, proven

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

ceftriaxone 2 g injection, 5 vials

11169W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	0	0.00	27.76	25.00	[a] Ceftriaxone Viatris [AL]

ceftriaxone 2 g injection, 10 vials

12112L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	0.5	0	0.00	*33.01	25.00	[a] Ceftriaxone Viatris [AL]

SULFONAMIDES AND TRIMETHOPRIM

Trimethoprim and derivatives

TRIMETHOPRIM

trimethoprim 300 mg tablet, 7

2922T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP MW	1	1	0.00	17.10	18.64	[a] Trimethoprim Viatris [MQ]	[a] TRIMETHOPRIM-WGR [WG]
			[B]2.57	19.67	18.64	[a] Alprim [AF]	
			[B]3.73	20.83	18.64	[a] Triprim [RW]	

TRIMETHOPRIM

Authority Required (STREAMLINED)

4243

Prophylaxis of urinary tract infection

trimethoprim 300 mg tablet, 7

2666H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	2	2	0.00	*19.84	21.38	[a] Trimethoprim Viatris [MQ]	[a] TRIMETHOPRIM-WGR [WG]
			[B]5.14	*24.98	21.38	[a] Alprim [AF]	
			[B]7.46	*27.30	21.38	[a] Triprim [RW]	

TRIMETHOPRIM

Restricted benefit

6163

Prostatitis

trimethoprim 300 mg tablet, 7

10785P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	4	0	0.00	*25.32	25.00	[a] Trimethoprim Viatris [MQ]	[a] TRIMETHOPRIM-WGR [WG]
			[B]10.28	*35.60	25.00	[a] Alprim [AF]	
			[B]14.92	*40.24	25.00	[a] Triprim [RW]	

Combinations of sulfonamides and trimethoprim, incl. derivatives

TRIMETHOPRIM + SULFAMETHOXAZOLE

Caution There is an increased risk of severe adverse reactions with this combination in the elderly.

trimethoprim 40 mg/5 mL + sulfamethoxazole 200 mg/5 mL oral liquid, 100 mL

3103H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	1	0.00	22.41	23.95	Septrin [RW]

trimethoprim 40 mg/5 mL + sulfamethoxazole 200 mg/5 mL oral liquid, 100 mL

3391L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
DP	‡1	0	0.00	22.41	23.95	Septrin [RW]

trimethoprim 160 mg + sulfamethoxazole 800 mg tablet, 10

2951H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	1	0.00	17.10	18.64	[a] Bactrim DS [XO]	[a] Resprim Forte [AF]
			[B]3.91	21.01	18.64	[a] Septrin Forte [RW]	

trimethoprim 160 mg + sulfamethoxazole 800 mg tablet, 10

3390K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
DP	1	0	0.00	17.10	18.64	[a] Bactrim DS [XO]	[a] Resprim Forte [AF]
			[B]3.91	21.01	18.64	[a] Septrin Forte [RW]	

TRIMETHOPRIM + SULFAMETHOXAZOLE

Caution There is an increased risk of severe adverse reactions with this combination in the elderly.

Authority Required (STREAMLINED)

6201

Prophylaxis of Pneumocystis jiroveci pneumonia

trimethoprim 160 mg + sulfamethoxazole 800 mg tablet, 10

10784N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	3	2	0.00	*22.59	24.13	[a] Bactrim DS [XO]	[a] Resprim Forte [AF]
			[B]11.73	*34.32	24.13	[a] Septrin Forte [RW]	

MACROLIDES, LINCOSAMIDES AND STREPTOGRAMINS

Macrolides

AZITHROMYCIN

Note Authority applications for increased quantities and/or repeats (where relevant) may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone to Services Australia on 1800 888 333.

azithromycin 200 mg/5 mL powder for oral liquid, 15 mL

8201P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	0	0.00	29.68	25.00	Zithromax [PF]

AZITHROMYCIN

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

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

azithromycin 500 mg tablet, 2

8336R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP MW	4	0	0.00	*31.24	25.00	[a] APO-Azithromycin [TX]	[a] Azithromycin Sandoz [SZ]
						[a] Azithromycin Viatris [AL]	[a] AZITHROMYCIN-WGR [WG]
						[a] ZITHRO [RW]	[a] Zithromax [PF]

CLARITHROMYCIN

clarithromycin 250 mg tablet, 14

8318T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	1	0.00	17.85	19.39	[a] Clarithro 250 [RW]	[a] Clarithromycin Sandoz [SZ]
						[a] Kalixocin [AF]	
			[B]3.29	21.14	19.39	[a] Klacid [GO]	

CLARITHROMYCIN

Restricted benefit

5638

Bordetella pertussis

Restricted benefit
5663
Atypical mycobacterial infections

clarithromycin 250 mg/5 mL powder for oral liquid, 50 mL

9192T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	0	0.00	33.23	25.00	Klacid [GO]

ERYTHROMYCIN

erythromycin 250 mg enteric capsule, 25

1404X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP MW	1	1	0.00	26.00	25.00	Mayne Pharma Erythromycin [YT]

erythromycin 250 mg enteric capsule, 25

3325B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
DP	1	0	0.00	26.00	25.00	Mayne Pharma Erythromycin [YT]

ERYTHROMYCIN

Authority Required (STREAMLINED)
6160
Severe acne
Clinical criteria:

- The condition must be one in which tetracycline therapy is inappropriate.

erythromycin 250 mg enteric capsule, 25

10780J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*37.64	25.00	Mayne Pharma Erythromycin [YT]

ERYTHROMYCIN

Authority Required (STREAMLINED)
15710
Severe acne
Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must be one in which tetracycline therapy is inappropriate.

erythromycin 250 mg enteric capsule, 25

14409J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	4	2	0.00	*60.92	25.00	Mayne Pharma Erythromycin [YT]

ERYTHROMYCIN ETHYLSUCCINATE

erythromycin (as ethylsuccinate) 200 mg/5 mL powder for oral liquid, 100 mL

2424N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP MW	‡1	1	0.00	22.31	24.30	E-Mycin 200 [AF]

erythromycin (as ethylsuccinate) 200 mg/5 mL powder for oral liquid, 100 mL

3334L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
DP	‡1	0	0.00	22.31	24.30	E-Mycin 200 [AF]

erythromycin (as ethylsuccinate) 400 mg/5 mL powder for oral liquid, 100 mL

2428T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP MW	‡1	1	0.00	23.53	25.00	E-Mycin 400 [AF]

erythromycin (as ethylsuccinate) 400 mg/5 mL powder for oral liquid, 100 mL

3337P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
DP	‡1	0	0.00	23.53	25.00	E-Mycin 400 [AF]

ROXITHROMYCIN

roxithromycin 150 mg tablet, 10

5260W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
DP	1	0	0.00	17.41	18.95	[a] APX-Roxithromycin [TY]	[a] Roxar 150 [RW]

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5260W						[a] Roxithromycin Sandoz [SZ]	[a] ROXITHROMYCIN-WGR [WG]

roxithromycin 300 mg tablet, 5

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5261X DP	1	0	0.00	17.41	18.95	[a] APX-Roxithromycin [TY]	[a] Roxar 300 [RW]
						[a] Roxithromycin Sandoz [SZ]	[a] ROXITHROMYCIN-WGR [WG]

ROXITHROMYCIN

Authority Required (STREAMLINED)

10404

Infection

Clinical criteria:

- Patient must have a condition requiring prolonged oral antibiotic therapy.

roxithromycin 150 mg tablet, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
12001P NP	2	0	0.00	*20.46	22.00	[a] APX-Roxithromycin [TY]	[a] Roxar 150 [RW]
						[a] Roxithromycin Sandoz [SZ]	[a] ROXITHROMYCIN-WGR [WG]

roxithromycin 300 mg tablet, 5

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
11993F NP	2	0	0.00	*20.46	22.00	[a] APX-Roxithromycin [TY]	[a] Roxar 300 [RW]
						[a] Roxithromycin Sandoz [SZ]	[a] ROXITHROMYCIN-WGR [WG]

ROXITHROMYCIN

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

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

roxithromycin 150 mg tablet, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1760P NP	1	0	0.00	17.41	18.95	[a] APX-Roxithromycin [TY]	[a] Roxar 150 [RW]
						[a] Roxithromycin Sandoz [SZ]	[a] ROXITHROMYCIN-WGR [WG]

roxithromycin 300 mg tablet, 5

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8016X NP	1	0	0.00	17.41	18.95	[a] APX-Roxithromycin [TY]	[a] Roxar 300 [RW]
						[a] Roxithromycin Sandoz [SZ]	[a] ROXITHROMYCIN-WGR [WG]

Lincosamides

CLINDAMYCIN

Restricted benefit

5470

Gram-positive coccal infections

Clinical criteria:

- The condition must not be able to be safely and effectively treated with a penicillin.

clindamycin 150 mg capsule, 24

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3138E NP MW	2	1	0.00	*22.84	24.38	[a] APO-Clindamycin [TX]	[a] Calindamin [RW]
						[a] Clindamycin LU [XT]	[a] CLINDAMYCIN-WGR [WG]
						[a] Clindamyk [AF]	[a] Dalacin C [PF]

CLINDAMYCIN

Restricted benefit

5487

Gram-positive coccal infections

Clinical criteria:

- The condition must not be able to be safely and effectively treated with a penicillin.

clindamycin 150 mg capsule, 24

5057E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
DP	1	0	0.00	18.60	20.14	[a] APO-Clindamycin [TX]	[a] Calindamin [RW]
						[a] Clindamycin LU [XT]	[a] CLINDAMYCIN-WGR [WG]
						[a] Clindamyk [AF]	[a] Dalacin C [PF]

LINCOMYCIN

lincomycin 600 mg/2 mL injection, 5 x 2 mL ampoules

11366F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
DP	1	0	0.00	60.26	25.00	LINCOMYCIN SXP [XN]

lincomycin 600 mg/2 mL injection, 5 x 2 mL ampoules

11380Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP MW	1	0	0.00	60.26	25.00	LINCOMYCIN SXP [XN]

AMINOGLYCOSIDE ANTIBACTERIALS

Other aminoglycosides

TOBRAMYCIN

Restricted benefit

5498

Pseudomonas aeruginosa infection

Clinical criteria:

- Patient must have cystic fibrosis, **AND**
- The treatment must be systemic.

tobramycin 500 mg/5 mL injection, 10 x 5 mL vials

9480Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	1	0.00	189.16	25.00	Tobra-Day [FF]

TOBRAMYCIN

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

Authority Required (STREAMLINED)

17349

Proven Pseudomonas aeruginosa infection

Clinical criteria:

- Patient must have cystic fibrosis, **AND**
- The treatment must be for management.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where patient care is being shared with a medical practitioner.

tobramycin 300 mg/5 mL inhalation solution, 56 x 5 mL ampoules

5442K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	2	0.00	362.44	25.00	[a] Tobi [GO]	[a] TOBRAMYCIN SUN [RA]
						[a] TOBRAMYCIN WKT [XT]	

TOBRAMYCIN

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

Authority Required (STREAMLINED)

17397

Proven Pseudomonas aeruginosa infection

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have cystic fibrosis, **AND**
- Patient must have been assessed for bronchial hyperresponsiveness as per the TGA-approved Product Information, with a negative test result, **AND**
- Patient must be participating in a four week trial of tobramycin inhalation powder and will be assessed for ability to tolerate the dry powder formulation in order to qualify for continued PBS-subsidised therapy. The trial commencement date must be documented in the patient's medical records.

Population criteria:

- Patient must be 6 years of age or older.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where patient care is being shared with a medical practitioner.

tobramycin 28 mg powder for inhalation, 224 capsules

10066T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	0	0.00	2,460.87	25.00	TOBI podhaler [GO]

TOBRAMYCIN

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

Authority Required (STREAMLINED)

17405

Proven Pseudomonas aeruginosa infection

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have cystic fibrosis, **AND**
- Patient must have previously been issued with an authority prescription for tobramycin inhalation capsules, **AND**
- Patient must have demonstrated ability to tolerate the dry powder formulation following the initial 4-week treatment period, as agreed by the patient, the patient's family (in the case of paediatric patients) and the treating physician(s).

Population criteria:

- Patient must be 6 years of age or older.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where patient care is being shared with a medical practitioner.

tobramycin 28 mg powder for inhalation, 224 capsules

10074F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	2	0.00	2,460.87	25.00	TOBI podhaler [GO]

TOBRAMYCIN

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

Authority Required (STREAMLINED)

17328

Proven Pseudomonas aeruginosa infection

Treatment Phase: Continuing treatment

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have cystic fibrosis, **AND**
- Patient must have previously been issued with an authority prescription for tobramycin inhalation capsules, **AND**
- Patient must have demonstrated ability to tolerate the dry powder formulation following the initial 4-week treatment period, as agreed by the patient, the patient's family (in the case of paediatric patients) and the treating physician(s).

Population criteria:

- Patient must be 6 years of age or older.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where patient care is being shared with a medical practitioner.

tobramycin 28 mg powder for inhalation, 224 capsules

13965B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	2	0.00	*4,812.38	25.00	TOBI podhaler [GO]

TOBRAMYCIN

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

Authority Required (STREAMLINED)

17403

Proven Pseudomonas aeruginosa infection

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have cystic fibrosis, **AND**
- The treatment must be for management.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where patient care is being shared with a medical practitioner.

tobramycin 300 mg/5 mL inhalation solution, 56 x 5 mL ampoules

14006E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	2	0.00	*715.52	25.00	[a] Tobi [GO] [a] TOBRAMYCIN WKT [XT]	[a] TOBRAMYCIN SUN [RA]

TOBRAMYCIN

Restricted benefit

5519

Infection where positive bacteriological evidence confirms that this antibiotic is an appropriate therapeutic agent

Restricted benefit

5446

Septicaemia, suspected

Restricted benefit

5490

Septicaemia, proven

tobramycin Injection 80 mg (base) in 2 mL (without preservative), 5

8872Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	1	0.00	*70.26	25.00	Pfizer Australia Pty Ltd [PF]

tobramycin 80 mg/2 mL injection, 5 x 2 mL vials

1356J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	1	0.00	*40.02	25.00	Tobramycin Viatris [AL]

QUINOLONE ANTIBACTERIALS

Fluoroquinolones

CIPROFLOXACIN

Authority Required

5687

Respiratory tract infection

Clinical criteria:

- The condition must be proven or suspected to be caused by Pseudomonas aeruginosa, **AND**
- Patient must be severely immunocompromised.

Authority Required

5722

Bacterial gastroenteritis

Clinical criteria:

- Patient must be severely immunocompromised.

Authority Required

5688

Infection

Clinical criteria:

- The condition must be proven to be due to Pseudomonas aeruginosa resistant to all other oral antimicrobials; **OR**
- The condition must be proven to be due to other gram-negative bacteria resistant to all other oral antimicrobials.

Authority Required

5614

Bone or joint infection

Clinical criteria:

- The condition must be suspected or proven to be caused by gram-negative bacteria resistant to all other appropriate antimicrobials; **OR**
- The condition must be suspected or proven to be caused by gram-positive bacteria resistant to all other appropriate antimicrobials.

Authority Required

5689

Epididymo-orchitis

Clinical criteria:

- The condition must be suspected or proven to be caused by gram-negative bacteria resistant to all other appropriate antimicrobials; **OR**
- The condition must be suspected or proven to be caused by gram-positive bacteria resistant to all other appropriate antimicrobials.

Authority Required

5615
Prostatitis
Clinical criteria:
- The condition must be suspected or proven to be caused by gram-negative bacteria resistant to all other appropriate antimicrobials; **OR**
- The condition must be suspected or proven to be caused by gram-positive bacteria resistant to all other appropriate antimicrobials.

Authority Required
5780
Perichondritis of the pinna
Clinical criteria:
- The condition must be suspected or proven to be caused by gram-negative bacteria resistant to all other appropriate antimicrobials; **OR**
- The condition must be suspected or proven to be caused by gram-positive bacteria resistant to all other appropriate antimicrobials.

ciprofloxacin 500 mg tablet, 14

1209P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	0	0.00	18.60	20.14	[a] APO-Ciprofloxacin [TX]	[a] C-Flox 500 [AL]
						[a] Ciprofloxacin Sandoz [SZ]	[a] CIPROFLOXACIN-WGR [WG]
						[a] Ciprol 500 [RW]	

ciprofloxacin 750 mg tablet, 14

1210Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	0	0.00	19.58	21.12	[a] APO-Ciprofloxacin [TX]	[a] C-Flox 750 [AL]
						[a] Ciprofloxacin Sandoz [SZ]	[a] CIPROFLOXACIN-WGR [WG]
						[a] Ciprol 750 [RW]	

CIPROFLOXACIN

Authority Required
5687
Respiratory tract infection
Clinical criteria:
- The condition must be proven or suspected to be caused by Pseudomonas aeruginosa, **AND**
- Patient must be severely immunocompromised.

Authority Required
5722
Bacterial gastroenteritis
Clinical criteria:
- Patient must be severely immunocompromised.

Authority Required
5688
Infection
Clinical criteria:
- The condition must be proven to be due to Pseudomonas aeruginosa resistant to all other oral antimicrobials; **OR**
- The condition must be proven to be due to other gram-negative bacteria resistant to all other oral antimicrobials.

Authority Required
5614
Bone or joint infection
Clinical criteria:
- The condition must be suspected or proven to be caused by gram-negative bacteria resistant to all other appropriate antimicrobials; **OR**
- The condition must be suspected or proven to be caused by gram-positive bacteria resistant to all other appropriate antimicrobials.

Authority Required
5689
Epididymo-orchitis
Clinical criteria:
- The condition must be suspected or proven to be caused by gram-negative bacteria resistant to all other appropriate antimicrobials; **OR**
- The condition must be suspected or proven to be caused by gram-positive bacteria resistant to all other appropriate antimicrobials.

Authority Required

5615
Prostatitis
Clinical criteria:
- The condition must be suspected or proven to be caused by gram-negative bacteria resistant to all other appropriate antimicrobials; **OR**
- The condition must be suspected or proven to be caused by gram-positive bacteria resistant to all other appropriate antimicrobials.

Authority Required
5780
Perichondritis of the pinna
Clinical criteria:
- The condition must be suspected or proven to be caused by gram-negative bacteria resistant to all other appropriate antimicrobials; **OR**
- The condition must be suspected or proven to be caused by gram-positive bacteria resistant to all other appropriate antimicrobials.

Authority Required
5666
Gonorrhoea

ciprofloxacin 250 mg tablet, 14

1208N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	0	0.00	18.08	19.62	[a] APO-Ciprofloxacin [TX]	[a] C-Flox 250 [AL]
						[a] Ciprofloxacin Sandoz [SZ]	[a] CIPROFLOXACIN-WGR [WG]
						[a] Ciprol 250 [RW]	

NORFLOXACIN

Authority Required
5744
Acute bacterial enterocolitis
Authority Required
5806
Complicated urinary tract infection

norfloxacin 400 mg tablet, 14

3010K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	1	0.00	18.10	19.64	[a] APO-Norfloxacin [TX]	[a] Roxin [RW]

OTHER ANTIBACTERIALS

Glycopeptide antibacterials

VANCOMYCIN

Restricted benefit
5717
Endocarditis
Clinical criteria:
- The treatment must be for prophylaxis, **AND**
- Patient must be hypersensitive to penicillin.

vancomycin 500 mg injection, 1 vial

3130R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	2	0	0.00	*22.86	24.40	[a] Vancomycin Juno [XT]	[a] VANCOMYCIN MEDSURGE [DZ]
						[a] Vancomycin Viatris [AL]	

vancomycin 1 g injection, 1 vial

2269K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	0	0.00	20.62	22.16	[a] Vancomycin Juno [XT]	[a] VANCOMYCIN MEDSURGE [DZ]
						[a] Vancomycin Viatris [AL]	

VANCOMYCIN

Restricted benefit
5716
Endophthalmitis

vancomycin 500 mg injection, 1 vial

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3131T	5	0	0.00	*35.59	25.00	[a] Vancomycin Juno [XT]	[a] VANCOMYCIN MEDSURGE [DZ]
						[a] Vancomycin Viatris [AL]	

vancomycin 1 g injection, 1 vial

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2270L	3	0	0.00	*33.15	25.00	[a] Vancomycin Juno [XT]	[a] VANCOMYCIN MEDSURGE [DZ]
						[a] Vancomycin Viatris [AL]	

VANCOMYCIN

Restricted benefit

5801

Endocarditis

Clinical criteria:

- The treatment must be for prophylaxis, **AND**
- Patient must be hypersensitive to penicillin.

vancomycin 500 mg injection, 1 vial

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3323X DP	2	0	0.00	*22.86	24.40	[a] Vancomycin Juno [XT]	[a] VANCOMYCIN MEDSURGE [DZ]
						[a] Vancomycin Viatris [AL]	

vancomycin 1 g injection, 1 vial

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5083M DP	1	0	0.00	20.62	22.16	[a] Vancomycin Juno [XT]	[a] VANCOMYCIN MEDSURGE [DZ]
						[a] Vancomycin Viatris [AL]	

VANCOMYCIN

Restricted benefit

5769

Infection

Clinical criteria:

- The treatment must be initiated in a hospital, **AND**
- The condition must be one in which vancomycin is an appropriate antibiotic.

vancomycin 500 mg injection, 1 vial

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14696L MW	5	0	0.00	*35.59	25.00	[a] Vancomycin Juno [XT]	[a] VANCOMYCIN MEDSURGE [DZ]
						[a] Vancomycin Viatris [AL]	

vancomycin 1 g injection, 1 vial

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14704X MW	3	0	0.00	*33.15	25.00	[a] Vancomycin Juno [XT]	[a] VANCOMYCIN MEDSURGE [DZ]
						[a] Vancomycin Viatris [AL]	

Steroid antibacterials

FUSIDATE

Restricted benefit

4963

Serious staphylococcal infections

Clinical criteria:

- The treatment must be used in combination with another antibiotic, **AND**
- The condition must be proven to be due to a staphylococcus.

sodium fusidate 250 mg tablet, 36

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2312Q	1	1	0.00	99.56	25.00	Fucidin [LO]

FUSIDATE

Authority Required (STREAMLINED)

6133
Osteomyelitis
Clinical criteria:

- The condition must be methicillin-resistant staphylococcal aureus (MRSA), **AND**
- The treatment must be used in combination with other anti-staphylococcal antibiotics.

sodium fusidate 250 mg tablet, 36

10782L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	1	0.00	*188.28	25.00	Fucidin [LO]

Imidazole derivatives

METRONIDAZOLE

metronidazole 200 mg tablet, 21

1636D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP MW	1	1	0.00	17.10	18.64	[a] Metrogyl 200 [XT]	[a] METRONIDAMED [DZ]

metronidazole 200 mg tablet, 21

3339R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
DP	1	0	0.00	17.10	18.64	[a] Metrogyl 200 [XT]	[a] METRONIDAMED [DZ]

metronidazole 200 mg/5 mL oral liquid, 100 mL

1630T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP MW	‡1	0	0.00	32.56	25.00	Flagyl S [VJ]

metronidazole 200 mg/5 mL oral liquid, 100 mL

3341W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
DP	‡1	0	0.00	32.56	25.00	Flagyl S [VJ]

metronidazole 500 mg suppository, 10

1642K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	0	0.00	41.95	25.00	Flagyl [VJ]

metronidazole 500 mg suppository, 10

5157K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
DP	‡1	0	0.00	41.95	25.00	Flagyl [VJ]

METRONIDAZOLE

Restricted benefit
5702
Anaerobic infections

metronidazole 400 mg tablet, 21

1621H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP MW	1	1	0.00	17.87	19.41	[a] Metrogyl 400 [XT]	[a] METRONIDAMED [DZ]
			[B]2.49	20.36	19.41	[a] Flagyl [VJ]	

METRONIDAZOLE

Restricted benefit
5701
Anaerobic infections

metronidazole 400 mg tablet, 21

5155H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
DP	1	0	0.00	17.87	19.41	[a] Metrogyl 400 [XT]	[a] METRONIDAMED [DZ]
			[B]2.49	20.36	19.41	[a] Flagyl [VJ]	

Nitrofuran derivatives

NITROFURANTOIN

Caution Nitrofurantoin may cause peripheral neuritis and severe pulmonary reactions.

nitrofurantoin 50 mg capsule, 30

1692C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP MW	1	1	0.00	24.03	25.00	[a] ARX-Nitrofurantoin [XT]	[a] Nitrofurantoin BNM [BZ]

nitrofurantoin 100 mg capsule, 30

1693D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP MW	1	1	0.00	27.93	25.00	[a] ARX-Nitrofurantoin [XT]	[a] Nitrofurantoin BNM [BZ]

Other antibacterials

METHENAMINE HIPPURATE

methenamine hippurate 1 g tablet, 100

3124K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	32.11	25.00	[a] APOHEALTH Urinary Tract Antibacterial [TX] [a] Hiprex [IL] [a] Uramet [AS]	[a] Chemists' Own Urinary Tract Antibacterial [RW] [a] Uraleev [NB]

METHENAMINE HIPPURATE

Restricted benefit

14238

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

methenamine hippurate 1 g tablet, 100

14005D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*49.86	25.00	[a] APOHEALTH Urinary Tract Antibacterial [TX] [a] Hiprex [IL] [a] Uramet [AS]	[a] Chemists' Own Urinary Tract Antibacterial [RW] [a] Uraleev [NB]

ANTIMYCOTICS FOR SYSTEMIC USE

ANTIMYCOTICS FOR SYSTEMIC USE

Triazole and tetrazole derivatives

FLUCONAZOLE

Note Not for use in vulvovaginal candida infections.

Authority Required (STREAMLINED)

15984

Cryptococcal meningitis

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authority Required (STREAMLINED)

15975

Cryptococcal meningitis

Clinical criteria:

- The treatment must be maintenance therapy, **AND**
- Patient must be immunosuppressed.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authority Required (STREAMLINED)

6023

Oropharyngeal candidiasis

Clinical criteria:

- Patient must be immunosuppressed.

Authority Required (STREAMLINED)

6030

Oropharyngeal candidiasis

Clinical criteria:

- The treatment must be for prophylaxis, **AND**
- Patient must be immunosuppressed.

Authority Required (STREAMLINED)

5989

Oesophageal candidiasis

Clinical criteria:

- Patient must be immunosuppressed.

Authority Required (STREAMLINED)

16034

Fungal infection

Clinical criteria:

- The condition must be serious or life-threatening.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

fluconazole 50 mg capsule, 28

1471K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	19.51	21.05	[a] Dizole 50 [XT]	[a] Fluconazole Sandoz [SZ]
						[a] Ozole [RA]	
			[B]7.41	26.92	21.05	[a] Diflucan [PF]	

fluconazole 100 mg capsule, 28

1472L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	24.32	25.00	[a] Dizole 100 [XT]	[a] Fluconazole Sandoz [SZ]
						[a] Ozole [RA]	
			[B]10.44	34.76	25.00	[a] Diflucan [PF]	

fluconazole 200 mg capsule, 28

1475P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	33.78	25.00	[a] APO-Fluconazole [TX]	[a] Dizole 200 [XT]
						[a] Fluconazole Sandoz [SZ]	[a] FLUCONAZOLE-WGR [WG]
						[a] Fluzole 200 [RW]	[a] Ozole [RA]
			[B]15.68	49.46	25.00	[a] Diflucan [PF]	

FLUCONAZOLE

Note Not for use in vulvovaginal candida infections.

Authority Required (STREAMLINED)

16141

Cryptococcal meningitis

Clinical criteria:

- Patient must be unable to take a solid dose form of fluconazole.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authority Required (STREAMLINED)

16148

Cryptococcal meningitis

Clinical criteria:

- The treatment must be maintenance therapy, **AND**
- Patient must be immunosuppressed, **AND**
- Patient must be unable to take a solid dose form of fluconazole.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authority Required (STREAMLINED)

6031

Oropharyngeal candidiasis

Clinical criteria:

- Patient must be immunosuppressed, **AND**
- Patient must be unable to take a solid dose form of fluconazole.

Authority Required (STREAMLINED)

6032

Oropharyngeal candidiasis

Clinical criteria:

- The treatment must be for prophylaxis, **AND**
- Patient must be immunosuppressed, **AND**
- Patient must be unable to take a solid dose form of fluconazole.

Authority Required (STREAMLINED)

6046

Oesophageal candidiasis

Clinical criteria:

- Patient must be immunosuppressed, **AND**
- Patient must be unable to take a solid dose form of fluconazole.

Authority Required (STREAMLINED)

16114

Fungal infection

Clinical criteria:

- The condition must be serious or life-threatening, **AND**
- Patient must be unable to take a solid dose form of fluconazole.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

fluconazole 50 mg/5 mL powder for oral liquid, 35 mL

5446P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	0	0.00	69.55	25.00	Diflucan [PF]

ITRACONAZOLE

Note Not for use in vulvovaginal candida infections.

Note Not for use in superficial mycoses

Note One capsule of itraconazole 50 mg (Lozanoc) is therapeutically equivalent to one 100 mg capsule of conventional itraconazole capsules. The recommended dose for Lozanoc is therefore half the recommended dose for conventional itraconazole capsules. Lozanoc 50 mg capsules and conventional itraconazole 100 mg capsules are not interchangeable.

Authority Required (STREAMLINED)

16119

Systemic aspergillosis

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authority Required (STREAMLINED)

15978

Systemic sporotrichosis

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authority Required (STREAMLINED)

16035

Systemic histoplasmosis

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authority Required (STREAMLINED)

16099

Disseminated pulmonary histoplasmosis infection

Treatment Phase: Treatment and maintenance therapy

Clinical criteria:

- Patient must be diagnosed with acquired immunodeficiency syndrome (AIDS).

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authority Required (STREAMLINED)

16101

Chronic pulmonary histoplasmosis infection

Treatment Phase: Treatment and maintenance therapy

Clinical criteria:

- Patient must be diagnosed with acquired immunodeficiency syndrome (AIDS).

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authority Required (STREAMLINED)

16073

Oropharyngeal candidiasis

Clinical criteria:

- Patient must be immunosuppressed.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authority Required (STREAMLINED)

16102

Oesophageal candidiasis

Clinical criteria:

- Patient must be immunosuppressed.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

itraconazole 50 mg capsule, 60

10732W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	115.83	25.00	Lozanoc [YN]

itraconazole 100 mg capsule, 60

8196J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	115.83	25.00	[a] Itracap [AF]	[a] ITRANOX [RW]
						[a] Itrazo [CR]	

POSACONAZOLE

Note Application for an increased maximum quantity to allow for up to 1 month's treatment and repeats sufficient for up to 6 months' treatment may be authorised.

Authority Required

16072

Invasive aspergillosis

Clinical criteria:

- Patient must be unable to tolerate alternative therapy; **OR**
- Patient must have disease refractory to alternative therapy.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authority Required

16117

Prophylaxis of invasive fungal infections including both yeasts and moulds

Clinical criteria:

- Patient must be considered at high risk of developing an invasive fungal infection due to anticipated neutropenia (an absolute neutrophil count less than 500 cells per cubic millimetre), for at least 10 days whilst receiving chemotherapy for acute myeloid leukaemia or myelodysplastic syndrome; **OR**
- Patient must be considered at high risk of developing an invasive fungal infection due to having acute graft versus host disease (GVHD) grade II, III or IV, or extensive chronic GVHD, and receiving intensive immunosuppressive therapy after allogeneic haematopoietic stem cell transplant.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Treatment of neutropenia should continue until recovery of the neutrophil count to at least 500 cells per cubic millimetre.

Patients who have had a previous invasive fungal infection should have secondary prophylaxis during subsequent episodes of neutropenia.

No more than 6 months therapy per episode will be PBS-subsidised

Authority Required

16096

Fungal infection

Clinical criteria:

- The condition must be fusariosis; **OR**
- The condition must be zygomycosis; **OR**
- The condition must be coccidioidomycosis; **OR**

- The condition must be chromoblastomycosis; **OR**
- The condition must be mycetoma, **AND**
- Patient must be unable to tolerate alternative therapy; **OR**
- Patient must have disease refractory to alternative therapy.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

posaconazole 100 mg modified release tablet, 24

10460M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	0	0.00	96.20	25.00	[a] Pharmacor Posaconazole [CR]	[a] Posaconazole ARX [XT]
						[a] POSACONAZOLE DR.REDDY'S [RZ]	[a] Posaconazole Juno [JU]
						[a] Posaconazole Sandoz [SZ]	[a] POSACONAZOLE-WGR [WG]
						[a] POSMED [DZ]	

VORICONAZOLE

Note For patients with graft versus host disease, acute myeloid leukaemia or myelodysplastic syndrome, applications for an increased maximum quantity to allow for up to 1 month's treatment and repeats sufficient for up to 6 months' treatment may be authorised.

Note For patients undergoing allogeneic haematopoietic stem cell transplant, applications for an increased maximum quantity to allow for up to 1 month's treatment and repeats sufficient for up to 2 months' treatment may be authorised.

Authority Required

16115

Prophylaxis of invasive fungal infections including both yeasts and moulds

Clinical criteria:

- Patient must be considered at high risk of developing an invasive fungal infection due to anticipated neutropenia (an absolute neutrophil count less than 500 cells per cubic millimetre) for at least 10 days whilst receiving chemotherapy for acute myeloid leukaemia or myelodysplastic syndrome; **OR**
- Patient must be considered at high risk of developing an invasive fungal infection due to having acute graft versus host disease (GVHD) grade II, III or IV, or, extensive chronic GVHD, whilst receiving intensive immunosuppressive therapy after allogeneic haematopoietic stem cell transplant; **OR**
- Patient must be undergoing allogeneic haematopoietic stem cell transplant using either bone marrow from an unrelated donor or umbilical cord blood (related or unrelated), and, be considered to be at high risk of developing an invasive fungal infection during the neutropenic phase prior to engraftment.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

voriconazole 40 mg/mL powder for oral liquid, 70 mL

10168E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	0	0.00	493.53	25.00	Vfend [PF]

voriconazole 50 mg tablet, 56

10173K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	0	0.00	47.80	25.00	[a] Voriconazole Sandoz [SZ]	[a] Vttack [AF]
						[a] Vzole [RW]	

voriconazole 200 mg tablet, 56

10198R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	0	0.00	149.80	25.00	[a] Voriconazole Sandoz [SZ]	[a] Vttack [AF]
						[a] Vzole [RW]	

VORICONAZOLE

Authority Required

16042

Definite or probable invasive aspergillosis

Treatment Phase: Treatment and maintenance therapy

Clinical criteria:

- Patient must be immunocompromised.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authority Required

16094

Serious fungal infections

Treatment Phase: Treatment and maintenance therapy

Clinical criteria:

- The condition must be caused by Scedosporium species; **OR**
- The condition must be caused by Fusarium species.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authority Required

15979

Serious Candida infections

Treatment Phase: Treatment and maintenance therapy

Clinical criteria:

- The condition must be caused by species not susceptible to fluconazole; **OR**
- The condition must be resistant to fluconazole; **OR**
- Patient must be unable to tolerate fluconazole.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authority Required

15981

Serious invasive mycosis infections

Treatment Phase: Treatment and maintenance therapy

Clinical criteria:

- The treatment must be for invasive mycosis infections other than definite or probable invasive aspergillosis.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

voriconazole 50 mg tablet, 56

9363T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	2	0.00	47.80	25.00	[a] Voriconazole Sandoz [SZ] [a] Vzole [RW]	[a] Vttack [AF]

voriconazole 200 mg tablet, 56

9364W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	2	0.00	149.80	25.00	[a] Voriconazole Sandoz [SZ] [a] Vzole [RW]	[a] Vttack [AF]

VORICONAZOLE

Note Application for an increased maximum quantity to allow for up to 1 month's treatment and repeats sufficient for up to 6 months' treatment may be authorised.

Authority Required

16042

Definite or probable invasive aspergillosis

Treatment Phase: Treatment and maintenance therapy

Clinical criteria:

- Patient must be immunocompromised.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authority Required

16094

Serious fungal infections

Treatment Phase: Treatment and maintenance therapy

Clinical criteria:

- The condition must be caused by Scedosporium species; **OR**
- The condition must be caused by Fusarium species.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authority Required

15979

Serious Candida infections

Treatment Phase: Treatment and maintenance therapy

Clinical criteria:

- The condition must be caused by species not susceptible to fluconazole; **OR**
- The condition must be resistant to fluconazole; **OR**
- Patient must be unable to tolerate fluconazole.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authority Required

15981

Serious invasive mycosis infections

Treatment Phase: Treatment and maintenance therapy

Clinical criteria:

- The treatment must be for invasive mycosis infections other than definite or probable invasive aspergillosis.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

voriconazole 40 mg/mL powder for oral liquid, 70 mL

9452L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	0	0.00	493.53	25.00	Vfend [PF]

ANTIMYCOBACTERIALS

DRUGS FOR TREATMENT OF TUBERCULOSIS

Antibiotics

RIFAMPICIN

Authority Required

16043

Mycobacterium ulcerans infection (Buruli ulcer)

Clinical criteria:

- The treatment must be used in combination with another antibiotic for the treatment of Buruli ulcer.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

rifampicin 150 mg capsule, 100

12190N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	0	0.00	190.50	25.00	Rimycin 150 [AF]

rifampicin 150 mg capsule, 10

12200D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	12	0	0.00	*226.68	25.00	Rimycin 150 [AF]

rifampicin 300 mg capsule, 10

12189M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	12	0	0.00	*108.72	25.00	Rimycin 300 [AF]

rifampicin 300 mg capsule, 100

12215X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	0	0.00	93.00	25.00	Rimycin 300 [AF]

Hydrazides

ISONIAZID

Restricted benefit

15956

For prescribing by certain health practitioners

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

isoniazid 100 mg tablet, 100

1554T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	2	0.00	22.38	23.92	Arrow Pharma Pty Ltd [RW]

DRUGS FOR TREATMENT OF LEPRA

Drugs for treatment of lepra

DAPSONE

Dapsone 50 mg tablet, 100

15168H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	1	0.00	319.77	25.00	DAPSOMED [DZ]

dapsone 100 mg tablet, 100

1272Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	1	0.00	390.28	25.00	[a] DAPSOMED [DZ]	[a] Link Medical Products Pty Ltd [LM]

DAPSONE

Note Pharmaceutical benefits that have the brand Dapsone Tablets, USP 25 mg (Rising Pharmaceuticals, USA) may be substituted for pharmaceutical benefits that have the brand Link Medical Products Pty Ltd in case of shortage.

dapsone 25 mg tablet, 100

8801F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	1	0.00	319.77	25.00	[a] Link Medical Products Pty Ltd [LM]

dapsone 25 mg tablet, 100

15517Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	1	0.00	297.93	25.00	[a] Dapsone Tablets, USP 25 mg (Rising Pharmaceuticals, USA) [LM]

RIFAMPICIN

Authority Required

15973

Leprosy

Population criteria:

- Patient must be an adult.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

rifampicin 150 mg capsule, 100

1982H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	0	0.00	190.50	25.00	Rimycin 150 [AF]

rifampicin 300 mg capsule, 100

1983J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	0	0.00	93.00	25.00	Rimycin 300 [AF]

RIFAMPICIN

Restricted benefit

16075

Meningococcal disease

Clinical criteria:

- The treatment must be for prophylaxis, **AND**
- Patient must be a carrier of the disease; **OR**
- Patient must be in close contact with people who have the disease.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Restricted benefit

16037

Haemophilus influenzae type B

Clinical criteria:

- The treatment must be for prophylaxis, **AND**
- Patient must be in contact with people who have the disease.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

rifampicin 100 mg/5 mL oral liquid, 60 mL

8025J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	0	0.00	27.11	25.00	Rifadin [SW]

rifampicin 150 mg capsule, 10

1981G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	0	0.00	31.61	25.00	Rimycin 150 [AF]

rifampicin 300 mg capsule, 10

1984K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	0	0.00	22.22	23.76	Rimycin 300 [AF]

ANTIVIRALS FOR SYSTEMIC USE

DIRECT ACTING ANTIVIRALS

Nucleosides and nucleotides excl. reverse transcriptase inhibitors

ACICLOVIR

Authority Required (STREAMLINED)

5936

Initial moderate to severe genital herpes

Microbiological confirmation of diagnosis [viral culture, antigen detection or nucleic acid amplification by polymerase chain reaction (PCR)] is desirable but need not delay treatment.

Note Aciclovir 200 mg is not PBS-subsidised for chickenpox, herpes zoster or herpes simplex infections other than genital herpes.

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

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

Note For item codes 1003T and 1555W, pharmaceutical benefits that have the form tablet 200 mg are equivalent for the purposes of substitution.

aciclovir 200 mg tablet, 25

1003T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	0	0.00	*24.24	25.00	[a] Aciclovir Sandoz [HX]

aciclovir 200 mg tablet, 50

1555W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	0	0.00	24.16	25.00	[a] APO-Aciclovir [TX]	[a] ARX-ACICLOVIR [XT]

ACICLOVIR

Note Aciclovir 200 mg is not PBS-subsidised for chickenpox, herpes zoster or herpes simplex infections other than genital herpes.

Authority Required (STREAMLINED)

5942

Recurrent moderate to severe genital herpes

Treatment Phase: Episodic treatment or suppressive therapy

Microbiological confirmation of diagnosis [viral culture, antigen detection or nucleic acid amplification by polymerase chain reaction (PCR)] is desirable but need not delay treatment.

aciclovir 200 mg tablet, 90

1007B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP MW	1	5	0.00	32.01	25.00	[a] Aciclovir GH [GQ]	[a] Aciclovir Sandoz [HX]
						[a] ACICLOVIR-WGR [WG]	[a] APO-Aciclovir [TX]
						[a] ARX-ACICLOVIR [XT]	

ACICLOVIR

Authority Required (STREAMLINED)

5967

Herpes zoster

Clinical criteria:

- The treatment must be administered within 72 hours of the onset of the rash.

Note This drug is only effective if commenced within 72 hours of onset of rash.

Note Aciclovir 800 mg is not PBS-subsidised for herpes simplex or chickenpox.

Note No applications for repeats will be authorised.

Authority Required (STREAMLINED)

5959

Herpes zoster ophthalmicus

Note This drug is only effective if commenced within 72 hours of onset of rash.

Note Aciclovir 800 mg is not PBS-subsidised for herpes simplex or chickenpox.

Note No applications for repeats will be authorised.

aciclovir 800 mg tablet, 35

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1052J							
NP	1	0	0.00	35.72	25.00	[a] Aciclovir Sandoz [HX]	[a] ACICLOVIR-WGR [WG]
						[a] APO-Aciclovir [TX]	[a] ARX-ACICLOVIR [XT]

FAMCICLOVIR

Authority Required (STREAMLINED)

5937

Recurrent moderate to severe genital herpes

Treatment Phase: Episodic treatment

Microbiological confirmation of diagnosis [viral culture, antigen detection or nucleic acid amplification by polymerase chain reaction (PCR)] is desirable but need not delay treatment.

Note Famciclovir 250 mg is not PBS-subsidised for chickenpox or herpes simplex infections other than genital herpes.

famciclovir 250 mg tablet, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2274Q							
NP	1	1	0.00	32.46	25.00	[a] APO-Famciclovir [TX]	[a] FAMCICLOVIR-WGR [WG]
						[a] Famvir [IX]	[a] Favic 250 [RW]

FAMCICLOVIR

Authority Required (STREAMLINED)

5951

Herpes zoster

Clinical criteria:

- The treatment must be administered within 72 hours of the onset of the rash.

Note This drug is only effective if commenced within 72 hours of onset of rash.

Note Famciclovir 250 mg is not PBS-subsidised for chickenpox or herpes simplex infections other than genital herpes.

Note No applications for repeats will be authorised.

famciclovir 250 mg tablet, 21

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8002E							
NP	1	0	0.00	33.36	25.00	[a] APO-Famciclovir [TX]	[a] Ezovir [XT]
						[a] FAMCICLOVIR-WGR [WG]	[a] Famvir [IX]
						[a] Favic 250 [RW]	

FAMCICLOVIR

Authority Required (STREAMLINED)

5937

Recurrent moderate to severe genital herpes

Treatment Phase: Episodic treatment

Microbiological confirmation of diagnosis [viral culture, antigen detection or nucleic acid amplification by polymerase chain reaction (PCR)] is desirable but need not delay treatment.

Note Famciclovir 125 mg is not PBS-subsidised for chickenpox, herpes zoster or herpes simplex infections other than genital herpes.

famciclovir 125 mg tablet, 40

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8092X							
NP	1	1	0.00	32.46	25.00	[a] APO-Famciclovir [TX]	[a] Famvir [IX]
						[a] Favic 125 [RW]	

FAMCICLOVIR

Authority Required (STREAMLINED)

5971

Recurrent moderate to severe genital herpes

Treatment Phase: Suppressive therapy

Microbiological confirmation of diagnosis [viral culture, antigen detection or nucleic acid amplification by polymerase chain reaction (PCR)] is desirable but need not delay treatment.

Note Famciclovir 250 mg is not PBS-subsidised for chickenpox or herpes simplex infections other than genital herpes.

famciclovir 250 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8217L NP	1	5	0.00	65.03	25.00	[a] APO-Famciclovir [TX]	[a] Ezovir [XT]
						[a] FAMCICLOVIR-WGR [WG]	[a] Famvir [IX]
						[a] Favic 250 [RW]	

FAMCICLOVIR

Authority Required (STREAMLINED)

5943

Herpes zoster

Clinical criteria:

- Patient must be immunocompromised, **AND**
- The treatment must be administered within 72 hours of the onset of the rash.

Note This drug is only effective if commenced within 72 hours of onset of rash.

Note Famciclovir 500 mg is not PBS-subsidised for chickenpox.

Note Famciclovir 500 mg is not PBS-subsidised for herpes zoster, genital herpes or other herpes simplex infections in immunocompetent patients.

Note No applications for repeats will be authorised.

famciclovir 500 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8897G NP	1	0	0.00	41.52	25.00	[a] APO-Famciclovir [TX]	[a] FAMCICLOVIR-WGR [WG]
						[a] Famvir [IX]	[a] Favic 500 [RW]

FAMCICLOVIR

Authority Required (STREAMLINED)

5954

Recurrent moderate to severe genital herpes

Treatment Phase: Episodic treatment or suppressive therapy

Clinical criteria:

- Patient must be immunocompromised.

Microbiological confirmation of diagnosis [viral culture, antigen detection or nucleic acid amplification by polymerase chain reaction (PCR)] is desirable but need not delay treatment.

Note Famciclovir 500 mg is not PBS-subsidised for chickenpox.

Note Famciclovir 500 mg is not PBS-subsidised for herpes zoster, genital herpes or other herpes simplex infections in immunocompetent patients.

Authority Required (STREAMLINED)

5947

Recurrent moderate to severe oral or labial herpes

Treatment Phase: Episodic treatment

Clinical criteria:

- Patient must have HIV infection, **AND**
- Patient must have a CD4 cell count of less than 500 million per litre.

Microbiological confirmation of diagnosis [viral culture, antigen detection or nucleic acid amplification by polymerase chain reaction (PCR)] is desirable but need not delay treatment.

Note Famciclovir 500 mg is not PBS-subsidised for chickenpox.

Note Famciclovir 500 mg is not PBS-subsidised for herpes zoster, genital herpes or other herpes simplex infections in immunocompetent patients.

Authority Required (STREAMLINED)

5948

Recurrent moderate to severe oral or labial herpes

Treatment Phase: Suppressive therapy

Clinical criteria:

- Patient must have HIV infection, **AND**
- Patient must have CD4 cell counts of less than 150 million per litre.

Microbiological confirmation of diagnosis [viral culture, antigen detection or nucleic acid amplification by polymerase chain reaction (PCR)] is desirable but need not delay treatment.

Note Famciclovir 500 mg is not PBS-subsidised for chickenpox.

Note Famciclovir 500 mg is not PBS-subsidised for herpes zoster, genital herpes or other herpes simplex infections in immunocompetent patients.

Authority Required (STREAMLINED)

5949

Recurrent moderate to severe oral or labial herpes

Treatment Phase: Suppressive therapy

Clinical criteria:

- Patient must have HIV infection, **AND**
- Patient must present with other opportunistic infections or AIDS defining tumours.

Microbiological confirmation of diagnosis [viral culture, antigen detection or nucleic acid amplification by polymerase chain reaction (PCR)] is desirable but need not delay treatment.

Note Famciclovir 500 mg is not PBS-subsidised for chickenpox.

Note Famciclovir 500 mg is not PBS-subsidised for herpes zoster, genital herpes or other herpes simplex infections in immunocompetent patients.

famciclovir 500 mg tablet, 56

8896F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	65.06	25.00	[a] APO-Famciclovir [TX]	[a] Ezovir [XT]
						[a] FAMCICLOVIR-WGR [WG]	[a] Famvir [IX]
						[a] Favic 500 [RW]	

MOLNUPIRAVIR

Note Details of the Liverpool COVID-19 Drug interaction checker can be found at: https://www.covid19-druginteractions.org/checker

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

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

Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)

16190

SARS-CoV-2 infection

Clinical criteria:

- The treatment must be for use when nirmatrelvir (&) ritonavir is contraindicated, **AND**
- Patient must have received a positive nucleic acid test result; **OR**
- Patient must have received a positive rapid antigen test (RAT) result, **AND**
- Patient must not require hospitalisation for COVID-19 infection at the time of prescribing, **AND**
- The treatment must be initiated within 5 days of symptom onset; **OR**
- The treatment must be initiated as soon as possible after a diagnosis is confirmed where asymptomatic.

Population criteria:

- Patient must be at least 70 years of age.

Access to this drug through this restriction is permitted irrespective of vaccination status.

Where nucleic acid testing is used to confirm diagnosis, the result, testing date, location and test provider must be recorded on the patient record.

Where a RAT is used to confirm diagnosis, available information about the test result, testing date, location and test provider (where relevant) must be recorded on the patient record.

This drug is not PBS-subsidised for pre-exposure or post-exposure prophylaxis for the prevention of SARS-CoV-2 infection.

For the purpose of administering this restriction, the contraindications to nirmatrelvir (&) ritonavir can be found using the Liverpool COVID-19 Drug interaction checker or the TGA-approved Product Information for Paxlovid.

Details/reasons of contraindications to nirmatrelvir (&) ritonavir must be documented in the patient's medical records.

Authority Required (STREAMLINED)

16191

SARS-CoV-2 infection

Clinical criteria:

- The treatment must be for use when nirmatrelvir (&) ritonavir is contraindicated, **AND**
- Patient must have received a positive nucleic acid test result; **OR**
- Patient must have received a positive rapid antigen test (RAT) result, **AND**
- Patient must have at least one sign or symptom attributable to COVID-19, **AND**
- Patient must not require hospitalisation for COVID-19 infection at the time of prescribing, **AND**
- Patient must satisfy at least one of the following criteria: (i) be moderately to severely immunocompromised with risk of progression to severe COVID-19 disease due to the immunocompromised status, (ii) has experienced past COVID-19 infection resulting in hospitalisation, **AND**
- The treatment must be initiated within 5 days of symptom onset.

Population criteria:

- Patient must be at least 18 years of age.

For the purpose of administering this restriction, 'moderately to severely immunocompromised' patients are those with:

1. Any primary or acquired immunodeficiency including:

a. Haematologic neoplasms: leukaemias, lymphomas, myelodysplastic syndromes, multiple myeloma and other plasma cell disorders,

b. Post-transplant: solid organ (on immunosuppressive therapy), haematopoietic stem cell transplant (within 24 months),

c. Immunocompromised due to primary or acquired (HIV/AIDS) immunodeficiency; OR

2. Any significantly immunocompromising condition(s) where, in the last 3 months the patient has received:

a. Chemotherapy or whole body radiotherapy,

b. High-dose corticosteroids (at least 20 mg of prednisone per day, or equivalent) for at least 14 days in a month, or pulse corticosteroid therapy,

c. Biological agents and other treatments that deplete or inhibit B cell or T cell function (abatacept, anti-CD20 antibodies, BTK inhibitors, JAK inhibitors, sphingosine 1-phosphate receptor modulators, anti-CD52 antibodies, anti-complement antibodies, anti-thymocyte globulin),

d. Selected conventional synthetic disease-modifying anti-rheumatic drugs (csDMARDs) including mycophenolate, methotrexate, leflunomide, azathioprine, 6-mercaptopurine (at least 1.5mg/kg/day), alkylating agents (e.g. cyclophosphamide, chlorambucil), and systemic calcineurin inhibitors (e.g. cyclosporin, tacrolimus); OR

3. Any significantly immunocompromising condition(s) where, in the last 12 months the patient has received an anti-CD20 monoclonal antibody treatment, but criterion 2c above is not met; OR

4. Others with very high-risk conditions including Down Syndrome, cerebral palsy, congenital heart disease, thalassemia, sickle cell disease and other haemoglobinopathies; OR

5. People with disability with multiple comorbidities and/or frailty.

Details of the patient's medical condition necessitating use of this drug must be recorded in the patient's medical records

For the purpose of administering this restriction, signs or symptoms attributable to COVID-19 are: fever greater than 38 degrees Celsius, chills, cough, sore throat, shortness of breath or difficulty breathing with exertion, fatigue, nasal congestion, runny nose, headache, muscle or body aches, nausea, vomiting, diarrhea, loss of taste, loss of smell.

Access to this drug through this restriction is permitted irrespective of vaccination status.

Where nucleic acid testing is used to confirm diagnosis, the result, testing date, location and test provider must be recorded on the patient record.

Where a RAT is used to confirm diagnosis, available information about the test result, testing date, location and test provider (where relevant) must be recorded on the patient record.

This drug is not PBS-subsidised for pre-exposure or post-exposure prophylaxis for the prevention of SARS-CoV-2 infection.

For the purpose of administering this restriction, the contraindications to nirmatrelvir (&) ritonavir can be found using the Liverpool COVID-19 Drug interaction checker or the TGA-approved Product Information for Paxlovid.

Details/reasons of contraindications to nirmatrelvir (&) ritonavir must be documented in the patient's medical records.

Authority Required (STREAMLINED)

16200

SARS-CoV-2 infection

Clinical criteria:

- The treatment must be for use when nirmatrelvir (&) ritonavir is contraindicated, **AND**
- Patient must have received a positive nucleic acid test result; **OR**
- Patient must have received a positive rapid antigen test (RAT) result, **AND**
- Patient must have at least one sign or symptom attributable to COVID-19, **AND**
- Patient must not require hospitalisation for COVID-19 infection at the time of prescribing, **AND**
- The treatment must be initiated within 5 days of symptom onset.

Population criteria:

- Patient must be each of: (i) identify as Aboriginal or Torres Strait Islander, (ii) at least 30 years of age, (iii) at high risk.

For the purpose of administering this restriction, high risk is defined as the presence of at least one of the following conditions:

1. The patient is in residential aged care

2. The patient has disability with multiple comorbidities and/or frailty

3. Neurological conditions, including stroke and dementia and demyelinating conditions

4. Respiratory compromise, including COPD, moderate or severe asthma (required inhaled steroids), and bronchiectasis, or caused by neurological or musculoskeletal disease

5. Heart failure, coronary artery disease, cardiomyopathies

6. Obesity (BMI greater than 30 kg/m^2)

7. Diabetes type I or II, requiring medication for glycaemic control

8. Renal impairment (eGFR less than 60mL/min)

9. Cirrhosis

10. The patient has reduced, or lack of, access to higher level healthcare and lives in an area of geographic remoteness classified by the Modified Monash Model as Category 5 or above

11. Past COVID-19 infection episode resulting in hospitalisation.

Details of the patient's medical condition necessitating use of this drug must be recorded in the patient's medical records.

For the purpose of administering this restriction, signs or symptoms attributable to COVID-19 are: fever greater than 38 degrees Celsius, chills, cough, sore throat, shortness of breath or difficulty breathing with exertion, fatigue, nasal congestion, runny nose, headache, muscle or body aches, nausea, vomiting, diarrhea, loss of taste, loss of smell.

Access to this drug through this restriction is permitted irrespective of vaccination status.

Where nucleic acid testing is used to confirm diagnosis, the result, testing date, location and test provider must be recorded on the patient record.

Where a RAT is used to confirm diagnosis, available information about the test result, testing date, location and test provider (where relevant) must be recorded on the patient record.

This drug is not PBS-subsidised for pre-exposure or post-exposure prophylaxis for the prevention of SARS-CoV-2 infection.

For the purpose of administering this restriction, the contraindications to nirmatrelvir (&) ritonavir can be found using the Liverpool COVID-19 Drug interaction checker or the TGA-approved Product Information for Paxlovid.

Details/reasons of contraindications to nirmatrelvir (&) ritonavir must be documented in the patient's medical records.

Note The Modified Monash Model categorises an area according to geographical remoteness and town size. Details can be found at: https://www.health.gov.au/health-topics/rural-health-workforce/classifications/mmm

Authority Required (STREAMLINED)

16201

SARS-CoV-2 infection

Clinical criteria:

- The treatment must be for use when nirmatrelvir (&) ritonavir is contraindicated, **AND**
- Patient must have received a positive nucleic acid test result; **OR**
- Patient must have received a positive rapid antigen test (RAT) result, **AND**
- Patient must have at least one sign or symptom attributable to COVID-19, **AND**
- Patient must not require hospitalisation for COVID-19 infection at the time of prescribing, **AND**
- The treatment must be initiated within 5 days of symptom onset.

Population criteria:

- Patient must be both: (i) at least 50 years of age, (ii) at high risk.

For the purpose of administering this restriction, high risk is defined as either a past COVID-19 infection episode resulting in hospitalisation, or the presence of at least two of the following conditions:

1. The patient is in residential aged care,
2. The patient has disability with multiple comorbidities and/or frailty,
3. Neurological conditions, including stroke and dementia and demyelinating conditions,
4. Respiratory compromise, including COPD, moderate or severe asthma (required inhaled steroids), and bronchiectasis, or caused by neurological or musculoskeletal disease,
5. Heart failure, coronary artery disease, cardiomyopathies,
6. Obesity (BMI greater than 30 kg/m^2),
7. Diabetes type I or II, requiring medication for glycaemic control,
8. Renal impairment (eGFR less than 60mL/min),
9. Cirrhosis, or
10. The patient has reduced, or lack of, access to higher level healthcare and lives in an area of geographic remoteness classified by the Modified Monash Model as Category 5 or above.

Details of the patient's medical condition necessitating use of this drug must be recorded in the patient's medical records.

For the purpose of administering this restriction, signs or symptoms attributable to COVID-19 are: fever greater than 38 degrees Celsius, chills, cough, sore throat, shortness of breath or difficulty breathing with exertion, fatigue, nasal congestion, runny nose, headache, muscle or body aches, nausea, vomiting, diarrhea, loss of taste, loss of smell.

Access to this drug through this restriction is permitted irrespective of vaccination status.

Where nucleic acid testing is used to confirm diagnosis, the result, testing date, location and test provider must be recorded on the patient record.

Where a RAT is used to confirm diagnosis, available information about the test result, testing date, location and test provider (where relevant) must be recorded on the patient record.

This drug is not PBS-subsidised for pre-exposure or post-exposure prophylaxis for the prevention of SARS-CoV-2 infection.

For the purpose of administering this restriction, the contraindications to nirmatrelvir (&) ritonavir can be found using the Liverpool COVID-19 Drug interaction checker or the TGA-approved Product Information for Paxlovid.

Details/reasons of contraindications to nirmatrelvir (&) ritonavir must be documented in the patient's medical records.

Note The Modified Monash Model categorises an area according to geographical remoteness and town size. Details can be found at: https://www.health.gov.au/health-topics/rural-health-workforce/classifications/mmm

molnupiravir 200 mg capsule, 40

12910L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	0	0.00	1,091.36	25.00	Lagevrio [MK]

NP

VALACICLOVIR

Authority Required (STREAMLINED)

5960

Initial moderate to severe genital herpes

Microbiological confirmation of diagnosis [viral culture, antigen detection or nucleic acid amplification by polymerase chain reaction (PCR)] is desirable but need not delay treatment.

Note Valaciclovir 500 mg is not PBS-subsidised for chickenpox or herpes simplex infections other than genital herpes.
Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

valaciclovir 500 mg tablet, 10

8133C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	0	0.00	*22.84	24.38	[a] APX-Valaciclovir [TY]	[a] Vaclovir [AF]
						[a] Valaciclovir Sandoz [SZ]	[a] VALACICLOVIR-WGR [WG]
						[a] Zelitrex [RF]	
			[B]5.10	27.94	24.38	[a] Valtrex [RW]	

VALACICLOVIR

Authority Required (STREAMLINED)
5961
Recurrent moderate to severe genital herpes
Treatment Phase: Episodic treatment
Microbiological confirmation of diagnosis [viral culture, antigen detection or nucleic acid amplification by polymerase chain reaction (PCR)] is desirable but need not delay treatment.
Note Valaciclovir 500 mg is not PBS-subsidised for chickenpox or herpes simplex infections other than genital herpes.

valaciclovir 500 mg tablet, 30

8134D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	26.88	25.00	[a] APX-Valaciclovir [TY]	[a] Shilova 500 [ZS]
						[a] Vaclovir [AF]	[a] Valaciclovir RBX [RA]
						[a] Valaciclovir Sandoz [SZ]	[a] Valaciclovir SZ [HX]
						[a] VALACICLOVIR-WGR [WG]	[a] Zelitrex [RF]
			[B]2.35	29.23	25.00	[a] Valtrex [RW]	

VALACICLOVIR

Note Valaciclovir 500 mg is not PBS-subsidised for chickenpox or herpes simplex infections other than genital herpes.

Authority Required (STREAMLINED)
5940
Recurrent moderate to severe genital herpes
Treatment Phase: Suppressive therapy
Microbiological confirmation of diagnosis [viral culture, antigen detection or nucleic acid amplification by polymerase chain reaction (PCR)] is desirable but need not delay treatment.

valaciclovir 500 mg tablet, 30

5480K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP MW	1	5	0.00	26.88	25.00	[a] APX-Valaciclovir [TY]	[a] Shilova 500 [ZS]
						[a] Vaclovir [AF]	[a] Valaciclovir RBX [RA]
						[a] Valaciclovir Sandoz [SZ]	[a] Valaciclovir SZ [HX]
						[a] VALACICLOVIR-WGR [WG]	[a] Zelitrex [RF]
			[B]2.35	29.23	25.00	[a] Valtrex [RW]	

VALACICLOVIR

Authority Required (STREAMLINED)
5962
Herpes zoster
Clinical criteria:

- The treatment must be administered within 72 hours of the onset of the rash.

Note This drug is only effective if commenced within 72 hours of onset of rash.
Note Valaciclovir 500 mg is not PBS-subsidised for chickenpox or herpes simplex infections other than genital herpes.
Note No applications for repeats will be authorised.

Authority Required (STREAMLINED)
5968
Herpes zoster ophthalmicus
Note This drug is only effective if commenced within 72 hours of onset of rash.
Note Valaciclovir 500 mg is not PBS-subsidised for chickenpox or herpes simplex infections other than genital herpes.
Note No applications for repeats will be authorised.

valaciclovir 500 mg tablet, 42

8064K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	0	0.00	31.88	25.00	[a] APX-Valaciclovir [TY]	[a] Vaclovir [AF]

8064K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
						[a] Valaciclovir RBX [RA]	[a] Valaciclovir Sandoz [SZ]
						[a] VALACICLOVIR-WGR [WG]	[a] Zelitrex [RF]
			[B]2.36	34.24	25.00	[a] Valtrex [RW]	

Protease inhibitors

NIRMATRELVIR (&) RITONAVIR

Caution Nirmatrelvir with ritonavir has significant drug-drug interactions. Please refer to the TGA approved Paxlovid Product Information. Prescribers and dispensers should carefully review a patient's concomitant medications including over-the-counter medications, herbal supplements, and recreational drugs.

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

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

Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)

16155

SARS-CoV-2 infection

Clinical criteria:

- Patient must have received a positive nucleic acid test result; **OR**
- Patient must have received a positive rapid antigen test (RAT) result, **AND**
- Patient must not require hospitalisation for COVID-19 infection at the time of prescribing, **AND**
- The treatment must be initiated within 5 days of symptom onset; **OR**
- The treatment must be initiated as soon as possible after a diagnosis is confirmed where asymptomatic.

Population criteria:

- Patient must be at least 70 years of age.

Access to this drug through this restriction is permitted irrespective of vaccination status.

Where nucleic acid testing is used to confirm diagnosis, the result, testing date, location and test provider must be recorded on the patient record.

Where a RAT is used to confirm diagnosis, available information about the test result, testing date, location and test provider (where relevant) must be recorded on the patient record.

This drug is not PBS-subsidised for pre-exposure or post-exposure prophylaxis for the prevention of SARS-CoV-2 infection.

Authority Required (STREAMLINED)

16223

SARS-CoV-2 infection

Clinical criteria:

- Patient must have received a positive nucleic acid test result; **OR**
- Patient must have received a positive rapid antigen test (RAT) result, **AND**
- Patient must have at least one sign or symptom attributable to COVID-19, **AND**
- Patient must not require hospitalisation for COVID-19 infection at the time of prescribing, **AND**
- Patient must satisfy at least one of the following criteria: (i) be moderately to severely immunocompromised with risk of progression to severe COVID-19 disease due to the immunocompromised status, (ii) has experienced past COVID-19 infection resulting in hospitalisation, **AND**
- The treatment must be initiated within 5 days of symptom onset.

Population criteria:

- Patient must be at least 18 years of age.

For the purpose of administering this restriction, 'moderately to severely immunocompromised' patients are those with:

1. Any primary or acquired immunodeficiency including:

a. Haematologic neoplasms: leukaemias, lymphomas, myelodysplastic syndromes, multiple myeloma and other plasma cell disorders,

b. Post-transplant: solid organ (on immunosuppressive therapy), haematopoietic stem cell transplant (within 24 months),

c. Immunocompromised due to primary or acquired (HIV/AIDS) immunodeficiency; OR

2. Any significantly immunocompromising condition(s) where, in the last 3 months the patient has received:

a. Chemotherapy or whole body radiotherapy,

b. High-dose corticosteroids (at least 20 mg of prednisone per day, or equivalent) for at least 14 days in a month, or pulse corticosteroid therapy,

c. Biological agents and other treatments that deplete or inhibit B cell or T cell function (abatacept, anti-CD20 antibodies, BTK inhibitors, JAK inhibitors, sphingosine 1-phosphate receptor modulators, anti-CD52 antibodies, anti-complement antibodies, anti-thymocyte globulin),

d. Selected conventional synthetic disease-modifying anti-rheumatic drugs (csDMARDs) including mycophenolate, methotrexate, leflunomide, azathioprine, 6-mercaptopurine (at least 1.5mg/kg/day), alkylating agents (e.g. cyclophosphamide, chlorambucil), and systemic calcineurin inhibitors (e.g. cyclosporin, tacrolimus); OR

3. Any significantly immunocompromising condition(s) where, in the last 12 months the patient has received an anti-CD20 monoclonal antibody treatment, but criterion 2c above is not met; OR

4. Others with very high-risk conditions including Down Syndrome, cerebral palsy, congenital heart disease, thalassemia, sickle cell disease and other haemoglobinopathies; OR

5. People with disability with multiple comorbidities and/or frailty.

Details of the patient's medical condition necessitating use of this drug must be recorded in the patient's medical records

For the purpose of administering this restriction, signs or symptoms attributable to COVID-19 are: fever greater than 38 degrees Celsius, chills, cough, sore throat, shortness of breath or difficulty breathing with exertion, fatigue, nasal congestion, runny nose, headache, muscle or body aches, nausea, vomiting, diarrhea, loss of taste, loss of smell.

Access to this drug through this restriction is permitted irrespective of vaccination status.

Where nucleic acid testing is used to confirm diagnosis, the result, testing date, location and test provider must be recorded on the patient record.

Where a RAT is used to confirm diagnosis, available information about the test result, testing date, location and test provider (where relevant) must be recorded on the patient record.

This drug is not PBS-subsidised for pre-exposure or post-exposure prophylaxis for the prevention of SARS-CoV-2 infection.

Authority Required (STREAMLINED)

16192

SARS-CoV-2 infection

Clinical criteria:

- Patient must have received a positive nucleic acid test result; **OR**
- Patient must have received a positive rapid antigen test (RAT) result, **AND**
- Patient must have at least one sign or symptom attributable to COVID-19, **AND**
- Patient must not require hospitalisation for COVID-19 infection at the time of prescribing, **AND**
- The treatment must be initiated within 5 days of symptom onset.

Population criteria:

- Patient must be each of: (i) identify as Aboriginal or Torres Strait Islander, (ii) at least 30 years of age, (iii) at high risk.

For the purpose of administering this restriction, high risk is defined as the presence of at least one of the following conditions:

1. The patient is in residential aged care
2. The patient has disability with multiple comorbidities and/or frailty
3. Neurological conditions, including stroke and dementia and demyelinating conditions
4. Respiratory compromise, including COPD, moderate or severe asthma (required inhaled steroids), and bronchiectasis, or caused by neurological or musculoskeletal disease
5. Heart failure, coronary artery disease, cardiomyopathies
6. Obesity (BMI greater than 30 kg/m^2)
7. Diabetes type I or II, requiring medication for glycaemic control
8. Renal impairment (eGFR less than 60mL/min)
9. Cirrhosis
10. The patient has reduced, or lack of, access to higher level healthcare and lives in an area of geographic remoteness classified by the Modified Monash Model as Category 5 or above
11. Past COVID-19 infection episode resulting in hospitalisation.

Details of the patient's medical condition necessitating use of this drug must be recorded in the patient's medical records.

For the purpose of administering this restriction, signs or symptoms attributable to COVID-19 are: fever greater than 38 degrees Celsius, chills, cough, sore throat, shortness of breath or difficulty breathing with exertion, fatigue, nasal congestion, runny nose, headache, muscle or body aches, nausea, vomiting, diarrhea, loss of taste, loss of smell.

Access to this drug through this restriction is permitted irrespective of vaccination status.

Where nucleic acid testing is used to confirm diagnosis, the result, testing date, location and test provider must be recorded on the patient record.

Where a RAT is used to confirm diagnosis, available information about the test result, testing date, location and test provider (where relevant) must be recorded on the patient record.

This drug is not PBS-subsidised for pre-exposure or post-exposure prophylaxis for the prevention of SARS-CoV-2 infection.

Note The Modified Monash Model categorises an area according to geographical remoteness and town size. Details can be found at: https://www.health.gov.au/health-topics/rural-health-workforce/classifications/mmm

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Authority Required (STREAMLINED)

16156

SARS-CoV-2 infection

Clinical criteria:

- Patient must have received a positive nucleic acid test result; **OR**
- Patient must have received a positive rapid antigen test (RAT) result, **AND**
- Patient must have at least one sign or symptom attributable to COVID-19, **AND**
- Patient must not require hospitalisation for COVID-19 infection at the time of prescribing, **AND**
- The treatment must be initiated within 5 days of symptom onset.

Population criteria:

- Patient must be both: (i) at least 50 years of age, (ii) at high risk.

For the purpose of administering this restriction, high risk is defined as either a past COVID-19 infection episode resulting in hospitalisation, or the presence of at least two of the following conditions:

1. The patient is in residential aged care,
2. The patient has disability with multiple comorbidities and/or frailty,
3. Neurological conditions, including stroke and dementia and demyelinating conditions,

4. Respiratory compromise, including COPD, moderate or severe asthma (required inhaled steroids), and bronchiectasis, or caused by neurological or musculoskeletal disease,
5. Heart failure, coronary artery disease, cardiomyopathies,
6. Obesity (BMI greater than 30 kg/m^2),
7. Diabetes type I or II, requiring medication for glycaemic control,
8. Renal impairment (eGFR less than 60mL/min),
9. Cirrhosis, or
10. The patient has reduced, or lack of, access to higher level healthcare and lives in an area of geographic remoteness classified by the Modified Monash Model as Category 5 or above.

Details of the patient's medical condition necessitating use of this drug must be recorded in the patient's medical records.

For the purpose of administering this restriction, signs or symptoms attributable to COVID-19 are: fever greater than 38 degrees Celsius, chills, cough, sore throat, shortness of breath or difficulty breathing with exertion, fatigue, nasal congestion, runny nose, headache, muscle or body aches, nausea, vomiting, diarrhea, loss of taste, loss of smell.

Access to this drug through this restriction is permitted irrespective of vaccination status.

Where nucleic acid testing is used to confirm diagnosis, the result, testing date, location and test provider must be recorded on the patient record.

Where a RAT is used to confirm diagnosis, available information about the test result, testing date, location and test provider (where relevant) must be recorded on the patient record.

This drug is not PBS-subsidised for pre-exposure or post-exposure prophylaxis for the prevention of SARS-CoV-2 infection.

Note The Modified Monash Model categorises an area according to geographical remoteness and town size. Details can be found at: https://www.health.gov.au/health-topics/rural-health-workforce/classifications/mmm

nirmatrelvir 150 mg tablet [4] (&) ritonavir 100 mg tablet [2], 5 x 6

12996B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	0	0.00	1,104.51	25.00	Paxlovid [PF]

NP

Antivirals for treatment of HCV infections

GLECAPREVIR + PIBRENTASVIR

Authority Required

10268

Chronic hepatitis C infection

Clinical criteria:

- Patient must meet the criteria set out in the General Statement for Drugs for the Treatment of Hepatitis C, **AND**
- Patient must be taking this drug as part of a regimen set out in the matrix in the General Statement for Drugs for the Treatment of Hepatitis C, based on the hepatitis C virus genotype, patient treatment history and cirrhotic status, **AND**
- The treatment must be limited to a maximum duration of 16 weeks.

The application must include details of the prior treatment regimen containing an NS5A inhibitor.
The application must include details of the prior treatment regimen containing an NS5A inhibitor.

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

glecaprevir 100 mg + pibrentasvir 40 mg tablet, 84

11344C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	0.00	17,179.03	25.00	Maviret [VE]

NP

GLECAPREVIR + PIBRENTASVIR

Authority Required

7593

Chronic hepatitis C infection

Clinical criteria:

- Patient must meet the criteria set out in the General Statement for Drugs for the Treatment of Hepatitis C, **AND**
- Patient must be taking this drug as part of a regimen set out in the matrix in the General Statement for Drugs for the Treatment of Hepatitis C, based on the hepatitis C virus genotype, patient treatment history and cirrhotic status, **AND**
- The treatment must be limited to a maximum duration of 8 weeks.

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

glecaprevir 100 mg + pibrentasvir 40 mg tablet, 84

11353M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	0.00	17,179.03	25.00	Maviret [VE]

NP

GLECAPREVIR + PIBRENTASVIR

Authority Required

7615

Chronic hepatitis C infection

Clinical criteria:

- Patient must meet the criteria set out in the General Statement for Drugs for the Treatment of Hepatitis C, **AND**
- Patient must be taking this drug as part of a regimen set out in the matrix in the General Statement for Drugs for the Treatment of Hepatitis C, based on the hepatitis C virus genotype, patient treatment history and cirrhotic status, **AND**
- The treatment must be limited to a maximum duration of 12 weeks.

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

glecaprevir 100 mg + pibrentasvir 40 mg tablet, 84

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11354N NP	1	2	0.00	17,179.03	25.00	Maviret [VE]

SOFOSBUVIR + VELPATASVIR

Authority Required

5969

Chronic hepatitis C infection

Clinical criteria:

- Patient must meet the criteria set out in the General Statement for Drugs for the Treatment of Hepatitis C, **AND**
- Patient must be taking this drug as part of a regimen set out in the matrix in the General Statement for Drugs for the Treatment of Hepatitis C, based on the hepatitis C virus genotype, patient treatment history and cirrhotic status, **AND**
- The treatment must be limited to a maximum duration of 12 weeks.

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

sofosbuvir 400 mg + velpatasvir 100 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11147Q NP	1	2	0.00	12,207.36	25.00	Epclusa [GI]

SOFOSBUVIR + VELPATASVIR + VOXILAPREVIR

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority Required

10248

Chronic hepatitis C infection

Clinical criteria:

- Patient must meet the criteria set out in the General Statement for Drugs for the Treatment of Hepatitis C, **AND**
- Patient must be taking this drug as part of a regimen set out in the matrix in the General Statement for Drugs for the Treatment of Hepatitis C, based on the hepatitis C virus genotype, patient treatment history and cirrhotic status, **AND**
- The treatment must be limited to a maximum duration of 12 weeks.

The application must include details of the prior treatment regimen containing an NS5A inhibitor.
The application must include details of the prior treatment regimen containing an NS5A inhibitor.

sofosbuvir 400 mg + velpatasvir 100 mg + voxilaprevir 100 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11658N NP	1	2	0.00	12,207.36	25.00	Vosevi [GI]

Antivirals for treatment of HIV infections, combinations

TENOFOVIR DISOPROXIL + EMTRICITABINE

Note Pharmaceutical benefits that have the forms tenofovir disoproxil maleate 300 mg with emtricitabine 200 mg tablet, tenofovir disoproxil fumarate 300 mg with emtricitabine 200 mg tablet, and tenofovir disoproxil succinate 301 mg with emtricitabine 200 mg tablet are equivalent for the purposes of substitution.
Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Restricted benefit

11143

Pre-exposure prophylaxis (PrEP) against human immunodeficiency virus (HIV) infection

Clinical criteria:

- Patient must have at least one of the following prior to having the latest PBS-subsidised prescription issued: (i) a negative HIV test result no older than 4 weeks, (ii) evidence that an HIV test has been conducted, but the result is still forthcoming.

tenofovir disoproxil fumarate 300 mg + emtricitabine 200 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
11276L NP	1	5	0.00	35.22	25.00	[a] CIPLA TENOFOVIR + EMTRICITABINE 300/200 [LR] [a] TENOFOVIR/EMTRICITABINE 300/200 ARX [XT]	[a] TENOFOVIR/EMTRICITABINE 300/200 APX [XW] [a] Tenofovir/Emtricitabine Sandoz Pharma 300/200 [HX]

tenofovir disoproxil maleate 300 mg + emtricitabine 200 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11296M NP	1	5	0.00	35.22	25.00	[a] Tenofovir Disoproxil Emtricitabine Viatris 300/200 [AL]

tenofovir disoproxil succinate 301 mg + emtricitabine 200 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12542D NP	1	5	0.00	35.22	25.00	[a] Tenofovir/Emtricitabine Sandoz 301/200 [SZ]

TENOFOVIR DISOPROXIL + EMTRICITABINE

Note Pharmaceutical benefits that have the forms tenofovir disoproxil maleate 300 mg with emtricitabine 200 mg tablet, tenofovir disoproxil fumarate 300 mg with emtricitabine 200 mg tablet, and tenofovir disoproxil succinate 301 mg with emtricitabine 200 mg tablet are equivalent for the purposes of substitution.

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

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

Restricted benefit

18908

Pre-exposure prophylaxis (PrEP) against human immunodeficiency virus (HIV) infection

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have at least one of the following prior to having the latest PBS-subsidised prescription issued: (i) a negative HIV test result no older than 4 weeks, (ii) evidence that an HIV test has been conducted, but the result is still forthcoming.

tenofovir disoproxil maleate 300 mg + emtricitabine 200 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15366R NP	2	2	0.00	*56.08	25.00	[a] Tenofovir Disoproxil Emtricitabine Viatris 300/200 [AL]

tenofovir disoproxil fumarate 300 mg + emtricitabine 200 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
15383P NP	2	2	0.00	*56.08	25.00	[a] CIPLA TENOFOVIR + EMTRICITABINE 300/200 [LR] [a] TENOFOVIR/EMTRICITABINE 300/200 ARX [XT]	[a] TENOFOVIR/EMTRICITABINE 300/200 APX [XW]

tenofovir disoproxil succinate 301 mg + emtricitabine 200 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15410C NP	2	2	0.00	*56.08	25.00	[a] Tenofovir/Emtricitabine Sandoz 301/200 [SZ]

VACCINES

BACTERIAL VACCINES

Tetanus vaccines

DIPHTHERIA + TETANUS VACCINE

Note For immunisation of adults and children aged greater than or equal to 8 years.

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

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8783G NP	1	0	0.00	92.93	25.00	ADT Booster [CS]

ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

Nitrogen mustard analogues

CHLORAMBUCIL

chlorambucil 2 mg tablet, 25

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1163F	4	2	0.00	*133.76	25.00	Leukeran [AS]

CHLORMETHINE

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

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

Note Special Pricing Arrangements apply.

Authority Required

16145

Mycosis fungoides cutaneous T-cell lymphoma

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be any of: (i) Stage IA, (ii) IIA, (iii) IB mycosis fungoides cutaneous T-cell lymphoma, **AND**
- The condition must have been confirmed through a diagnostic lesion biopsy from an Approved Pathology Authority, **AND**
- The condition must cover either of which: (i) no more than 10% of the patient's body surface area, (ii) no more than 25% of the patient's body surface area, **AND**
- Patient must be treated by at least one of the following prescriber types (i) dermatologist, (ii) haematologist, **AND**
- The treatment must be approved for 1 unit if the condition is no more than 10% of the patient's body surface area to provide 4 weeks of treatment per script; **OR**
- The treatment must be approved for 2 units if the condition is no more than 25% of the patient's body surface area to provide 4 weeks of treatment per script.

Population criteria:

- Patient must be at least 18 years of age.

Confirmation of eligibility for treatment with diagnostic reports must be documented in the patient's medical records.

Authority Required

16054

Mycosis fungoides cutaneous T-cell lymphoma

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have developed disease progression while receiving PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must be treated by at least one of the following prescriber types (i) dermatologist, (ii) haematologist, **AND**
- The treatment must be approved for 1 unit if the condition is no more than 10% of the patient's body surface area to provide 4 weeks of treatment per script; **OR**
- The treatment must be approved for 2 units if the condition is no more than 25% of the patient's body surface area to provide 4 weeks of treatment per script.

chlormethine 0.016% (160 microgram/g) gel, 60 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14658L	2	5	0.00	*3,464.42	25.00	Ledaga [XT]

CYCLOPHOSPHAMIDE

Restricted benefit

17848

For prescribing by certain health practitioners

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

cyclophosphamide 50 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1266P NP	1	2	0.00	153.54	25.00	Cyclonex [GH]

MELPHALAN

melphalan 2 mg tablet, 25

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2547C	1	1	0.00	64.76	25.00	Alkeran [AS]

Alkyl sulfonates

BUSULFAN

busulfan 2 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1128J	1	0	0.00	78.41	25.00	Myleran [AS]

Nitrosoureas

CARMUSTINE

Restricted benefit

6056

Glioblastoma multiforme

Clinical criteria:

- The condition must be suspected or confirmed at the time of initial surgery.

Note Carmustine is not PBS-subsidised for use in conjunction with PBS-subsidised temozolomide.

carmustine 7.7 mg implant, 8

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8898H	‡1	0	0.00	11,320.68	25.00	Gliadel [EI]

Other alkylating agents

TEMOZOLOMIDE

Restricted benefit

17848

For prescribing by certain health practitioners

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

temozolomide 5 mg capsule, 5

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8378Y							
NP	1	5	0.00	18.60	20.14	[a] APO-Temozolomide [TX]	[a] Temizole 5 [AL]
						[a] Temozolomide Juno [JX]	

temozolomide 20 mg capsule, 5

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8379B							
NP	1	5	0.00	26.08	25.00	[a] APO-Temozolomide [TX]	[a] Temizole 20 [AL]
						[a] Temozolomide Juno [JX]	

temozolomide 100 mg capsule, 5

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8380C							
NP	1	5	0.00	64.62	25.00	[a] APO-Temozolomide [TX]	[a] Temizole 100 [AL]
						[a] Temozolomide Juno [JX]	

temozolomide 140 mg capsule, 5

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9362R							
NP	1	5	0.00	83.68	25.00	[a] APO-Temozolomide [TX]	[a] Temizole 140 [AL]
						[a] Temozolomide Juno [JX]	

temozolomide 180 mg capsule, 5

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2438H							
NP	1	5	0.00	118.55	25.00	[a] APO-Temozolomide [TX]	[a] Temozolomide Juno [JX]

temozolomide 250 mg capsule, 5

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8381D							
NP	1	5	0.00	134.74	25.00	[a] APO-Temozolomide [TX]	[a] Temizole 250 [AL]
						[a] Temozolomide Juno [JX]	

TEMOZOLOMIDE

Note Temozolomide is not PBS-subsidised for use in conjunction with PBS-subsidised carmustine.

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

Restricted benefit

17854

Glioblastoma multiforme

Treatment criteria:

- Patient must be undergoing concomitant radiotherapy, **AND**

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

temozolomide 5 mg capsule, 5

8819E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	3	2	0.00	*27.09	25.00	[a] APO-Temozolomide [TX]	[a] Temizole 5 [AL]
						[a] Temozolomide Juno [JX]	

temozolomide 20 mg capsule, 5

8820F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	3	2	0.00	*49.53	25.00	[a] APO-Temozolomide [TX]	[a] Temizole 20 [AL]
						[a] Temozolomide Juno [JX]	

temozolomide 100 mg capsule, 5

8821G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	3	2	0.00	*167.67	25.00	[a] APO-Temozolomide [TX]	[a] Temizole 100 [AL]
						[a] Temozolomide Juno [JX]	

temozolomide 140 mg capsule, 5

9361Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	3	2	0.00	*227.73	25.00	[a] APO-Temozolomide [TX]	[a] Temizole 140 [AL]
						[a] Temozolomide Juno [JX]	

temozolomide 180 mg capsule, 5

10062N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	3	2	0.00	*336.93	25.00	[a] APO-Temozolomide [TX]	[a] Temozolomide Juno [JX]

ANTIMETABOLITES

Folic acid analogues

METHOTREXATE

methotrexate 2.5 mg tablet, 30

1622J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	19.45	20.99	[a] ARX-Methotrexate [XT]	[a] Chexate [OX]
						[a] Methoblastin [PF]	

methotrexate 5 mg/2 mL injection, 5 x 2 mL vials

2396D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	0	0.00	42.34	25.00	DBL Methotrexate [PF]

methotrexate 10 mg tablet, 15

2272N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	3	0.00	24.86	25.00	[a] ARX-Methotrexate [XT]	[a] Chexate [OX]
						[a] Methoblastin [PF]	

methotrexate 10 mg tablet, 10

14643Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	21.36	22.90	[a] Chexate [OX]	[a] Methoblastin [PF]

methotrexate 50 mg/2 mL injection, 5 x 2 mL vials

2395C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	40.96	25.00	DBL Methotrexate [PF]

METHOTREXATE

Restricted benefit

5648

Patients requiring doses greater than 20 mg per week

methotrexate 10 mg tablet, 50

1623K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	2	0.00	49.35	25.00	[a] ARX-Methotrexate [XT]	[a] Chexate [OX]
						[a] Methoblastin [PF]	

METHOTREXATE

Restricted benefit

14238

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

methotrexate 50 mg/2 mL injection, 5 x 2 mL vials

13882P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	5	0.00	*67.56	25.00	DBL Methotrexate [PF]

Purine analogues

FLUDARABINE

fludarabine phosphate 10 mg tablet, 20

9184J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	0.00	920.46	25.00	Fludara [GZ]

MERCAPTOPURINE

Restricted benefit

17848

For prescribing by certain health practitioners

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

mercaptopurine monohydrate 20 mg/mL oral liquid, 100 mL

10214N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	2	0.00	455.09	25.00	Allmercap [LM]

mercaptopurine monohydrate 50 mg tablet, 25

1598D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	4	2	0.00	*165.32	25.00	[a] ARX-Mercaptopurine [XT]	[a] MERCAPTOPURINE-LINK [LM]
			[B]7.20	*172.52	25.00	[a] Purinethol [AS]	

TIOGUANINE

tioguanine 40 mg tablet, 25

1233X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	1	0.00	190.09	25.00	Lanvis [AS]

Pyrimidine analogues

AZACITIDINE

Caution Oral azacitidine should not be used interchangeably with injectable azacitidine due to differences in the exposure, dose and schedule of treatment.

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

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

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

Note Special Pricing Arrangements apply.

Authority Required

14332

Acute Myeloid Leukaemia

Treatment Phase: Treatment following intensive induction chemotherapy - Initial treatment

Clinical criteria:

- Patient must have demonstrated either: (i) first complete remission, (ii) complete remission with incomplete blood count recovery following intensive induction chemotherapy, **AND**
- Patient must not be a candidate for, including those who choose not to proceed to, haematopoietic stem cell transplantation, **AND**
- Patient must have, at the time of induction therapy, a cytogenetic risk classified as either: (i) intermediate-risk, (ii) poor-risk, **AND**
- Patient must not have undergone a stem cell transplant, **AND**
- Patient must not be receiving concomitant PBS-subsidised treatment with midostaurin.

A complete remission is defined as: bone marrow blasts of less than 5%, absence of blasts with Auer rods, absence of extramedullary disease, independent of blood transfusions and a recovery of peripheral blood counts with peripheral neutrophil count greater than 1.0 x 10^9/L and platelet count greater than or equal to 100 x 10^9/L.

A complete remission with incomplete blood count recovery is defined as bone marrow blasts of less than 5%, absence of blasts with Auer rods, absence of extramedullary disease, independent of blood transfusions and a recovery of peripheral blood counts with peripheral neutrophil count less than 1.0 x 10^9/L or platelet count less than 100 x 10^9/L.

Authority Required

14338

Acute Myeloid Leukaemia

Treatment Phase: Treatment following intensive induction chemotherapy - Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have, for reasons not attributable to any cause other than AML, no more than 15% blasts in either the: (i) bone marrow, (ii) peripheral blood, **AND**
- Patient must not be receiving concomitant PBS-subsidised treatment with midostaurin.

azacitidine 300 mg tablet, 7

13619T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	2	0.00	*13,647.68	25.00	Onureg [BQ]

AZACITIDINE

Caution Oral azacitidine should not be used interchangeably with injectable azacitidine due to differences in the exposure, dose and schedule of treatment.

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

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

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

Note Special Pricing Arrangements apply.

Authority Required

14338

Acute Myeloid Leukaemia

Treatment Phase: Treatment following intensive induction chemotherapy - Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have, for reasons not attributable to any cause other than AML, no more than 15% blasts in either the: (i) bone marrow, (ii) peripheral blood, **AND**
- Patient must not be receiving concomitant PBS-subsidised treatment with midostaurin.

azacitidine 200 mg tablet, 7

13623B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	2	0.00	*13,647.68	25.00	Onureg [BQ]

AZACITIDINE

Caution Oral azacitidine should not be used interchangeably with injectable azacitidine due to differences in the exposure, dose and schedule of treatment.

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

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

Applications for authorisation under this restriction should be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)

Alternatively, applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

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

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

Note Special Pricing Arrangements apply.

Authority Required

18334

Acute Myeloid Leukaemia

Treatment Phase: Dose escalation therapy - Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have, in order to extend the dose schedule as per the TGA-approved Product Information, between 5% to 15% blasts in either the: (i) bone marrow, (ii) peripheral blood, in conjunction with clinical assessment, **AND**
- Patient must not be receiving concomitant PBS-subsidised treatment with midostaurin.

Authority applications must be made via the Online PBS Authorities System (real time assessment), or in writing via HPOS form upload or mail:

If the application is submitted through HPOS form upload or mail, it must include:

(a) details of the proposed prescription; and

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

(c) details (date, unique identifying number/code or provider number) of the pathology report from an Approved Pathology Authority demonstrating the blast percentage.

All reports must be documented in the patient's medical records.

azacitidine 300 mg tablet, 7

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13624C	3	1	0.00	*20,416.83	25.00	Onureg [BQ]

CAPECITABINE

Restricted benefit

17848

For prescribing by certain health practitioners

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

capecitabine 500 mg tablet, 120

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8362D NP	1	2	0.00	61.75	25.00	Xelabine [AL]

DECITABINE + CEDAZURIDINE

Caution This drug is a category X drug and must not be given to pregnant women. Pregnancy in female patients must be avoided during treatment and for the 6-month period after cessation of treatment. Pregnancy in partners of male patients must be avoided during treatment and for the 3-month period after cessation of treatment.

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

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

Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)

13258

Acute Myeloid Leukaemia

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have progressive disease.

decitabine 35 mg + cedazuridine 100 mg tablet, 5

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13081L	1	5	0.00	4,926.36	25.00	Inqovi 35/100 [TJ]

DECITABINE + CEDAZURIDINE

Caution This drug is a category X drug and must not be given to pregnant women. Pregnancy in female patients must be avoided during treatment and for the 6-month period after cessation of treatment. Pregnancy in partners of male patients must be avoided during treatment and for the 3-month period after cessation of treatment.

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

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

Note Special Pricing Arrangements apply.

Authority Required

18491

Chronic Myelomonocytic Leukaemia

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be chronic myelomonocytic leukaemia confirmed through a bone marrow biopsy report and full blood examination report, **AND**
- The condition must have 10% to 29% marrow blasts without Myeloproliferative Disorder.

No more than 3 cycles will be authorised under this restriction in a patient's lifetime.

The first authority application must be made via the Online PBS Authorities System (real time assessment), or in writing via HPOS form upload or mail and must include:

(a) details (date, unique identifying number/code or provider number) of the bone marrow biopsy report from an Approved Pathology Authority demonstrating that the patient has chronic myelomonocytic leukaemia; and

(b) details (date, unique identifying number/code or provider number) of the full blood examination report from an Approved Pathology Authority

All reports must be documented in the patient's medical records.

If the application is submitted through HPOS form upload or mail, it must include:

(i) details of the proposed prescription; and

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

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

(a) bone marrow biopsy report demonstrating that the patient has chronic myelomonocytic leukaemia; and

(b) full blood examination report

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 888 333.

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

Applications for authorisation under this restriction should be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)

Alternatively, applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

PBS Authorities

GPO Box 9826

[Your capital city]

decitabine 35 mg + cedazuridine 100 mg tablet, 5

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13133F	1	2	0.00	4,926.36	25.00	Inqovi 35/100 [TJ]

DECITABINE + CEDAZURIDINE

Caution This drug is a category X drug and must not be given to pregnant women. Pregnancy in female patients must be avoided during treatment and for the 6-month period after cessation of treatment. Pregnancy in partners of male patients must be avoided during treatment and for the 3-month period after cessation of treatment.

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

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

Note Special Pricing Arrangements apply.

Authority Required

13267

Myelodysplastic syndrome

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be myelodysplastic syndrome confirmed through a bone marrow biopsy report and full blood examination, **AND**
- The condition must be classified as Intermediate-2 according to the International Prognostic Scoring System (IPSS); **OR**
- The condition must be classified as high risk according to the International Prognostic Scoring System (IPSS), **AND**
- The condition must have up to 20% marrow blasts according to World Health Organisation (WHO) Classification.

Classification of the condition as Intermediate-2 requires a score of 1.5 to 2.0 on the IPSS, achieved with the possible combinations:

(a) 11% to 20% marrow blasts with intermediate karyotypic status (other abnormalities), and 0 to 1 cytopenias; OR

(b) 11% to 20% marrow blasts with good karyotypic status (normal, -Y alone, del(5q) alone, del(20q) alone), and 2 to 3 cytopenias; OR

(c) 5% to 10% marrow blasts with poor karyotypic status (3 or more abnormalities or chromosome 7 anomalies), regardless of cytopenias; OR

(d) 5% to 10% marrow blasts with intermediate karyotypic status (other abnormalities), and 2 to 3 cytopenias; OR

(e) Less than 5% marrow blasts with poor karyotypic status (3 or more abnormalities or chromosome 7 anomalies), and 2 to 3 cytopenias.

Classification of the condition as high risk requires a score of 2.5 or more on the IPSS, achieved with the possible combinations:

(a) 11% to 20% marrow blasts with poor karyotypic status (3 or more abnormalities or chromosome 7 anomalies), regardless of cytopenias; OR

(b) 11% to 20% marrow blasts with intermediate karyotypic status (other abnormalities), and 2 to 3 cytopenias.

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

(a) The patient's International Prognostic Scoring System (IPSS) score.

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

(a) bone marrow biopsy report demonstrating that the patient has myelodysplastic syndrome; and

(b) full blood examination report; and

(c) pathology report detailing the cytogenetics demonstrating intermediate-2 or high-risk disease according to the International Prognostic Scoring System (IPSS).

No more than 3 cycles will be authorised under this restriction in a patient's lifetime.

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

Authority Required

13241

Acute Myeloid Leukaemia

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be acute myeloid leukaemia confirmed through a bone marrow biopsy report and full blood examination, **AND**
- The condition must have 20% to 30% marrow blasts and multi-lineage dysplasia, according to World Health Organisation (WHO) Classification.

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

(a) bone marrow biopsy report demonstrating that the patient has acute myeloid leukaemia; and

(b) full blood examination report.

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

decitabine 35 mg + cedazuridine 100 mg tablet, 5

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13087T	1	2	0.00	4,926.36	25.00	Inqovi 35/100 [TJ]

DECITABINE + CEDAZURIDINE

Caution This drug is a category X drug and must not be given to pregnant women. Pregnancy in female patients must be avoided during treatment and for the 6-month period after cessation of treatment. Pregnancy in partners of male patients must be avoided during treatment and for the 3-month period after cessation of treatment.

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

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

Note Special Pricing Arrangements apply.

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

Authority Required

13257

Myelodysplastic syndrome

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have progressive disease.

Up to 6 cycles will be authorised.

Authority Required

13165

Chronic Myelomonocytic Leukaemia

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have progressive disease.

Up to 6 cycles will be authorised.

decitabine 35 mg + cedazuridine 100 mg tablet, 5

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13107W	1	5	0.00	4,926.36	25.00	Inqovi 35/100 [TJ]

TRIFLURIDINE + TIPIRACIL

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

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

Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)

18518

Metastatic colorectal cancer

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have a WHO performance status of 1 or less, **AND**
- Patient must have been previously treated with or not considered a candidate for treatment with fluoropyrimidine, oxaliplatin, irinotecan-based chemotherapies, an anti-vascular endothelial growth factor (anti-VEGF) agent and an anti-epidermal growth factor receptor (anti-EGFR) agent for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

The patient's WHO performance status and body weight must be documented in the patient's medical records at the time the treatment is initiated.

Authority Required (STREAMLINED)

8183

Metastatic colorectal cancer

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously been treated with PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not develop progressive disease whilst receiving PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

trifluridine 15 mg + tipiracil 6.14 mg tablet, 20

11507P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	3	2	0.00	*2,322.00	25.00	Lonsurf 15/6.14 [SE]

trifluridine 20 mg + tipiracil 8.19 mg tablet, 20

11524M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	4	2	0.00	*4,042.96	25.00	Lonsurf 20/8.19 [SE]

TRIFLURIDINE + TIPIRACIL

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

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

Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)

18515

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

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have a WHO performance status of 1 or less, **AND**
- Patient must have previously received at least two prior lines of chemotherapy that included a fluoropyrimidine, a platinum and either a taxane or irinotecan, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

The patient's WHO performance status and body weight must be documented in the patient's medical records at the time the treatment is initiated.

Authority Required (STREAMLINED)

10310

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

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not develop progressive disease whilst receiving PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

trifluridine 15 mg + tipiracil 6.14 mg tablet, 20

12056M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	3	2	0.00	*2,322.00	25.00	Lonsurf 15/6.14 [SE]

trifluridine 20 mg + tipiracil 8.19 mg tablet, 20

12033H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	4	2	0.00	*4,042.96	25.00	Lonsurf 20/8.19 [SE]

PLANT ALKALOIDS AND OTHER NATURAL PRODUCTS

Vinca alkaloids and analogues

VINORELBINE

Authority Required

18015

Advanced breast cancer

Clinical criteria:

- Patient must have failed standard prior therapy, which includes an anthracycline.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

Authority Required

17855

Locally advanced or metastatic non-small cell lung cancer

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

vinorelbine 20 mg capsule, 1

9009E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	20	2	0.00	*845.64	25.00	Velabine [XT]

vinorelbine 30 mg capsule, 1

9010F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	16	2	0.00	*1,018.52	25.00	Velabine [XT]

Podophyllotoxin derivatives

ETOPOSIDE

etoposide 50 mg capsule, 20

1396L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	0	0.00	437.69	25.00	Vepesid [LM]

etoposide 100 mg capsule, 10

1389D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	0	0.00	382.47	25.00	Vepesid [LM]

PROTEIN KINASE INHIBITORS

BCR-ABL tyrosine kinase inhibitors

ASCIMINIB

Note TREATMENT OF PATIENTS WITH CHRONIC MYELOID LEUKAEMIA

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of tyrosine kinase inhibitors (TKI) agents for chronic myeloid leukaemia (CML).

Where the term TKI agent appears in the following notes and restrictions it refers to imatinib, dasatinib, nilotinib, ponatinib or asciminib.

Patients are eligible for PBS-subsidised treatment with only one TKI agent at any one time and must not be receiving concomitant interferon alfa therapy.

Where a patient has previously received PBS-subsidised treatment with a TKI agent, no approval will be granted for PBS-subsidised re-treatment of chronic myeloid leukaemia where that patient has at any time not met the response criteria whilst being treated with that TKI agent.

For continuing applications patients must demonstrate a response to PBS-subsidised treatment and a pathology report demonstrating the patient has responded to the initial course of treatment must be documented in the patient's medical records.

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

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

Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)

19234

Chronic Myeloid Leukaemia (CML)

Treatment Phase: Continuing treatment for patients without T315I mutation

Clinical criteria:

- Patient must have received initial PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must be undergoing first continuing treatment with this drug, demonstrating either (i) a major cytogenetic response (ii) a peripheral blood level of BCR-ABL of less than 1%; **OR**
- Patient must be undergoing subsequent continuing treatment with this drug, demonstrating a response at 12-monthly intervals of either: (i) a major cytogenetic response (ii) a peripheral blood level of BCR-ABL of less than 1%, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

asciminib 20 mg tablet, 60

13268H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	6,265.11	25.00	Scemblix [NV]

asciminib 40 mg tablet, 60

13259W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	6,265.11	25.00	Scemblix [NV]

ASCIMINIB

Note TREATMENT OF PATIENTS WITH CHRONIC MYELOID LEUKAEMIA

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of tyrosine kinase inhibitors (TKI) agents for chronic myeloid leukaemia (CML).

Where the term TKI agent appears in the following notes and restrictions it refers to imatinib, dasatinib, nilotinib, ponatinib or asciminib.

Patients are eligible for PBS-subsidised treatment with only one TKI agent at any one time and must not be receiving concomitant interferon alfa therapy.

Where a patient has previously received PBS-subsidised treatment with a TKI agent, no approval will be granted for PBS-subsidised re-treatment of chronic myeloid leukaemia where that patient has at any time not met the response criteria whilst being treated with that TKI agent.

For continuing applications patients must demonstrate a response to PBS-subsidised treatment and a pathology report demonstrating the patient has responded to the initial course of treatment must be documented in the patient's medical records.

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

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

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

Note Special Pricing Arrangements apply.

Authority Required

19260

Chronic Myeloid Leukaemia (CML)

Treatment Phase: Initial PBS-subsidised treatment for patients without T315I mutation

Clinical criteria:

- The condition must not be in the blast phase, **AND**
- Patient must have experienced an inadequate response to an adequate trial of at least two tyrosine kinase inhibitors; **OR**
- Patient must have experienced intolerance, not an inadequate response, to at least two tyrosine kinase inhibitors; **OR**
- Patient must have experienced an inadequate response to an adequate trial of at least one tyrosine kinase inhibitor with intolerance to at least another tyrosine kinase inhibitor, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Blast phase defined according to the latest WHO criteria.

A pathology cytogenetic report from an Approved Pathology Authority conducted on peripheral blood or bone marrow supporting the diagnosis of chronic myeloid leukaemia to confirm eligibility for treatment, or a qualitative PCR report documenting the presence of the BCR-ABL transcript in either peripheral blood or bone marrow must be documented in the patient's medical records.

asciminib 20 mg tablet, 60

13248G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	0.00	6,265.11	25.00	Scemblix [NV]

asciminib 40 mg tablet, 60

13264D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	0.00	6,265.11	25.00	Scemblix [NV]

ASCIMINIB

Note TREATMENT OF PATIENTS WITH CHRONIC MYELOID LEUKAEMIA

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of tyrosine kinase inhibitors (TKI) agents for chronic myeloid leukaemia (CML).

Where the term TKI agent appears in the following notes and restrictions it refers to imatinib, dasatinib, nilotinib, ponatinib or asciminib.

Patients are eligible for PBS-subsidised treatment with only one TKI agent at any one time and must not be receiving concomitant interferon alfa therapy.

Where a patient has previously received PBS-subsidised treatment with a TKI agent, no approval will be granted for PBS-subsidised re-treatment of chronic myeloid leukaemia where that patient has at any time not met the response criteria whilst being treated with that TKI agent.

For continuing applications patients must demonstrate a response to PBS-subsidised treatment and a pathology report demonstrating the patient has responded to the initial course of treatment must be documented in the patient's medical records.

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

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

Applications for authorisation under this restriction should be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)

Alternatively, applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

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

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

Note Special Pricing Arrangements apply.

Authority Required

19277

Chronic Myeloid Leukaemia (CML)

Treatment Phase: Initial PBS-subsidised treatment for patients with T315I mutation

Clinical criteria:

- The condition must not be in the blast phase, **AND**
- Patient must be expressing the T315I mutation confirmed through a bone marrow biopsy pathology report, **AND**
- The condition must be expressing the Philadelphia chromosome confirmed through cytogenetic analysis; **OR**
- The condition must have the transcript BCR-ABL tyrosine kinase confirmed through quantitative polymerase chain reaction (PCR), **AND**
- Patient must have experienced an inadequate response to an adequate trial of at least one tyrosine kinase inhibitor as confirmed through a pathology report from an Approved Pathology Authority; **OR**
- Patient must have experienced intolerance, not an inadequate response, to at least one tyrosine kinase inhibitor, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Treatment criteria:

- Must be treated by a medical practitioner.

The authority application must be made via the Online PBS Authorities System (real time assessment), or in writing via HPOS form upload or mail and must include:

(i) details (date, unique identifying number/code or provider number) of a bone marrow biopsy pathology report demonstrating the patient has active chronic myeloid leukaemia, either manifest as cytogenetic evidence of the Philadelphia chromosome; or

(ii) details (date, unique identifying number/code or provider number) of a bone marrow biopsy/peripheral blood pathology report demonstrating RT-PCR level of BCR-ABL transcript greater than 0.1% on the international scale; and

(iii) details (date, unique identifying number/code or provider number) of a bone marrow biopsy pathology report demonstrating evidence of the T315I mutation; and

(iv) where there has been a loss of response to imatinib or dasatinib or nilotinib, details (date, unique identifying number/code or provider number) of the confirming pathology report(s) from an Approved Pathology Authority or details of the dates of assessment in the case of progressive splenomegaly or extramedullary involvement.

All reports must be documented in the patient's medical records.

If the application is submitted through HPOS form upload or mail, it must include:

(i) details of the proposed prescription; and

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

Patients are eligible for PBS-subsidised treatment with only one of imatinib, dasatinib, nilotinib, ponatinib or asciminib at any one time and must not be receiving concomitant interferon alfa therapy

Up to a maximum of 18 months of treatment may be authorised under this initial restriction.

Blast phase defined according to the latest WHO criteria.

A pathology cytogenetic report from an Approved Pathology Authority conducted on peripheral blood or bone marrow supporting the diagnosis of chronic myeloid leukaemia to confirm eligibility for treatment, or a qualitative PCR report documenting the presence of the BCR-ABL transcript in either peripheral blood or bone marrow must be documented in the patient's medical records.

Authority Required

19218

Chronic Myeloid Leukaemia (CML)

Treatment Phase: Continuing Treatment for patients with T315I mutation

Clinical criteria:

- Patient must have received initial PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must be undergoing first continuing treatment with this drug, demonstrating either (i) a major cytogenetic response (ii) a peripheral blood level of BCR-ABL of less than 1%; **OR**
- Patient must be undergoing subsequent continuing treatment with this drug, demonstrating a 12-month response of either (i) a major cytogenetic response (ii) a peripheral blood level of BCR-ABL of less than 1%.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

A major cytogenetic response [see Note explaining requirements] or a peripheral blood level of BCR-ABL of less than 1% on the international scale [see Note explaining requirements] must be documented in the patient's medical records.

The continuing application for authorisation must be made via the Online PBS Authorities System (real time assessment), or in writing via HPOS form upload or mail and must include:

(i) details (date, unique identifying number/code or provider number) of the pathology report from an Approved Pathology Authority demonstrating a major cytogenetic response [see Note explaining definitions of response]; or

(ii) details (date, unique identifying number/code or provider number) of the pathology report from an Approved Pathology Authority demonstrating a peripheral blood level of BCR-ABL of less than 1% on the international scale [see Note explaining definitions of response].

All reports must be documented in the patient's medical records.

If the application is submitted through HPOS form upload or mail, it must include:

(i) details of the proposed prescription; and

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

Patients are eligible for PBS-subsidised treatment with only one of imatinib, dasatinib, nilotinib, ponatinib or asciminib at any one time and must not be receiving concomitant interferon alfa therapy

asciminib 40 mg tablet, 60

13260X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	5	5	0.00	*30,888.09	25.00	Scemblix [NV]

DASATINIB

Note TREATMENT OF PATIENTS WITH CHRONIC MYELOID LEUKAEMIA

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of tyrosine kinase inhibitors (TKI) agents for chronic myeloid leukaemia (CML).

Where the term TKI agent appears in the following notes and restrictions it refers to imatinib, dasatinib, nilotinib, ponatinib or asciminib.

Patients are eligible for PBS-subsidised treatment with only one TKI agent at any one time and must not be receiving concomitant interferon alfa therapy.

Where a patient has previously received PBS-subsidised treatment with a TKI agent, no approval will be granted for PBS-subsidised re-treatment of chronic myeloid leukaemia where that patient has at any time not met the response criteria whilst being treated with that TKI agent.

For continuing applications patients must demonstrate a response to PBS-subsidised treatment and a pathology report demonstrating the patient has responded to the initial course of treatment must be documented in the patient's medical records.

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

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

Authority Required (STREAMLINED)

19225

Chronic Myeloid Leukaemia (CML)

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received initial PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must be responding to treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

dasatinib 20 mg tablet, 60

12869H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	177.22	25.00	[a] Dasatinib ARX [XT]	[a] Dasatinib Dr.Reddy's [RI]
						[a] Dasatinib Sandoz [SZ]	[a] Dasatinib SUN [RA]
						[a] DASATINIB-TEVA [TB]	[a] Dasatinib Viatris [AL]
						[a] Sprycel [BQ]	

dasatinib 50 mg tablet, 60

12843Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	285.85	25.00	[a] Dasatinib ARX [XT]	[a] Dasatinib Dr.Reddy's [RI]
						[a] Dasatinib Sandoz [SZ]	[a] Dasatinib SUN [RA]
						[a] DASATINIB-TEVA [TB]	[a] Dasatinib Viatris [AL]
						[a] Sprycel [BQ]	

dasatinib 70 mg tablet, 60

12890K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	351.66	25.00	[a] Dasatinib ARX [XT]	[a] Dasatinib Dr.Reddy's [RI]
						[a] Dasatinib Sandoz [SZ]	[a] Dasatinib SUN [RA]
						[a] DASATINIB-TEVA [TB]	[a] Dasatinib Viatris [AL]
						[a] Sprycel [BQ]	

dasatinib 100 mg tablet, 30

12889J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	285.85	25.00	[a] Dasatinib ARX [XT]	[a] Dasatinib Dr.Reddy's [RI]
						[a] Dasatinib Sandoz [SZ]	[a] Dasatinib SUN [RA]
						[a] DASATINIB-TEVA [TB]	[a] Dasatinib Viatris [AL]
						[a] Sprycel [BQ]	

DASATINIB

Note TREATMENT OF PATIENTS WITH CHRONIC MYELOID LEUKAEMIA

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of tyrosine kinase inhibitors (TKI) agents for chronic myeloid leukaemia (CML).

Where the term TKI agent appears in the following notes and restrictions it refers to imatinib, dasatinib, nilotinib, ponatinib or asciminib.

Patients are eligible for PBS-subsidised treatment with only one TKI agent at any one time and must not be receiving concomitant interferon alfa therapy.

Where a patient has previously received PBS-subsidised treatment with a TKI agent, no approval will be granted for PBS-subsidised re-treatment of chronic myeloid leukaemia where that patient has at any time not met the response criteria whilst being treated with that TKI agent.

For continuing applications patients must demonstrate a response to PBS-subsidised treatment and a pathology report demonstrating the patient has responded to the initial course of treatment must be documented in the patient's medical records.

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

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

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

Authority Required

19223

Chronic Myeloid Leukaemia (CML)

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have a primary diagnosis of chronic myeloid leukaemia, **AND**
- Patient must not have previously experienced an inadequate response to PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

A pathology cytogenetic report from an Approved Pathology Authority conducted on peripheral blood or bone marrow supporting the diagnosis of chronic myeloid leukaemia to confirm eligibility for treatment, or a qualitative PCR report documenting the presence of the BCR-ABL transcript in either peripheral blood or bone marrow must be documented in the patient's medical records.

dasatinib 20 mg tablet, 60

1354G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	0.00	177.22	25.00	[a] Dasatinib ARX [XT]	[a] Dasatinib Dr.Reddy's [RI]
						[a] Dasatinib Sandoz [SZ]	[a] Dasatinib SUN [RA]
						[a] DASATINIB-TEVA [TB]	[a] Dasatinib Viatris [AL]
						[a] Sprycel [BQ]	

dasatinib 50 mg tablet, 60

1381Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	0.00	285.85	25.00	[a] Dasatinib ARX [XT]	[a] Dasatinib Dr.Reddy's [RI]
						[a] Dasatinib Sandoz [SZ]	[a] Dasatinib SUN [RA]
						[a] DASATINIB-TEVA [TB]	[a] Dasatinib Viatris [AL]
						[a] Sprycel [BQ]	

dasatinib 70 mg tablet, 60

1415L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	0.00	351.66	25.00	[a] Dasatinib ARX [XT]	[a] Dasatinib Dr.Reddy's [RI]
						[a] Dasatinib Sandoz [SZ]	[a] Dasatinib SUN [RA]

1415L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
					[a] DASATINIB-TEVA [TB]	[a] Dasatinib Viatris [AL]
					[a] Sprycel [BQ]	

dasatinib 100 mg tablet, 30

1416M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	0.00	285.85	25.00	[a] Dasatinib ARX [XT]	[a] Dasatinib Dr.Reddy's [RI]
					[a] Dasatinib Sandoz [SZ]	[a] Dasatinib SUN [RA]
					[a] DASATINIB-TEVA [TB]	[a] Dasatinib Viatris [AL]
					[a] Sprycel [BQ]	

DASATINIB

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

Authority Required

17879

Acute lymphoblastic leukaemia

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be expressing the Philadelphia chromosome; **OR**
- The condition must have the transcript BCR-ABL, **AND**
- Patient must have failed treatment with chemotherapy, **AND**
- Patient must have failed treatment with imatinib, **AND**
- Patient must have failed an allogeneic haemopoietic stem cell transplantation if applicable.

Treatment criteria:

- Must be treated by a medical practitioner.

Failure of treatment is defined as either:

(i) Failure to achieve a complete morphological and cytogenetic remission after a minimum of 2 months treatment with intensive chemotherapy and imatinib;

(ii) Morphological or cytogenetic relapse of leukaemia after achieving a complete remission induced by chemotherapy and imatinib;

(iii) Morphological or cytogenetic relapse or persistence of leukaemia after allogeneic haemopoietic stem cell transplantation.

Patients must have active leukaemia, as defined by presence on current pathology assessments of either morphological infiltration of the bone marrow (greater than 5% lymphoblasts) or cerebrospinal fluid or other sites; OR the presence of cells expressing the Philadelphia chromosome on cytogenetic or FISH analysis in the bone marrow of patients in morphological remission.

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

(a) details of the proposed prescription; and

(b) a completed Acute Lymphoblastic Leukaemia Dasatinib PBS Authority Application - Supporting Information Form; and

(c) a pathology report demonstrating that the patient has active acute lymphoblastic leukaemia, either manifest as cytogenetic evidence of the Philadelphia chromosome, or morphological evidence of acute lymphoblastic leukaemia plus qualitative RT-PCR evidence of BCR-ABL transcript. The date of the relevant pathology report(s) need(s) to be provided.

Note Dasatinib will only be subsidised for patients with acute lymphoblastic leukaemia who are not receiving concomitant PBS-subsidised imatinib mesilate and who are not appropriate for an allogeneic haemopoietic stem cell transplant.

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

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

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

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

17984

Acute lymphoblastic leukaemia

Treatment Phase: Continuing treatment

Clinical criteria:

- The condition must be expressing the Philadelphia chromosome; **OR**
- The condition must have the transcript BCR-ABL, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition as second-line therapy following treatment with imatinib, **AND**

- The condition must not have progressed.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

Note Dasatinib will only be subsidised for patients with acute lymphoblastic leukaemia who are not receiving concomitant PBS-subsidised imatinib mesilate and who are not appropriate for an allogeneic haemopoietic stem cell transplant.

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

Authority Required

17821

Acute lymphoblastic leukaemia

Treatment Phase: Induction and Consolidation therapy

Clinical criteria:

- Patient must be newly diagnosed, **AND**
- The condition must be expressing the Philadelphia chromosome; **OR**
- The condition must have the transcript BCR-ABL, **AND**
- The treatment must be in combination with chemotherapy or corticosteroids, **AND**
- Patient must not have previously experienced a failure to respond to the PBS-subsidised first line treatment with this drug for this condition; **OR**
- Patient must have experienced intolerance, not a failure to respond, to initial PBS-subsidised treatment with imatinib as a first-line therapy for this condition.

Treatment criteria:

- Must be treated by a medical practitioner.

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

(a) details of the proposed prescription; and

(b) a completed Acute Lymphoblastic Leukaemia Dasatinib PBS Authority Application - Supporting Information Form; and

(c) a pathology cytogenetic report conducted on peripheral blood or bone marrow supporting the diagnosis of acute lymphoblastic leukaemia to confirm eligibility for treatment, with either cytogenetic evidence of the Philadelphia chromosome, or a qualitative PCR report documenting the presence of the BCR-ABL transcript in either peripheral blood or bone marrow. (The date of the relevant pathology report needs to be provided).

Note Allogeneic stem cell transplantation is the preferred therapy for eligible patients achieving a complete remission of Philadelphia positive acute lymphoblastic leukaemia.

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

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

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

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

17817

Acute lymphoblastic leukaemia

Treatment Phase: Maintenance of first complete remission

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition; **OR**
- Patient must have experienced intolerance, not a failure to respond, to continuing PBS-subsidised treatment with imatinib as a first-line therapy for this condition, **AND**
- The condition must be expressing the Philadelphia chromosome; **OR**
- The condition must have the transcript BCR-ABL, **AND**
- Patient must not have developed disease progression while receiving treatment with this drug for this condition.

Treatment criteria:

- Patient must be undergoing treatment with this drug that is occurring within the first 24 months from the first administered dose; **OR**
- Patient must be undergoing treatment with this drug that is occurring beyond the first 24 months from the first administered dose - the patient meets the conditions as outlined below, **AND**
- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

Conditions for PBS-subsidy beyond 24 months of treatment:

On the first occasion an authority application extends PBS-subsidy beyond 24 months, confirm that:

1) The condition is expressing the Philadelphia chromosome,

2) Measurable residual disease (MRD) is present,

3) MRD has been confirmed in at least one of: (i) marrow, (ii) peripheral blood,

4) MRD has been confirmed within the preceding 6 months of this authority application,

5) MRD has been ascertained by at least one of: (i) a molecular method, (ii) flow cytometry,

6) Allogenic stem cell transplantation is considered by the prescriber to be unsuitable for the patient.

For any subsequent authority application beyond the 24 month time mark, confirm that MRD has been detected within the preceding 12 months of this subsequent authority application. Where MRD has since become undetectable, confirm that PBS-subsidy has not exceeded a further 12 months duration from the date that MRD became undetectable.

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

dasatinib 20 mg tablet, 60

9125G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	2	0.00	177.22	25.00	[a] Dasatinib ARX [XT]	[a] Dasatinib Dr.Reddy's [RI]
						[a] Dasatinib Sandoz [SZ]	[a] Dasatinib SUN [RA]
						[a] DASATINIB-TEVA [TB]	[a] Dasatinib Viatris [AL]
						[a] Sprycel [BQ]	

dasatinib 50 mg tablet, 60

9126H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	2	0.00	285.85	25.00	[a] Dasatinib ARX [XT]	[a] Dasatinib Dr.Reddy's [RI]
						[a] Dasatinib Sandoz [SZ]	[a] Dasatinib SUN [RA]
						[a] DASATINIB-TEVA [TB]	[a] Dasatinib Viatris [AL]
						[a] Sprycel [BQ]	

dasatinib 70 mg tablet, 60

9127J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	2	0.00	351.66	25.00	[a] Dasatinib ARX [XT]	[a] Dasatinib Dr.Reddy's [RI]
						[a] Dasatinib Sandoz [SZ]	[a] Dasatinib SUN [RA]
						[a] DASATINIB-TEVA [TB]	[a] Dasatinib Viatris [AL]
						[a] Sprycel [BQ]	

dasatinib 100 mg tablet, 30

9343R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	2	0.00	285.85	25.00	[a] Dasatinib ARX [XT]	[a] Dasatinib Dr.Reddy's [RI]
						[a] Dasatinib Sandoz [SZ]	[a] Dasatinib SUN [RA]
						[a] DASATINIB-TEVA [TB]	[a] Dasatinib Viatris [AL]
						[a] Sprycel [BQ]	

IMATINIB

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

Note Pharmaceutical benefits that have the form imatinib tablet 100 mg and imatinib capsule 100 mg are equivalent for the purposes of substitution.

Authority Required

9238

Gastrointestinal stromal tumour

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be adjuvant to complete surgical resection of primary gastrointestinal stromal tumour (GIST), **AND**
- Patient must be at high risk of recurrence following complete surgical resection of primary GIST, **AND**
- The condition must be histologically confirmed by the detection of CD117 on immunohistochemical staining, **AND**
- The treatment must not exceed a dose of 400 mg per day for a period of 36 months in total (initial plus continuing therapy).

High risk of recurrence is defined as:

Primary GIST greater than 5 cm with a mitotic count of greater than 5/50 high power fields (HPF); or

Primary GIST greater than 10 cm with any mitotic rate; or

Primary GIST with a mitotic count of greater than 10/50 HPF.

A pathology report from an Approved Pathology Authority supporting the diagnosis of a gastrointestinal stromal tumour and confirming the presence of CD117 on immunohistochemical staining must be documented in the patient's medical records.

The pathology report must include the size and mitotic rate of the tumour, and the date of tumour resection, which must not be more than 3 months prior to treatment initiation must be recorded in the patient's medical records.

imatinib 100 mg tablet, 60

5443L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	0.00	97.83	25.00	[a] Gilmat [CR]	[a] Glivec [NV]
						[a] Imanib [AF]	[a] IMATINIB RBX [RA]
						[a] Imatinib Sandoz [SZ]	[a] Imatinib-Teva [TB]

imatinib 100 mg capsule, 60

12759M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	0.00	97.83	25.00	[a] ARX-IMATINIB [XT]	[a] IMATINIB-DRLA [RZ]

IMATINIB

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

Note Pharmaceutical benefits that have the form imatinib tablet 400 mg and imatinib capsule 400 mg are equivalent for the purposes of substitution.

Authority Required

9238

Gastrointestinal stromal tumour

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be adjuvant to complete surgical resection of primary gastrointestinal stromal tumour (GIST), **AND**
- Patient must be at high risk of recurrence following complete surgical resection of primary GIST, **AND**
- The condition must be histologically confirmed by the detection of CD117 on immunohistochemical staining, **AND**
- The treatment must not exceed a dose of 400 mg per day for a period of 36 months in total (initial plus continuing therapy).

High risk of recurrence is defined as:

Primary GIST greater than 5 cm with a mitotic count of greater than 5/50 high power fields (HPF); or

Primary GIST greater than 10 cm with any mitotic rate; or

Primary GIST with a mitotic count of greater than 10/50 HPF.

A pathology report from an Approved Pathology Authority supporting the diagnosis of a gastrointestinal stromal tumour and confirming the presence of CD117 on immunohistochemical staining must be documented in the patient's medical records.

The pathology report must include the size and mitotic rate of the tumour, and the date of tumour resection, which must not be more than 3 months prior to treatment initiation must be recorded in the patient's medical records.

imatinib 400 mg tablet, 30

5444M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	0.00	184.64	25.00	[a] Gilmat [CR]	[a] Glivec [NV]
						[a] Imanib [AF]	[a] IMATINIB RBX [RA]
						[a] Imatinib Sandoz [SZ]	[a] Imatinib-Teva [TB]

imatinib 400 mg capsule, 30

12681K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	0.00	184.64	25.00	[a] ARX-IMATINIB [XT]	[a] IMATINIB-DRLA [RZ]
						[a] Imatinib GH [GQ]	

IMATINIB

Note Pharmaceutical benefits that have the form imatinib tablet 100 mg and imatinib capsule 100 mg are equivalent for the purposes of substitution.

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

Authority Required

9240

Dermatofibrosarcoma protuberans

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be unresectable; **OR**
- The condition must be locally recurrent; **OR**
- The condition must be metastatic, **AND**
- The treatment must not exceed a maximum dose of 800 mg per day.

Details of unresectable tumour or site of the local recurrence or site(s) of metastatic disease must be documented in the patient's medical records.

imatinib 100 mg tablet, 60

9172R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	0.00	97.83	25.00	[a] Gilmat [CR]	[a] Glivec [NV]
						[a] Imanib [AF]	[a] IMATINIB RBX [RA]
						[a] Imatinib Sandoz [SZ]	[a] Imatinib-Teva [TB]

imatinib 100 mg capsule, 60

10942X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	0.00	97.83	25.00	[a] ARX-IMATINIB [XT]	[a] IMATINIB-DRLA [RZ]

IMATINIB

Note Pharmaceutical benefits that have the form imatinib tablet 400 mg and imatinib capsule 400 mg are equivalent for the purposes of substitution.

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

Authority Required

9240

Dermatofibrosarcoma protuberans

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be unresectable; **OR**
- The condition must be locally recurrent; **OR**
- The condition must be metastatic, **AND**
- The treatment must not exceed a maximum dose of 800 mg per day.

Details of unresectable tumour or site of the local recurrence or site(s) of metastatic disease must be documented in the patient's medical records.

imatinib 400 mg tablet, 30

9173T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	0.00	184.64	25.00	[a] Gilmat [CR]	[a] Glivec [NV]
						[a] Imanib [AF]	[a] IMATINIB RBX [RA]
						[a] Imatinib Sandoz [SZ]	[a] Imatinib-Teva [TB]

imatinib 400 mg capsule, 30

10933K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	0.00	184.64	25.00	[a] ARX-IMATINIB [XT]	[a] IMATINIB-DRLA [RZ]
						[a] Imatinib GH [GQ]	

IMATINIB

Note Pharmaceutical benefits that have the form imatinib tablet 100 mg and imatinib capsule 100 mg are equivalent for the purposes of substitution.

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

Authority Required

9274

Chronic eosinophilic leukaemia or Hypereosinophilic syndrome

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have confirmed evidence of carrying the FIP1L1-PDGFRA fusion gene, **AND**
- The treatment must not exceed a maximum dose of 400 mg per day.

A pathology report confirming the presence of the FIP1L1-PDGFRA fusion gene, a full blood examination report and details of organ involvement requiring treatment, including a copy of the radiology, nuclear medicine, respiratory function or anatomical pathology reports as appropriate must be documented in the patient's medical records.

imatinib 100 mg tablet, 60

9174W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	0.00	97.83	25.00	[a] Gilmat [CR]	[a] Glivec [NV]
						[a] Imanib [AF]	[a] IMATINIB RBX [RA]
						[a] Imatinib Sandoz [SZ]	[a] Imatinib-Teva [TB]

imatinib 100 mg capsule, 60

10941W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	0.00	97.83	25.00	[a] ARX-IMATINIB [XT]	[a] IMATINIB-DRLA [RZ]

IMATINIB

Note Pharmaceutical benefits that have the form imatinib tablet 400 mg and imatinib capsule 400 mg are equivalent for the purposes of substitution.

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

Authority Required

9274

Chronic eosinophilic leukaemia or Hypereosinophilic syndrome

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have confirmed evidence of carrying the FIP1L1-PDGFRA fusion gene, **AND**
- The treatment must not exceed a maximum dose of 400 mg per day.

A pathology report confirming the presence of the FIP1L1-PDGFRA fusion gene, a full blood examination report and details of organ involvement requiring treatment, including a copy of the radiology, nuclear medicine, respiratory function or anatomical pathology reports as appropriate must be documented in the patient's medical records.

imatinib 400 mg tablet, 30

9175X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	0.00	184.64	25.00	[a] Gilmat [CR]	[a] Glivec [NV]
					[a] Imanib [AF]	[a] IMATINIB RBX [RA]
					[a] Imatinib Sandoz [SZ]	[a] Imatinib-Teva [TB]

imatinib 400 mg capsule, 30

10925B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	0.00	184.64	25.00	[a] ARX-IMATINIB [XT]	[a] IMATINIB-DRLA [RZ]
					[a] Imatinib GH [GQ]	

IMATINIB

Note Pharmaceutical benefits that have the form imatinib tablet 100 mg and imatinib capsule 100 mg are equivalent for the purposes of substitution.

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

Authority Required

9276

Myelodysplastic or myeloproliferative disorder

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have confirmed evidence of a platelet-derived growth factor receptor (PDGFR) gene re-arrangement by standard karyotyping; **OR**
- Patient must have confirmed evidence of a platelet-derived growth factor receptor (PDGFR) gene re-arrangement by fluorescence in situ hybridization (FISH); **OR**
- Patient must have confirmed evidence of a platelet-derived growth factor receptor (PDGFR) gene re-arrangement by PDGFRB fusion gene transcript, **AND**
- Patient must have previously failed an adequate trial of conventional therapy with cytarabine; **OR**
- Patient must have previously failed an adequate trial of conventional therapy with etoposide; **OR**
- Patient must have previously failed an adequate trial of conventional therapy with hydroxycarbamide (hydroxyurea), **AND**
- The treatment must not exceed a maximum dose of 400 mg per day.

A bone marrow biopsy report demonstrating the presence of a myelodysplastic or myeloproliferative disorder, a pathology report confirming the platelet-derived growth factor receptor (PDGFR) gene re-arrangement and details of the prior trialled therapy and the response must be documented in the patient's medical records.

imatinib 100 mg tablet, 60

9176Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	0.00	97.83	25.00	[a] Gilmat [CR]	[a] Glivec [NV]
					[a] Imanib [AF]	[a] IMATINIB RBX [RA]
					[a] Imatinib Sandoz [SZ]	[a] Imatinib-Teva [TB]

imatinib 100 mg capsule, 60

10918P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	0.00	97.83	25.00	[a] ARX-IMATINIB [XT]	[a] IMATINIB-DRLA [RZ]

IMATINIB

Note Pharmaceutical benefits that have the form imatinib tablet 400 mg and imatinib capsule 400 mg are equivalent for the purposes of substitution.

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

Authority Required

9276

Myelodysplastic or myeloproliferative disorder

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have confirmed evidence of a platelet-derived growth factor receptor (PDGFR) gene re-arrangement by standard karyotyping; **OR**
- Patient must have confirmed evidence of a platelet-derived growth factor receptor (PDGFR) gene re-arrangement by fluorescence in situ hybridization (FISH); **OR**
- Patient must have confirmed evidence of a platelet-derived growth factor receptor (PDGFR) gene re-arrangement by PDGFRB fusion gene transcript, **AND**
- Patient must have previously failed an adequate trial of conventional therapy with cytarabine; **OR**
- Patient must have previously failed an adequate trial of conventional therapy with etoposide; **OR**
- Patient must have previously failed an adequate trial of conventional therapy with hydroxycarbamide (hydroxyurea), **AND**
- The treatment must not exceed a maximum dose of 400 mg per day.

A bone marrow biopsy report demonstrating the presence of a myelodysplastic or myeloproliferative disorder, a pathology report confirming the platelet-derived growth factor receptor (PDGFR) gene re-arrangement and details of the prior trialled therapy and the response must be documented in the patient's medical records.

imatinib 400 mg tablet, 30

9177B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	0.00	184.64	25.00	[a] Gilmat [CR]	[a] Glivec [NV]
					[a] Imanib [AF]	[a] IMATINIB RBX [RA]
					[a] Imatinib Sandoz [SZ]	[a] Imatinib-Teva [TB]

imatinib 400 mg capsule, 30

10939R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	0.00	184.64	25.00	[a] ARX-IMATINIB [XT]	[a] IMATINIB-DRLA [RZ]
					[a] Imatinib GH [GQ]	

IMATINIB

Note Pharmaceutical benefits that have the form imatinib tablet 100 mg and imatinib capsule 100 mg are equivalent for the purposes of substitution.

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

Authority Required

9204

Aggressive systemic mastocytosis with eosinophilia

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have confirmed evidence of carrying the FIP1L1-PDGFRA fusion gene, **AND**
- Patient must have previously failed an adequate trial of conventional therapy with corticosteroids; **OR**
- Patient must have previously failed an adequate trial of conventional therapy with hydroxycarbamide (hydroxyurea), **AND**
- The treatment must not exceed a maximum dose of 400 mg per day.

A pathology report confirming the presence of the FIP1L1-PDGFRA fusion gene, a bone marrow biopsy report and/or other tissue biopsy report confirming the diagnosis of aggressive systemic mastocytosis and a full blood examination report demonstrating eosinophilia must be documented in the patient's medical records.

The details of symptomatic organ involvement requiring treatment, including radiology, nuclear medicine, respiratory function or anatomical pathology reports as appropriate must be documented in the patient's medical records.

imatinib 100 mg tablet, 60

9178C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	0.00	97.83	25.00	[a] Gilmat [CR]	[a] Glivec [NV]
					[a] Imanib [AF]	[a] IMATINIB RBX [RA]
					[a] Imatinib Sandoz [SZ]	[a] Imatinib-Teva [TB]

imatinib 100 mg capsule, 60

10940T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	0.00	97.83	25.00	[a] ARX-IMATINIB [XT]	[a] IMATINIB-DRLA [RZ]

IMATINIB

Note Pharmaceutical benefits that have the form imatinib tablet 400 mg and imatinib capsule 400 mg are equivalent for the purposes of substitution.

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

Authority Required

9204

Aggressive systemic mastocytosis with eosinophilia

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have confirmed evidence of carrying the FIP1L1-PDGFRA fusion gene, **AND**
- Patient must have previously failed an adequate trial of conventional therapy with corticosteroids; **OR**
- Patient must have previously failed an adequate trial of conventional therapy with hydroxycarbamide (hydroxyurea), **AND**
- The treatment must not exceed a maximum dose of 400 mg per day.

A pathology report confirming the presence of the FIP1L1-PDGFRA fusion gene, a bone marrow biopsy report and/or other tissue biopsy report confirming the diagnosis of aggressive systemic mastocytosis and a full blood examination report demonstrating eosinophilia must be documented in the patient's medical records.

The details of symptomatic organ involvement requiring treatment, including radiology, nuclear medicine, respiratory function or anatomical pathology reports as appropriate must be documented in the patient's medical records.

imatinib 400 mg tablet, 30

9179D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	0.00	184.64	25.00	[a] Gilmat [CR]	[a] Glivec [NV]
						[a] Imanib [AF]	[a] IMATINIB RBX [RA]
						[a] Imatinib Sandoz [SZ]	[a] Imatinib-Teva [TB]

imatinib 400 mg capsule, 30

10921T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	0.00	184.64	25.00	[a] ARX-IMATINIB [XT]	[a] IMATINIB-DRLA [RZ]
						[a] Imatinib GH [GQ]	

IMATINIB

Note Pharmaceutical benefits that have the form imatinib tablet 100 mg and imatinib capsule 100 mg are equivalent for the purposes of substitution.

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

Authority Required (STREAMLINED)

17884

Dermatofibrosarcoma protuberans

Treatment Phase: Continuing treatment

Clinical criteria:

- The condition must be unresectable; **OR**
- The condition must be locally recurrent; **OR**
- The condition must be metastatic, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated a response to the PBS-subsidised treatment, **AND**
- The condition must not have progressed while receiving PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must not exceed a maximum dose of 800 mg per day.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

Evidence that the disease has not progressed on imatinib therapy must be documented in the patient's medical records.

imatinib 100 mg tablet, 60

11753N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	97.83	25.00	[a] Gilmat [CR]	[a] Glivec [NV]
						[a] Imanib [AF]	[a] IMATINIB RBX [RA]
						[a] Imatinib Sandoz [SZ]	[a] Imatinib-Teva [TB]

imatinib 100 mg capsule, 60

11776T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	97.83	25.00	[a] ARX-IMATINIB [XT]	[a] IMATINIB-DRLA [RZ]

IMATINIB

Note Pharmaceutical benefits that have the form imatinib tablet 400 mg and imatinib capsule 400 mg are equivalent for the purposes of substitution.

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

Authority Required (STREAMLINED)

17960

Myelodysplastic or myeloproliferative disorder

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The condition must be PDGFRB fusion gene-positive, **AND**

- Patient must have achieved and maintained a complete haematological response, **AND**
- The condition must not have progressed while receiving PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must not exceed a maximum dose of 400 mg per day.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

A full blood examination report which demonstrates a complete haematological response and evidence that the disease has not progressed on imatinib therapy must be documented in the patient's medical records.

imatinib 400 mg capsule, 30

11756R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	184.64	25.00	[a] ARX-IMATINIB [XT]	[a] IMATINIB-DRLA [RZ]
						[a] Imatinib GH [GQ]	

imatinib 400 mg tablet, 30

11765F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	184.64	25.00	[a] Gilmat [CR]	[a] Glivec [NV]
						[a] Imanib [AF]	[a] IMATINIB RBX [RA]
						[a] Imatinib Sandoz [SZ]	[a] Imatinib-Teva [TB]

IMATINIB

Note Pharmaceutical benefits that have the form imatinib tablet 100 mg and imatinib capsule 100 mg are equivalent for the purposes of substitution.

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

Authority Required (STREAMLINED)

17960

Myelodysplastic or myeloproliferative disorder

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The condition must be PDGFRB fusion gene-positive, **AND**
- Patient must have achieved and maintained a complete haematological response, **AND**
- The condition must not have progressed while receiving PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must not exceed a maximum dose of 400 mg per day.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

A full blood examination report which demonstrates a complete haematological response and evidence that the disease has not progressed on imatinib therapy must be documented in the patient's medical records.

imatinib 100 mg capsule, 60

11757T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	97.83	25.00	[a] ARX-IMATINIB [XT]	[a] IMATINIB-DRLA [RZ]

imatinib 100 mg tablet, 60

11769K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	97.83	25.00	[a] Gilmat [CR]	[a] Glivec [NV]
						[a] Imanib [AF]	[a] IMATINIB RBX [RA]
						[a] Imatinib Sandoz [SZ]	[a] Imatinib-Teva [TB]

IMATINIB

Note Pharmaceutical benefits that have the form imatinib tablet 400 mg and imatinib capsule 400 mg are equivalent for the purposes of substitution.

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

Authority Required (STREAMLINED)

17885

Chronic eosinophilic leukaemia or Hypereosinophilic syndrome

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have achieved and maintained a complete haematological response, **AND**
- The condition must not have progressed while receiving PBS-subsidised treatment with this drug for this condition, **AND**

- The treatment must not exceed a maximum dose of 400 mg per day.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

A full blood examination report which demonstrates a complete haematological response, with a normal eosinophil count and a statement that the disease has not progressed on imatinib therapy must be documented in the patient's medical records.

imatinib 400 mg tablet, 30

11758W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	184.64	25.00	[a] Gilmat [CR]	[a] Glivec [NV]
						[a] Imanib [AF]	[a] IMATINIB RBX [RA]
						[a] Imatinib Sandoz [SZ]	[a] Imatinib-Teva [TB]

imatinib 400 mg capsule, 30

11763D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	184.64	25.00	[a] ARX-IMATINIB [XT]	[a] IMATINIB-DRLA [RZ]
						[a] Imatinib GH [GQ]	

IMATINIB

Note Pharmaceutical benefits that have the form imatinib tablet 100 mg and imatinib capsule 100 mg are equivalent for the purposes of substitution.

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

Authority Required (STREAMLINED)

17887

Aggressive systemic mastocytosis with eosinophilia

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have confirmed evidence of carrying the FIP1L1-PDGFRA fusion gene, **AND**
- Patient must have achieved and maintained a complete haematological response, **AND**
- The condition must not have progressed while receiving PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must not exceed a maximum dose of 400 mg per day.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

A full blood examination report which demonstrates a complete haematological response and evidence that the disease has not progressed on imatinib therapy must be documented in the patient's medical records.

imatinib 100 mg tablet, 60

11762C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	97.83	25.00	[a] Gilmat [CR]	[a] Glivec [NV]
						[a] Imanib [AF]	[a] IMATINIB RBX [RA]
						[a] Imatinib Sandoz [SZ]	[a] Imatinib-Teva [TB]

imatinib 100 mg capsule, 60

11777W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	97.83	25.00	[a] ARX-IMATINIB [XT]	[a] IMATINIB-DRLA [RZ]

IMATINIB

Note Pharmaceutical benefits that have the form imatinib tablet 400 mg and imatinib capsule 400 mg are equivalent for the purposes of substitution.

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

Authority Required (STREAMLINED)

17884

Dermatofibrosarcoma protuberans

Treatment Phase: Continuing treatment

Clinical criteria:

- The condition must be unresectable; **OR**
- The condition must be locally recurrent; **OR**
- The condition must be metastatic, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated a response to the PBS-subsidised treatment, **AND**

- The condition must not have progressed while receiving PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must not exceed a maximum dose of 800 mg per day.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

Evidence that the disease has not progressed on imatinib therapy must be documented in the patient's medical records.

imatinib 400 mg capsule, 30

11764E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	184.64	25.00	[a] ARX-IMATINIB [XT]	[a] IMATINIB-DRLA [RZ]
						[a] Imatinib GH [GQ]	

imatinib 400 mg tablet, 30

11786H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	184.64	25.00	[a] Gilmat [CR]	[a] Glivec [NV]
						[a] Imanib [AF]	[a] IMATINIB RBX [RA]
						[a] Imatinib Sandoz [SZ]	[a] Imatinib-Teva [TB]

IMATINIB

Note Pharmaceutical benefits that have the form imatinib tablet 100 mg and imatinib capsule 100 mg are equivalent for the purposes of substitution.

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

Authority Required (STREAMLINED)

17885

Chronic eosinophilic leukaemia or Hypereosinophilic syndrome

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have achieved and maintained a complete haematological response, **AND**
- The condition must not have progressed while receiving PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must not exceed a maximum dose of 400 mg per day.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

A full blood examination report which demonstrates a complete haematological response, with a normal eosinophil count and a statement that the disease has not progressed on imatinib therapy must be documented in the patient's medical records.

imatinib 100 mg capsule, 60

11770L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	97.83	25.00	[a] ARX-IMATINIB [XT]	[a] IMATINIB-DRLA [RZ]

imatinib 100 mg tablet, 60

11781C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	97.83	25.00	[a] Gilmat [CR]	[a] Glivec [NV]
						[a] Imanib [AF]	[a] IMATINIB RBX [RA]
						[a] Imatinib Sandoz [SZ]	[a] Imatinib-Teva [TB]

IMATINIB

Note Pharmaceutical benefits that have the form imatinib tablet 400 mg and imatinib capsule 400 mg are equivalent for the purposes of substitution.

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

Authority Required (STREAMLINED)

17887

Aggressive systemic mastocytosis with eosinophilia

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have confirmed evidence of carrying the FIP1L1-PDGFRA fusion gene, **AND**
- Patient must have achieved and maintained a complete haematological response, **AND**
- The condition must not have progressed while receiving PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must not exceed a maximum dose of 400 mg per day.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

A full blood examination report which demonstrates a complete haematological response and evidence that the disease has not progressed on imatinib therapy must be documented in the patient's medical records.

imatinib 400 mg capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
11779Y NP	1	5	0.00	184.64	25.00	[a] ARX-IMATINIB [XT]	[a] IMATINIB-DRLA [RZ]
						[a] Imatinib GH [GQ]	

imatinib 400 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
11785G NP	1	5	0.00	184.64	25.00	[a] Gilmat [CR]	[a] Glivec [NV]
						[a] Imanib [AF]	[a] IMATINIB RBX [RA]
						[a] Imatinib Sandoz [SZ]	[a] Imatinib-Teva [TB]

IMATINIB

Note Pharmaceutical benefits that have the form imatinib tablet 100 mg and imatinib capsule 100 mg are equivalent for the purposes of substitution.

Note Authority applications for increased quantities/repeats (where relevant) may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority Required (STREAMLINED)

17890

Gastrointestinal stromal tumour

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be adjuvant to complete surgical resection of primary gastrointestinal stromal tumour (GIST), **AND**
- Patient must be at high risk of recurrence following complete surgical resection of primary GIST, **AND**
- The treatment must not exceed a dose of 400 mg per day for a period of 36 months in total (initial plus continuing therapy), **AND**
- Patient must have previously been issued with an authority prescription for imatinib for adjuvant treatment following complete resection of primary GIST.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

imatinib 100 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
11784F NP	1	5	0.00	97.83	25.00	[a] Gilmat [CR]	[a] Glivec [NV]
						[a] Imanib [AF]	[a] IMATINIB RBX [RA]
						[a] Imatinib Sandoz [SZ]	[a] Imatinib-Teva [TB]

imatinib 100 mg capsule, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
12710Y NP	1	5	0.00	97.83	25.00	[a] ARX-IMATINIB [XT]	[a] IMATINIB-DRLA [RZ]

IMATINIB

Note Pharmaceutical benefits that have the form imatinib tablet 400 mg and imatinib capsule 400 mg are equivalent for the purposes of substitution.

Note Authority applications for increased quantities/repeats (where relevant) may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority Required (STREAMLINED)

17890

Gastrointestinal stromal tumour

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be adjuvant to complete surgical resection of primary gastrointestinal stromal tumour (GIST), **AND**
- Patient must be at high risk of recurrence following complete surgical resection of primary GIST, **AND**
- The treatment must not exceed a dose of 400 mg per day for a period of 36 months in total (initial plus continuing therapy), **AND**

- Patient must have previously been issued with an authority prescription for imatinib for adjuvant treatment following complete resection of primary GIST.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

imatinib 400 mg tablet, 30

11788K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	184.64	25.00	[a] Gilmat [CR]	[a] Glivec [NV]
						[a] Imanib [AF]	[a] IMATINIB RBX [RA]
						[a] Imatinib Sandoz [SZ]	[a] Imatinib-Teva [TB]

imatinib 400 mg capsule, 30

12711B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	184.64	25.00	[a] ARX-IMATINIB [XT]	[a] IMATINIB-DRLA [RZ]
						[a] Imatinib GH [GQ]	

IMATINIB

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

Authority Required (STREAMLINED)

17886

Malignant gastrointestinal stromal tumour

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be given at a dose not exceeding 600 mg per day.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

Patients who have failed to respond or are intolerant to imatinib are no longer eligible to receive PBS-subsidised imatinib

Patients with metastatic/unresectable disease who achieve a response to treatment at an imatinib dose of 400 mg per day should be continued at this dose and assessed for response at regular intervals. Patients who fail to achieve a response to 400 mg per day may have their dose increased to 600 mg per day. Authority applications for doses higher than 600 mg per day will not be approved.

A response to treatment is defined as a decrease from baseline in the sum of the products of the perpendicular diameters of all measurable lesions of 50% or greater. (Response definition based on the Southwest Oncology Group standard criteria, see Demetri et al. N Engl J Med 2002; 347: 472-80.)

imatinib 600 mg tablet, 30

12919Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	2	0.00	544.47	25.00	Imatab [JU]

IMATINIB

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

Authority Required (STREAMLINED)

17884

Dermatofibrosarcoma protuberans

Treatment Phase: Continuing treatment

Clinical criteria:

- The condition must be unresectable; **OR**
- The condition must be locally recurrent; **OR**
- The condition must be metastatic, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated a response to the PBS-subsidised treatment, **AND**
- The condition must not have progressed while receiving PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must not exceed a maximum dose of 800 mg per day.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

Evidence that the disease has not progressed on imatinib therapy must be documented in the patient's medical records.

imatinib 600 mg tablet, 30

12923E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	0.00	544.47	25.00	Imatab [JU]

NP

IMATINIB

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

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

Authority Required

9240

Dermatofibrosarcoma protuberans

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be unresectable; **OR**
- The condition must be locally recurrent; **OR**
- The condition must be metastatic, **AND**
- The treatment must not exceed a maximum dose of 800 mg per day.

Details of unresectable tumour or site of the local recurrence or site(s) of metastatic disease must be documented in the patient's medical records.

imatinib 600 mg tablet, 30

12927J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	0.00	544.47	25.00	Imatab [JU]

IMATINIB

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

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

Note Pharmaceutical benefits that have the form imatinib tablet 100 mg and imatinib capsule 100 mg are equivalent for the purposes of substitution.

Authority Required

9319

Malignant gastrointestinal stromal tumour

Treatment Phase: Initial Treatment

Clinical criteria:

- The condition must be metastatic; **OR**
- The condition must be unresectable, **AND**
- The condition must be histologically confirmed by the detection of CD117 on immunohistochemical staining, **AND**
- The treatment must be commenced at a dose not exceeding 400 mg per day, **AND**
- The treatment must not exceed 3 months under this restriction.

Authority prescriptions for a higher dose will not be approved during this initial 3 month treatment period.

Patients with metastatic/unresectable disease who achieve a response to treatment at an imatinib dose of 400 mg per day should be continued at this dose and assessed for response at regular intervals. Patients who fail to achieve a response to 400 mg per day may have their dose increased to 600 mg per day. Authority applications for doses higher than 600 mg per day will not be approved.

A response to treatment is defined as a decrease from baseline in the sum of the products of the perpendicular diameters of all measurable lesions of 50% or greater. (Response definition based on the Southwest Oncology Group standard criteria, see Demetri et al. N Engl J Med 2002; 347: 472-80.)

A pathology report from an Approved Pathology Authority supporting the diagnosis of a gastrointestinal stromal tumour and confirming the presence of CD117 on immunohistochemical staining must be documented in the patient's medical records.

Details of the most recent (within 2 months of the application) computed tomography (CT) scan, magnetic resonance imaging (MRI) or ultrasound assessment of the tumour(s), including whether or not there is evidence of metastatic disease must be documented in the patient's medical records.

Where the application for authority to prescribe is being sought on the basis of an unresectable tumour, written evidence must be documented in the patient's medical records.

imatinib 100 mg tablet, 60

9111M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	0.00	97.83	25.00	[a] Gilmat [CR]	[a] Glivec [NV]
					[a] Imanib [AF]	[a] IMATINIB RBX [RA]
					[a] Imatinib Sandoz [SZ]	[a] Imatinib-Teva [TB]

imatinib 100 mg capsule, 60

12709X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	0.00	97.83	25.00	[a] ARX-IMATINIB [XT]	[a] IMATINIB-DRLA [RZ]

IMATINIB

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

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

Note Pharmaceutical benefits that have the form imatinib tablet 400 mg and imatinib capsule 400 mg are equivalent for the purposes of substitution.

Authority Required

9319

Malignant gastrointestinal stromal tumour

Treatment Phase: Initial Treatment

Clinical criteria:

- The condition must be metastatic; **OR**
- The condition must be unresectable, **AND**
- The condition must be histologically confirmed by the detection of CD117 on immunohistochemical staining, **AND**
- The treatment must be commenced at a dose not exceeding 400 mg per day, **AND**
- The treatment must not exceed 3 months under this restriction.

Authority prescriptions for a higher dose will not be approved during this initial 3 month treatment period.

Patients with metastatic/unresectable disease who achieve a response to treatment at an imatinib dose of 400 mg per day should be continued at this dose and assessed for response at regular intervals. Patients who fail to achieve a response to 400 mg per day may have their dose increased to 600 mg per day. Authority applications for doses higher than 600 mg per day will not be approved.

A response to treatment is defined as a decrease from baseline in the sum of the products of the perpendicular diameters of all measurable lesions of 50% or greater. (Response definition based on the Southwest Oncology Group standard criteria, see Demetri et al. N Engl J Med 2002; 347: 472-80.)

A pathology report from an Approved Pathology Authority supporting the diagnosis of a gastrointestinal stromal tumour and confirming the presence of CD117 on immunohistochemical staining must be documented in the patient's medical records.

Details of the most recent (within 2 months of the application) computed tomography (CT) scan, magnetic resonance imaging (MRI) or ultrasound assessment of the tumour(s), including whether or not there is evidence of metastatic disease must be documented in the patient's medical records.

Where the application for authority to prescribe is being sought on the basis of an unresectable tumour, written evidence must be documented in the patient's medical records.

imatinib 400 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9112N	1	2	0.00	184.64	25.00	[a] Gilmat [CR]	[a] Glivec [NV]
						[a] Imanib [AF]	[a] IMATINIB RBX [RA]
						[a] Imatinib Sandoz [SZ]	[a] Imatinib-Teva [TB]

imatinib 400 mg capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
12754G	1	2	0.00	184.64	25.00	[a] ARX-IMATINIB [XT]	[a] IMATINIB-DRLA [RZ]
						[a] Imatinib GH [GQ]	

IMATINIB

Note Pharmaceutical benefits that have the form imatinib tablet 400 mg and imatinib capsule 400 mg are equivalent for the purposes of substitution.

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

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

Authority Required (STREAMLINED)

17826

Acute lymphoblastic leukaemia

Treatment Phase: Maintenance of first complete remission

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition; **OR**
- Patient must have experienced intolerance, not a failure to respond, to continuing PBS-subsidised treatment with dasatinib as a first-line therapy for this condition, **AND**
- The condition must be expressing the Philadelphia chromosome; **OR**
- The condition must have the transcript BCR-ABL, **AND**
- Patient must not have developed disease progression while receiving treatment with this drug for this condition.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine, **AND**

- Patient must be undergoing treatment with this drug that is occurring within the first 24 months from the first administered dose; **OR**
- Patient must be undergoing treatment with this drug that is occurring beyond the first 24 months from the first administered dose - the patient meets the conditions as outlined below.

Conditions for PBS-subsidy beyond 24 months of treatment:

On the first occasion an authority application extends PBS-subsidy beyond 24 months, by annotating the prescription with the Streamlined Authority Required code, the prescriber is declaring that:

1) The condition is expressing the Philadelphia chromosome,

2) Measurable residual disease (MRD) is present,

3) MRD has been confirmed in at least one of: (i) marrow, (ii) peripheral blood,

4) MRD has been confirmed within the preceding months of this authority application,

5) MRD has been ascertained by at least one of: (i) a molecular method, (ii) flow cytometry,

6) Allogenic stem cell transplantation is considered by the prescriber to be unsuitable for the patient.

For any subsequent authority application beyond the 24 month time mark, confirm that MRD has been detected within the preceding 12 months of this subsequent authority application. Where MRD has since become undetectable, confirm that PBS-subsidy has not exceeded a further 12 months duration from the date that MRD became undetectable.

imatinib 400 mg capsule, 30

11771M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	2	0.00	184.64	25.00	[a] ARX-IMATINIB [XT]	[a] IMATINIB-DRLA [RZ]
						[a] Imatinib GH [GQ]	

imatinib 400 mg tablet, 30

11789L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	2	0.00	184.64	25.00	[a] Gilmat [CR]	[a] Glivec [NV]
						[a] Imanib [AF]	[a] IMATINIB RBX [RA]
						[a] Imatinib Sandoz [SZ]	[a] Imatinib-Teva [TB]

IMATINIB

Note Pharmaceutical benefits that have the form imatinib tablet 400 mg and imatinib capsule 400 mg are equivalent for the purposes of substitution.

Note Authority applications for increased quantities/repeats (where relevant) may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

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

Authority Required (STREAMLINED)

17886

Malignant gastrointestinal stromal tumour

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be given at a dose not exceeding 600 mg per day.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

Patients who have failed to respond or are intolerant to imatinib are no longer eligible to receive PBS-subsidised imatinib

Patients with metastatic/unresectable disease who achieve a response to treatment at an imatinib dose of 400 mg per day should be continued at this dose and assessed for response at regular intervals. Patients who fail to achieve a response to 400 mg per day may have their dose increased to 600 mg per day. Authority applications for doses higher than 600 mg per day will not be approved.

A response to treatment is defined as a decrease from baseline in the sum of the products of the perpendicular diameters of all measurable lesions of 50% or greater. (Response definition based on the Southwest Oncology Group standard criteria, see Demetri et al. N Engl J Med 2002; 347: 472-80.)

imatinib 400 mg tablet, 30

11778X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	2	0.00	184.64	25.00	[a] Gilmat [CR]	[a] Glivec [NV]
						[a] Imanib [AF]	[a] IMATINIB RBX [RA]
						[a] Imatinib Sandoz [SZ]	[a] Imatinib-Teva [TB]

imatinib 400 mg capsule, 30

12723P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	2	0.00	184.64	25.00	[a] ARX-IMATINIB [XT]	[a] IMATINIB-DRLA [RZ]
						[a] Imatinib GH [GQ]	

IMATINIB

Note Pharmaceutical benefits that have the form imatinib tablet 100 mg and imatinib capsule 100 mg are equivalent for the purposes of substitution.

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

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

Authority Required (STREAMLINED)

17826

Acute lymphoblastic leukaemia

Treatment Phase: Maintenance of first complete remission

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition; **OR**
- Patient must have experienced intolerance, not a failure to respond, to continuing PBS-subsidised treatment with dasatinib as a first-line therapy for this condition, **AND**
- The condition must be expressing the Philadelphia chromosome; **OR**
- The condition must have the transcript BCR-ABL, **AND**
- Patient must not have developed disease progression while receiving treatment with this drug for this condition.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine, **AND**
- Patient must be undergoing treatment with this drug that is occurring within the first 24 months from the first administered dose; **OR**
- Patient must be undergoing treatment with this drug that is occurring beyond the first 24 months from the first administered dose - the patient meets the conditions as outlined below.

Conditions for PBS-subsidy beyond 24 months of treatment:

On the first occasion an authority application extends PBS-subsidy beyond 24 months, by annotating the prescription with the Streamlined Authority Required code, the prescriber is declaring that:

1) The condition is expressing the Philadelphia chromosome,

2) Measurable residual disease (MRD) is present,

3) MRD has been confirmed in at least one of: (i) marrow, (ii) peripheral blood,

4) MRD has been confirmed within the preceding months of this authority application,

5) MRD has been ascertained by at least one of: (i) a molecular method, (ii) flow cytometry,

6) Allogenic stem cell transplantation is considered by the prescriber to be unsuitable for the patient.

For any subsequent authority application beyond the 24 month time mark, confirm that MRD has been detected within the preceding 12 months of this subsequent authority application. Where MRD has since become undetectable, confirm that PBS-subsidy has not exceeded a further 12 months duration from the date that MRD became undetectable.

imatinib 100 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
11780B NP	1	2	0.00	97.83	25.00	[a] Gilmat [CR]	[a] Glivec [NV]
						[a] Imanib [AF]	[a] IMATINIB RBX [RA]
						[a] Imatinib Sandoz [SZ]	[a] Imatinib-Teva [TB]

imatinib 100 mg capsule, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
11783E NP	1	2	0.00	97.83	25.00	[a] ARX-IMATINIB [XT]	[a] IMATINIB-DRLA [RZ]

IMATINIB

Note Pharmaceutical benefits that have the form imatinib tablet 100 mg and imatinib capsule 100 mg are equivalent for the purposes of substitution.

Note Authority applications for increased quantities/repeats (where relevant) may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

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

Authority Required (STREAMLINED)

17886

Malignant gastrointestinal stromal tumour

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be given at a dose not exceeding 600 mg per day.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**

- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

Patients who have failed to respond or are intolerant to imatinib are no longer eligible to receive PBS-subsidised imatinib

Patients with metastatic/unresectable disease who achieve a response to treatment at an imatinib dose of 400 mg per day should be continued at this dose and assessed for response at regular intervals. Patients who fail to achieve a response to 400 mg per day may have their dose increased to 600 mg per day. Authority applications for doses higher than 600 mg per day will not be approved.

A response to treatment is defined as a decrease from baseline in the sum of the products of the perpendicular diameters of all measurable lesions of 50% or greater. (Response definition based on the Southwest Oncology Group standard criteria, see Demetri et al. N Engl J Med 2002; 347: 472-80.)

imatinib 100 mg tablet, 60

11787J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	2	0.00	97.83	25.00	[a] Gilmat [CR]	[a] Glivec [NV]
						[a] Imanib [AF]	[a] IMATINIB RBX [RA]
						[a] Imatinib Sandoz [SZ]	[a] Imatinib-Teva [TB]

imatinib 100 mg capsule, 60

12722N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	2	0.00	97.83	25.00	[a] ARX-IMATINIB [XT]	[a] IMATINIB-DRLA [RZ]

IMATINIB

Note TREATMENT OF PATIENTS WITH CHRONIC MYELOID LEUKAEMIA

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of tyrosine kinase inhibitors (TKI) agents for chronic myeloid leukaemia (CML).

Where the term TKI agent appears in the following notes and restrictions it refers to imatinib, dasatinib, nilotinib, ponatinib or asciminib.

Patients are eligible for PBS-subsidised treatment with only one TKI agent at any one time and must not be receiving concomitant interferon alfa therapy.

Where a patient has previously received PBS-subsidised treatment with a TKI agent, no approval will be granted for PBS-subsidised re-treatment of chronic myeloid leukaemia where that patient has at any time not met the response criteria whilst being treated with that TKI agent.

For continuing applications patients must demonstrate a response to PBS-subsidised treatment and a pathology report demonstrating the patient has responded to the initial course of treatment must be documented in the patient's medical records.

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

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

Authority Required (STREAMLINED)

19225

Chronic Myeloid Leukaemia (CML)

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received initial PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must be responding to treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

imatinib 600 mg tablet, 30

12912N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	544.47	25.00	Imatab [JU]

IMATINIB

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

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

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

Authority Required

12685

Malignant gastrointestinal stromal tumour

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be metastatic; **OR**
- The condition must be unresectable, **AND**

- The condition must be histologically confirmed by the detection of CD117 on immunohistochemical staining, **AND**
- The condition must have not achieved a response with this drug at a dose of 400 mg per day, **AND**
- The treatment must not exceed 3 months under this restriction.

Authority prescriptions for a higher dose will not be approved during this initial 3 month treatment period.

Patients with metastatic/unresectable disease who achieve a response to treatment at an imatinib dose of 400 mg per day should be continued at this dose and assessed for response at regular intervals. Patients who fail to achieve a response to 400 mg per day may have their dose increased to 600 mg per day. Authority applications for doses higher than 600 mg per day will not be approved.

A response to treatment is defined as a decrease from baseline in the sum of the products of the perpendicular diameters of all measurable lesions of 50% or greater. (Response definition based on the Southwest Oncology Group standard criteria, see Demetri et al. N Engl J Med 2002; 347: 472-80.)

A pathology report from an Approved Pathology Authority supporting the diagnosis of a gastrointestinal stromal tumour and confirming the presence of CD117 on immunohistochemical staining must be documented in the patient's medical records.

Details of the most recent (within 2 months of the application) computed tomography (CT) scan, magnetic resonance imaging (MRI) or ultrasound assessment of the tumour(s), including whether or not there is evidence of metastatic disease must be documented in the patient's medical records.

Where the application for authority to prescribe is being sought on the basis of an unresectable tumour, written evidence must be documented in the patient's medical records.

imatinib 600 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12926H	1	2	0.00	544.47	25.00	Imatab [JU]

IMATINIB

Note Allogeneic stem cell transplantation is the preferred therapy for eligible patients achieving a complete remission of Philadelphia positive acute lymphoblastic leukaemia.

Note Pharmaceutical benefits that have the form imatinib tablet 100 mg and imatinib capsule 100 mg are equivalent for the purposes of substitution.

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

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

Authority Required

16238

Acute lymphoblastic leukaemia

Treatment Phase: Induction and Consolidation therapy

Clinical criteria:

- Patient must be newly diagnosed, **AND**
- The condition must be expressing the Philadelphia chromosome; **OR**
- The condition must have the transcript BCR-ABL, **AND**
- The treatment must be in combination with chemotherapy or corticosteroids, **AND**
- Patient must not have previously experienced a failure to respond to PBS-subsidised first-line treatment with this drug for this condition; **OR**
- Patient must have experienced intolerance, not a failure to respond, to initial PBS-subsidised treatment with dasatinib as a first-line therapy for this condition.

A pathology cytogenetic report conducted on peripheral blood or bone marrow supporting the diagnosis of acute lymphoblastic leukaemia with either cytogenetic evidence of the Philadelphia chromosome, or a qualitative PCR report documenting the presence of the BCR-ABL transcript in either peripheral blood or bone marrow must be documented in the patient's medical records.

imatinib 100 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9123E	1	2	0.00	97.83	25.00	[a] Gilmat [CR]	[a] Glivec [NV]
						[a] Imanib [AF]	[a] IMATINIB RBX [RA]
						[a] Imatinib Sandoz [SZ]	[a] Imatinib-Teva [TB]

imatinib 100 mg capsule, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10924Y	1	2	0.00	97.83	25.00	[a] ARX-IMATINIB [XT]	[a] IMATINIB-DRLA [RZ]

IMATINIB

Note Allogeneic stem cell transplantation is the preferred therapy for eligible patients achieving a complete remission of Philadelphia positive acute lymphoblastic leukaemia.

Note Pharmaceutical benefits that have the form imatinib tablet 400 mg and imatinib capsule 400 mg are equivalent for the purposes of substitution.

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

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

Authority Required

16238

Acute lymphoblastic leukaemia

Treatment Phase: Induction and Consolidation therapy

Clinical criteria:

- Patient must be newly diagnosed, **AND**
- The condition must be expressing the Philadelphia chromosome; **OR**
- The condition must have the transcript BCR-ABL, **AND**
- The treatment must be in combination with chemotherapy or corticosteroids, **AND**
- Patient must not have previously experienced a failure to respond to PBS-subsidised first-line treatment with this drug for this condition; **OR**
- Patient must have experienced intolerance, not a failure to respond, to initial PBS-subsidised treatment with dasatinib as a first-line therapy for this condition.

A pathology cytogenetic report conducted on peripheral blood or bone marrow supporting the diagnosis of acute lymphoblastic leukaemia with either cytogenetic evidence of the Philadelphia chromosome, or a qualitative PCR report documenting the presence of the BCR-ABL transcript in either peripheral blood or bone marrow must be documented in the patient's medical records.

imatinib 400 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9124F	1	2	0.00	184.64	25.00	[a] Gilmat [CR]	[a] Glivec [NV]
						[a] Imanib [AF]	[a] IMATINIB RBX [RA]
						[a] Imatinib Sandoz [SZ]	[a] Imatinib-Teva [TB]

imatinib 400 mg capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10917N	1	2	0.00	184.64	25.00	[a] ARX-IMATINIB [XT]	[a] IMATINIB-DRLA [RZ]
						[a] Imatinib GH [GQ]	

IMATINIB

Note TREATMENT OF PATIENTS WITH CHRONIC MYELOID LEUKAEMIA

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of tyrosine kinase inhibitors (TKI) agents for chronic myeloid leukaemia (CML).

Where the term TKI agent appears in the following notes and restrictions it refers to imatinib, dasatinib, nilotinib, ponatinib or asciminib.

Patients are eligible for PBS-subsidised treatment with only one TKI agent at any one time and must not be receiving concomitant interferon alfa therapy.

Where a patient has previously received PBS-subsidised treatment with a TKI agent, no approval will be granted for PBS-subsidised re-treatment of chronic myeloid leukaemia where that patient has at any time not met the response criteria whilst being treated with that TKI agent.

For continuing applications patients must demonstrate a response to PBS-subsidised treatment and a pathology report demonstrating the patient has responded to the initial course of treatment must be documented in the patient's medical records.

Note Pharmaceutical benefits that have the form imatinib tablet 400 mg and imatinib capsule 400 mg are equivalent for the purposes of substitution.

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

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

Authority Required (STREAMLINED)

19225

Chronic Myeloid Leukaemia (CML)

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received initial PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must be responding to treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

imatinib 400 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
11752M	1	5	0.00	184.64	25.00	[a] Gilmat [CR]	[a] Glivec [NV]
NP						[a] Imanib [AF]	[a] IMATINIB RBX [RA]
						[a] Imatinib Sandoz [SZ]	[a] Imatinib-Teva [TB]

imatinib 400 mg capsule, 30

11772N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	184.64	25.00	[a] ARX-IMATINIB [XT]	[a] IMATINIB-DRLA [RZ]
						[a] Imatinib GH [GQ]	

IMATINIB

Note TREATMENT OF PATIENTS WITH CHRONIC MYELOID LEUKAEMIA

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of tyrosine kinase inhibitors (TKI) agents for chronic myeloid leukaemia (CML).

Where the term TKI agent appears in the following notes and restrictions it refers to imatinib, dasatinib, nilotinib, ponatinib or asciminib.

Patients are eligible for PBS-subsidised treatment with only one TKI agent at any one time and must not be receiving concomitant interferon alfa therapy.

Where a patient has previously received PBS-subsidised treatment with a TKI agent, no approval will be granted for PBS-subsidised re-treatment of chronic myeloid leukaemia where that patient has at any time not met the response criteria whilst being treated with that TKI agent.

For continuing applications patients must demonstrate a response to PBS-subsidised treatment and a pathology report demonstrating the patient has responded to the initial course of treatment must be documented in the patient's medical records.

Note Pharmaceutical benefits that have the form imatinib tablet 100 mg and imatinib capsule 100 mg are equivalent for the purposes of substitution.

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

Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

19225

Chronic Myeloid Leukaemia (CML)

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received initial PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must be responding to treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

imatinib 100 mg tablet, 60

11775R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	97.83	25.00	[a] Gilmat [CR]	[a] Glivec [NV]
						[a] Imanib [AF]	[a] IMATINIB RBX [RA]
						[a] Imatinib Sandoz [SZ]	[a] Imatinib-Teva [TB]

imatinib 100 mg capsule, 60

11782D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	97.83	25.00	[a] ARX-IMATINIB [XT]	[a] IMATINIB-DRLA [RZ]

IMATINIB

Note Allogeneic stem cell transplantation is the preferred therapy for eligible patients achieving a complete remission of Philadelphia positive acute lymphoblastic leukaemia.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

16238

Acute lymphoblastic leukaemia

Treatment Phase: Induction and Consolidation therapy

Clinical criteria:

- Patient must be newly diagnosed, **AND**
- The condition must be expressing the Philadelphia chromosome; **OR**
- The condition must have the transcript BCR-ABL, **AND**
- The treatment must be in combination with chemotherapy or corticosteroids, **AND**
- Patient must not have previously experienced a failure to respond to PBS-subsidised first-line treatment with this drug for this condition; **OR**

- Patient must have experienced intolerance, not a failure to respond, to initial PBS-subsidised treatment with dasatinib as a first-line therapy for this condition.

A pathology cytogenetic report conducted on peripheral blood or bone marrow supporting the diagnosis of acute lymphoblastic leukaemia with either cytogenetic evidence of the Philadelphia chromosome, or a qualitative PCR report documenting the presence of the BCR-ABL transcript in either peripheral blood or bone marrow must be documented in the patient's medical records.

imatinib 600 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12911M	1	2	0.00	544.47	25.00	Imatab [JU]

IMATINIB

Note Allogeneic stem cell transplantation is the preferred therapy for eligible patients achieving a complete remission of Philadelphia positive acute lymphoblastic leukaemia.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

17826

Acute lymphoblastic leukaemia

Treatment Phase: Maintenance of first complete remission

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition; **OR**
- Patient must have experienced intolerance, not a failure to respond, to continuing PBS-subsidised treatment with dasatinib as a first-line therapy for this condition, **AND**
- The condition must be expressing the Philadelphia chromosome; **OR**
- The condition must have the transcript BCR-ABL, **AND**
- Patient must not have developed disease progression while receiving treatment with this drug for this condition.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine, **AND**
- Patient must be undergoing treatment with this drug that is occurring within the first 24 months from the first administered dose; **OR**
- Patient must be undergoing treatment with this drug that is occurring beyond the first 24 months from the first administered dose - the patient meets the conditions as outlined below.

Conditions for PBS-subsidy beyond 24 months of treatment:

On the first occasion an authority application extends PBS-subsidy beyond 24 months, by annotating the prescription with the Streamlined Authority Required code, the prescriber is declaring that:

1) The condition is expressing the Philadelphia chromosome,

2) Measurable residual disease (MRD) is present,

3) MRD has been confirmed in at least one of: (i) marrow, (ii) peripheral blood,

4) MRD has been confirmed within the preceding months of this authority application,

5) MRD has been ascertained by at least one of: (i) a molecular method, (ii) flow cytometry,

6) Allogenic stem cell transplantation is considered by the prescriber to be unsuitable for the patient.

For any subsequent authority application beyond the 24 month time mark, confirm that MRD has been detected within the preceding 12 months of this subsequent authority application. Where MRD has since become undetectable, confirm that PBS-subsidy has not exceeded a further 12 months duration from the date that MRD became undetectable.

imatinib 600 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12920B NP	1	2	0.00	544.47	25.00	Imatab [JU]

IMATINIB

Note TREATMENT OF PATIENTS WITH CHRONIC MYELOID LEUKAEMIA

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of tyrosine kinase inhibitors (TKI) agents for chronic myeloid leukaemia (CML).

Where the term TKI agent appears in the following notes and restrictions it refers to imatinib, dasatinib, nilotinib, ponatinib or asciminib.

Patients are eligible for PBS-subsidised treatment with only one TKI agent at any one time and must not be receiving concomitant interferon alfa therapy.

Where a patient has previously received PBS-subsidised treatment with a TKI agent, no approval will be granted for PBS-subsidised re-treatment of chronic myeloid leukaemia where that patient has at any time not met the response criteria whilst being treated with that TKI agent.

For continuing applications patients must demonstrate a response to PBS-subsidised treatment and a pathology report demonstrating the patient has responded to the initial course of treatment must be documented in the patient's medical records.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

19223

Chronic Myeloid Leukaemia (CML)

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have a primary diagnosis of chronic myeloid leukaemia, **AND**
- Patient must not have previously experienced an inadequate response to PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

A pathology cytogenetic report from an Approved Pathology Authority conducted on peripheral blood or bone marrow supporting the diagnosis of chronic myeloid leukaemia to confirm eligibility for treatment, or a qualitative PCR report documenting the presence of the BCR-ABL transcript in either peripheral blood or bone marrow must be documented in the patient's medical records.

imatinib 600 mg tablet, 30

12935T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	0.00	544.47	25.00	Imatab [JU]

IMATINIB

Note TREATMENT OF PATIENTS WITH CHRONIC MYELOID LEUKAEMIA

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of tyrosine kinase inhibitors (TKI) agents for chronic myeloid leukaemia (CML).

Where the term TKI agent appears in the following notes and restrictions it refers to imatinib, dasatinib, nilotinib, ponatinib or asciminib.

Patients are eligible for PBS-subsidised treatment with only one TKI agent at any one time and must not be receiving concomitant interferon alfa therapy.

Where a patient has previously received PBS-subsidised treatment with a TKI agent, no approval will be granted for PBS-subsidised re-treatment of chronic myeloid leukaemia where that patient has at any time not met the response criteria whilst being treated with that TKI agent.

For continuing applications patients must demonstrate a response to PBS-subsidised treatment and a pathology report demonstrating the patient has responded to the initial course of treatment must be documented in the patient's medical records.

Note Pharmaceutical benefits that have the form imatinib tablet 100 mg and imatinib capsule 100 mg are equivalent for the purposes of substitution.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

19223

Chronic Myeloid Leukaemia (CML)

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have a primary diagnosis of chronic myeloid leukaemia, **AND**
- Patient must not have previously experienced an inadequate response to PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

A pathology cytogenetic report from an Approved Pathology Authority conducted on peripheral blood or bone marrow supporting the diagnosis of chronic myeloid leukaemia to confirm eligibility for treatment, or a qualitative PCR report documenting the presence of the BCR-ABL transcript in either peripheral blood or bone marrow must be documented in the patient's medical records.

imatinib 100 mg tablet, 60

9113P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	0.00	97.83	25.00	[a] Gilmat [CR]	[a] Glivec [NV]
					[a] Imanib [AF]	[a] IMATINIB RBX [RA]
					[a] Imatinib Sandoz [SZ]	[a] Imatinib-Teva [TB]

imatinib 100 mg capsule, 60

10915L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	0.00	97.83	25.00	[a] ARX-IMATINIB [XT]	[a] IMATINIB-DRLA [RZ]

IMATINIB

Note TREATMENT OF PATIENTS WITH CHRONIC MYELOID LEUKAEMIA

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of tyrosine kinase inhibitors (TKI) agents for chronic myeloid leukaemia (CML).

Where the term TKI agent appears in the following notes and restrictions it refers to imatinib, dasatinib, nilotinib, ponatinib or asciminib.

Patients are eligible for PBS-subsidised treatment with only one TKI agent at any one time and must not be receiving concomitant interferon alfa therapy.

Where a patient has previously received PBS-subsidised treatment with a TKI agent, no approval will be granted for PBS-subsidised re-treatment of chronic myeloid leukaemia where that patient has at any time not met the response criteria whilst being treated with that TKI agent.

For continuing applications patients must demonstrate a response to PBS-subsidised treatment and a pathology report demonstrating the patient has responded to the initial course of treatment must be documented in the patient's medical records.

Note Pharmaceutical benefits that have the form imatinib tablet 400 mg and imatinib capsule 400 mg are equivalent for the purposes of substitution.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

19223

Chronic Myeloid Leukaemia (CML)

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have a primary diagnosis of chronic myeloid leukaemia, **AND**
- Patient must not have previously experienced an inadequate response to PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

A pathology cytogenetic report from an Approved Pathology Authority conducted on peripheral blood or bone marrow supporting the diagnosis of chronic myeloid leukaemia to confirm eligibility for treatment, or a qualitative PCR report documenting the presence of the BCR-ABL transcript in either peripheral blood or bone marrow must be documented in the patient's medical records.

imatinib 400 mg tablet, 30

9114Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	0.00	184.64	25.00	[a] Gilmat [CR]	[a] Glivec [NV]
					[a] Imanib [AF]	[a] IMATINIB RBX [RA]
					[a] Imatinib Sandoz [SZ]	[a] Imatinib-Teva [TB]

imatinib 400 mg capsule, 30

10916M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	0.00	184.64	25.00	[a] ARX-IMATINIB [XT]	[a] IMATINIB-DRLA [RZ]
					[a] Imatinib GH [GQ]	

NILOTINIB

Note TREATMENT OF PATIENTS WITH CHRONIC MYELOID LEUKAEMIA

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of tyrosine kinase inhibitors (TKI) agents for chronic myeloid leukaemia (CML).

Where the term TKI agent appears in the following notes and restrictions it refers to imatinib, dasatinib, nilotinib, ponatinib or asciminib.

Patients are eligible for PBS-subsidised treatment with only one TKI agent at any one time and must not be receiving concomitant interferon alfa therapy.

Where a patient has previously received PBS-subsidised treatment with a TKI agent, no approval will be granted for PBS-subsidised re-treatment of chronic myeloid leukaemia where that patient has at any time not met the response criteria whilst being treated with that TKI agent.

For continuing applications patients must demonstrate a response to PBS-subsidised treatment and a pathology report demonstrating the patient has responded to the initial course of treatment must be documented in the patient's medical records.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

19225
Chronic Myeloid Leukaemia (CML)
Treatment Phase: Continuing treatment
Clinical criteria:

- Patient must have received initial PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must be responding to treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

nilotinib 150 mg capsule, 120

12868G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	2,917.49	25.00	[a] Ceahani [NM]	[a] MSN-NILOTINIB [HK]
						[a] NILOTAS [CR]	[a] Tasigna [NV]

nilotinib 200 mg capsule, 120

12858R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	3,822.52	25.00	[a] Ceahani [NM]	[a] MSN-NILOTINIB [HK]
						[a] NILOTAS [CR]	[a] Tasigna [NV]

NILOTINIB

Note TREATMENT OF PATIENTS WITH CHRONIC MYELOID LEUKAEMIA

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of tyrosine kinase inhibitors (TKI) agents for chronic myeloid leukaemia (CML).

Where the term TKI agent appears in the following notes and restrictions it refers to imatinib, dasatinib, nilotinib, ponatinib or asciminib.

Patients are eligible for PBS-subsidised treatment with only one TKI agent at any one time and must not be receiving concomitant interferon alfa therapy.

Where a patient has previously received PBS-subsidised treatment with a TKI agent, no approval will be granted for PBS-subsidised re-treatment of chronic myeloid leukaemia where that patient has at any time not met the response criteria whilst being treated with that TKI agent.

For continuing applications patients must demonstrate a response to PBS-subsidised treatment and a pathology report demonstrating the patient has responded to the initial course of treatment must be documented in the patient's medical records.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

19223
Chronic Myeloid Leukaemia (CML)
Treatment Phase: Initial treatment
Clinical criteria:

- Patient must have a primary diagnosis of chronic myeloid leukaemia, **AND**
- Patient must not have previously experienced an inadequate response to PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

A pathology cytogenetic report from an Approved Pathology Authority conducted on peripheral blood or bone marrow supporting the diagnosis of chronic myeloid leukaemia to confirm eligibility for treatment, or a qualitative PCR report documenting the presence of the BCR-ABL transcript in either peripheral blood or bone marrow must be documented in the patient's medical records.

nilotinib 150 mg capsule, 120

1309X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	0.00	2,917.49	25.00	[a] Ceahani [NM]	[a] MSN-NILOTINIB [HK]
						[a] NILOTAS [CR]	[a] Tasigna [NV]

nilotinib 200 mg capsule, 120

9171Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	0.00	3,822.52	25.00	[a] Ceahani [NM]	[a] MSN-NILOTINIB [HK]
						[a] NILOTAS [CR]	[a] Tasigna [NV]

PONATINIB

Authority Required

18039

Acute lymphoblastic leukaemia

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must be expressing the T315I mutation, **AND**
- Patient must have failed treatment with chemotherapy, with or without another tyrosine kinase inhibitor, **AND**
- Patient must have failed allogeneic haemopoietic stem cell transplantation (where appropriate).

Treatment criteria:

- Must be treated by a medical practitioner.

Failure of treatment is defined as either:

1. Failure to achieve a complete morphological and cytogenetic remission after a minimum of 2 months treatment with intensive chemotherapy, with or without another tyrosine kinase inhibitor;

2. Morphological or cytogenetic relapse of leukaemia after achieving a complete remission induced by chemotherapy, with or without another tyrosine kinase inhibitor;

3. Morphological or cytogenetic relapse or persistence of leukaemia after allogeneic haemopoietic stem cell transplantation.

Patients must have active leukaemia, as defined by presence on current pathology assessments of either morphological infiltration of the bone marrow (greater than 5% lymphoblasts) or cerebrospinal fluid or other sites; OR the presence of cells bearing the Philadelphia chromosome on cytogenetic or FISH analysis in the bone marrow of patients in morphological remission.

The authority application must be made in writing and must include:

1. details of the proposed prescription; and

2. a completed Acute Lymphoblastic Leukaemia - ponatinib Initial PBS authority application form; and

3. a signed patient acknowledgement; and

4. a pathology report demonstrating that the patient has active acute lymphoblastic leukaemia, either manifest as cytogenetic evidence of the Philadelphia chromosome, or morphological evidence of acute lymphoblastic leukaemia plus qualitative RT-PCR evidence of BCR-ABL transcript; and evidence of the T315I mutation. The date of the relevant pathology report(s), which should be within the previous 6 months, need(s) to be provided.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

17834

Acute lymphoblastic leukaemia

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously been issued with an authority prescription for this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must not have progressive disease.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

Note Authority applications for continuing treatment may be made by telephone to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

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ponatinib 15 mg tablet, 60

10523W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	2	0.00	5,295.37	25.00	Iclusig [TK]

ponatinib 45 mg tablet, 30

10524X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	2	0.00	5,957.65	25.00	Iclusig [TK]

PONATINIB

Authority Required

17835

Acute lymphoblastic leukaemia
Treatment Phase: Initial treatment
Clinical criteria:

- The condition must be expressing the Philadelphia chromosome; **OR**
- The condition must have the transcript BCR-ABL, **AND**
- Patient must have failed prior treatment with PBS-subsidised dasatinib for this condition; **OR**
- Patient must have developed intolerance to PBS-subsidised dasatinib of a severity requiring treatment withdrawal.

Treatment criteria:

- Must be treated by a medical practitioner.

Failure of treatment with dasatinib is defined as either:
1. Failure to achieve a complete morphological and cytogenetic remission after a minimum of 2 months treatment with PBS-subsidised dasatinib for this condition; or
2. Morphological or cytogenetic relapse of leukaemia after achieving a complete remission induced by PBS-subsidised dasatinib for this condition; or
3. Rising levels of BCR-ABL1 transcript on two consecutive occasions in a patient in complete remission while being treated with PBS-subsidised dasatinib for this condition.

Patients must have active leukaemia, as defined by presence on current pathology assessments of either morphological infiltration of the bone marrow (greater than 5% lymphoblasts) or cerebrospinal fluid or other sites; OR the presence of cells bearing the Philadelphia chromosome on cytogenetic or FISH analysis in the bone marrow of patients in morphological remission; OR rising levels of BCR-ABL1 transcript on two consecutive occasions in a patient in complete remission while being treated with PBS-subsidised dasatinib for this condition.

The authority application must be made in writing and must include:
1. details of the proposed prescription; and
2. a completed Acute Lymphoblastic Leukaemia ponatinib PBS Authority Application - Supporting Information Form; and
3. a pathology report demonstrating that the patient has active acute lymphoblastic leukaemia, manifest as cytogenetic evidence of the Philadelphia chromosome, or morphological evidence of acute lymphoblastic leukaemia plus qualitative RT-PCR evidence of BCR-ABL transcript. The date of the relevant pathology report(s) need(s) to be provided; or
4. pathology reports documenting rising levels of BCR-ABL1 transcript on two consecutive occasions in a patient in complete remission while being treated with PBS-subsidised dasatinib for this condition. The date of the relevant pathology report(s) need(s) to be provided.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required
18030
Acute lymphoblastic leukaemia
Treatment Phase: Continuing treatment
Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have progressive disease while receiving PBS-subsidised treatment with this drug for this condition.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

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ponatinib 15 mg tablet, 60

11454W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	2	0.00	5,295.37	25.00	Iclusig [TK]

ponatinib 45 mg tablet, 30

11453T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	2	0.00	5,957.65	25.00	Iclusig [TK]

PONATINIB

Note TREATMENT OF PATIENTS WITH CHRONIC MYELOID LEUKAEMIA

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of tyrosine kinase inhibitors (TKI) agents for chronic myeloid leukaemia (CML).

Where the term TKI agent appears in the following notes and restrictions it refers to imatinib, dasatinib, nilotinib, ponatinib or asciminib.

Patients are eligible for PBS-subsidised treatment with only one TKI agent at any one time and must not be receiving concomitant interferon alfa therapy.

Where a patient has previously received PBS-subsidised treatment with a TKI agent, no approval will be granted for PBS-subsidised re-treatment of chronic myeloid leukaemia where that patient has at any time not met the response criteria whilst being treated with that TKI agent.

For continuing applications patients must demonstrate a response to PBS-subsidised treatment and a pathology report demonstrating the patient has responded to the initial course of treatment must be documented in the patient's medical records.

Note 1. Authority approval requirements.

Response criteria to treatment with ponatinib:

For the purposes of assessing response to PBS-subsidised treatment with ponatinib, either cytogenetic analysis indicating the number of Philadelphia positive [t (9;22)] cells in the bone marrow measured by standard karyotyping, or quantitative PCR indicating the relative level of BCR-ABL transcript in the peripheral blood using the international scale, must be conducted. For bone marrow analyses, where the standard karyotyping is not informative for technical reasons, a cytogenetic analysis performed on the bone marrow by the use of fluorescence in situ hybridisation (FISH) with BCR-ABL specific probe must be conducted. The cytogenetic or peripheral blood quantitative PCR analyses must be conducted within 18 months of the commencement of treatment with ponatinib (patients in whom a major cytogenetic response or peripheral blood BCR-ABL level of less than 1% is demonstrable by 18 months are eligible to receive continuing treatment with this drug).

Thereafter, at no greater than 12 month intervals a major cytogenetic response or a peripheral blood BCR-ABL level of less than 1% must be sustained to receive continuing treatments with this drug.

2. Definitions of response.

A major cytogenetic response is defined as less than 35% Philadelphia positive bone marrow cells.

A peripheral blood BCR-ABL level of less than 1% on the international scale (Blood 108: 28-37, 2006).

3. Definitions of loss of response.

Loss of a previously documented major cytogenetic response (demonstrated by the presence of greater than 35% Ph positive cells on bone marrow biopsy), during ongoing tyrosine kinase inhibitor therapy.

Loss of a previously demonstrated molecular response (demonstrated by peripheral blood BCR-ABL levels increasing consecutively in value by at least 5 fold to a level of greater than 0.1% confirmed on a subsequent test), during ongoing tyrosine kinase inhibitor therapy.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

19255

Chronic Myeloid Leukaemia (CML)

Treatment Phase: Initial PBS-subsidised treatment for patients without T315I mutation

Clinical criteria:

- Patient must have experienced an inadequate response to an adequate trial of dasatinib confirmed through a pathology report from an Approved Pathology Authority; **OR**
- Patient must have developed intolerance to dasatinib of a severity necessitating permanent treatment withdrawal, **AND**
- Patient must have experienced an inadequate response to an adequate trial of nilotinib confirmed through a pathology report from an Approved Pathology Authority; **OR**
- Patient must have developed intolerance to nilotinib of a severity necessitating permanent treatment withdrawal, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Treatment criteria:

- Must be treated by a medical practitioner.

The authority application must be made via the Online PBS Authorities System (real time assessment), or in writing via HPOS form upload or mail and must include:

(i) details (date, unique identifying number/code or provider number) of a bone marrow biopsy pathology report demonstrating the patient has active chronic myeloid leukaemia, either manifest as cytogenetic evidence of the Philadelphia chromosome; or

(ii) details (date, unique identifying number/code or provider number) of a bone marrow biopsy/peripheral blood pathology report demonstrating RT-PCR level of BCR-ABL transcript greater than 0.1% on the international scale; and

(iii) where there has been a loss of response to dasatinib or nilotinib, details (date, unique identifying number/code or provider number) of the confirming pathology report(s) from an Approved Pathology Authority or details of the dates of assessment in the case of progressive splenomegaly or extramedullary involvement.

All reports must be documented in the patient's medical records

If the application is submitted through HPOS form upload or mail, it must include:

(i) details of the proposed prescription; and

(ii) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Up to a maximum of 18 months of treatment may be authorised under this initial restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authorisation under this restriction should be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)

Alternatively, applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

19246

Chronic Myeloid Leukaemia (CML)

Treatment Phase: Initial PBS-subsidised treatment for patients with T315I mutation

Clinical criteria:

- Patient must be expressing the T315I mutation confirmed through a bone marrow biopsy pathology report, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Treatment criteria:

- Must be treated by a medical practitioner.

The authority application must be made via the Online PBS Authorities System (real time assessment), or in writing via HPOS form upload or mail and must include:

(i) details (date, unique identifying number/code or provider number) of a bone marrow biopsy pathology report demonstrating the patient has active chronic myeloid leukaemia, either manifest as cytogenetic evidence of the Philadelphia chromosome; or

(ii) details (date, unique identifying number/code or provider number) of a bone marrow biopsy/peripheral blood pathology report demonstrating RT-PCR level of BCR-ABL transcript greater than 0.1% on the international scale; and

(iii) details (date, unique identifying number/code or provider number) of a bone marrow biopsy pathology report demonstrating evidence of the T315I mutation.

All reports must be documented in the patient's medical records.

If the application is submitted through HPOS form upload or mail, it must include:

(i) details of the proposed prescription; and

(ii) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Up to a maximum of 18 months of treatment may be authorised under this initial restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authorisation under this restriction should be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)

Alternatively, applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

19226

Chronic Myeloid Leukaemia (CML)

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received initial PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated a major cytogenic response of less than 35% Philadelphia positive bone marrow cells in the preceding 18 months and thereafter at 12 monthly intervals; **OR**
- Patient must have demonstrated a peripheral blood level of BCR-ABL of less than 1% on the international scale in the preceding 18 months and thereafter at 12 monthly intervals, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

A pathology report demonstrating the patient's cytogenetic response or a peripheral blood level of BCR-ABL must be documented in the patient's medical records.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

ponatinib 15 mg tablet, 60

10520Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	5,295.37	25.00	Iclusig [TK]

ponatinib 45 mg tablet, 30

10530F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	5,957.65	25.00	Iclusig [TK]

Epidermal growth factor receptor (EGFR) tyrosine kinase inhibitors

AFATINIB

Authority Required (STREAMLINED)

7613

Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be as monotherapy, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have progressive disease while receiving PBS-subsidised treatment with this drug for this condition.

Population criteria:

- Patient must have evidence of an activating epidermal growth factor receptor (EGFR) gene mutation known to confer sensitivity to treatment with EGFR tyrosine kinase inhibitors in tumour material.

Note Special Pricing Arrangements apply.

afatinib 20 mg tablet, 28

11336P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	3	0.00	2,771.92	25.00	Giotrif [BY]

afatinib 30 mg tablet, 28

11348G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	3	0.00	2,771.92	25.00	Giotrif [BY]

afatinib 40 mg tablet, 28

11347F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	3	0.00	2,771.92	25.00	Giotrif [BY]

AFATINIB

Note Special Pricing Arrangements apply.

Authority Required

16404

Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be as monotherapy, **AND**
- The condition must be non-squamous type non-small cell lung cancer (NSCLC) or not otherwise specified type NSCLC, **AND**
- Patient must not have received previous PBS-subsidised treatment with another epidermal growth factor receptor (EGFR) tyrosine kinase inhibitor (TKI); **OR**
- Patient must have developed intolerance to another epidermal growth factor receptor (EGFR) tyrosine kinase inhibitor (TKI) of a severity necessitating permanent treatment withdrawal, **AND**
- Patient must have a WHO performance status of 2 or less.

Population criteria:

- Patient must have evidence of an activating epidermal growth factor receptor (EGFR) gene mutation known to confer sensitivity to treatment with EGFR tyrosine kinase inhibitors in tumour material
- Patient must not have evidence in tumour material of an activating epidermal growth factor receptor (EGFR) exon 20 insertion mutation.

afatinib 20 mg tablet, 28

11335N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	3	0.00	2,771.92	25.00	Giotrif [BY]

afatinib 30 mg tablet, 28

11341X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	3	0.00	2,771.92	25.00	Giotrif [BY]

afatinib 40 mg tablet, 28

11359W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	3	0.00	2,771.92	25.00	Giotrif [BY]

ERLOTINIB

Authority Required

16404

Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be as monotherapy, **AND**
- The condition must be non-squamous type non-small cell lung cancer (NSCLC) or not otherwise specified type NSCLC, **AND**
- Patient must not have received previous PBS-subsidised treatment with another epidermal growth factor receptor (EGFR) tyrosine kinase inhibitor (TKI); **OR**
- Patient must have developed intolerance to another epidermal growth factor receptor (EGFR) tyrosine kinase inhibitor (TKI) of a severity necessitating permanent treatment withdrawal, **AND**
- Patient must have a WHO performance status of 2 or less.

Population criteria:

- Patient must have evidence of an activating epidermal growth factor receptor (EGFR) gene mutation known to confer sensitivity to treatment with EGFR tyrosine kinase inhibitors in tumour material
- Patient must not have evidence in tumour material of an activating epidermal growth factor receptor (EGFR) exon 20 insertion mutation.

erlotinib 25 mg tablet, 30

10022L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	3	0.00	123.90	25.00	[a] ERLOTINIB ARX [XT]	[a] Erlotinib Sandoz [SZ]

erlotinib 100 mg tablet, 30

10020J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	3	0.00	425.08	25.00	[a] ERLOTINIB ARX [XT]	[a] Erlotinib Sandoz [SZ]

erlotinib 150 mg tablet, 30

10014C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	3	0.00	523.65	25.00	[a] ERLOTINIB ARX [XT]	[a] Erlotinib Sandoz [SZ]

ERLOTINIB

Authority Required (STREAMLINED)

4600

Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be as monotherapy, **AND**
- Patient must have previously been issued with an authority prescription for this drug prior to 1 August 2014, **AND**
- Patient must not have progressive disease.

Population criteria:

- Patient must have a wild type epidermal growth factor receptor (EGFR) gene; **OR**
- Patient must have an epidermal growth factor receptor (EGFR) gene of unknown type.

erlotinib 25 mg tablet, 30

10028T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	3	0.00	123.90	25.00	[a] ERLOTINIB ARX [XT]	[a] Erlotinib Sandoz [SZ]

erlotinib 100 mg tablet, 30

10019H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	3	0.00	425.08	25.00	[a] ERLOTINIB ARX [XT]	[a] Erlotinib Sandoz [SZ]

erlotinib 150 mg tablet, 30

10025P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	3	0.00	523.65	25.00	[a] ERLOTINIB ARX [XT]	[a] Erlotinib Sandoz [SZ]

ERLOTINIB

Authority Required (STREAMLINED)

7446

Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be as monotherapy, **AND**
- Patient must have received an initial authority prescription for this drug for this condition, **AND**
- Patient must not have progressive disease.

Population criteria:

- Patient must have evidence of an activating epidermal growth factor receptor (EGFR) gene mutation known to confer sensitivity to treatment with EGFR tyrosine kinase inhibitors in tumour material.

erlotinib 25 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
11263T	1	3	0.00	123.90	25.00	[a] ERLOTINIB ARX [XT]	[a] Erlotinib Sandoz [SZ]

erlotinib 100 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
11260P	1	3	0.00	425.08	25.00	[a] ERLOTINIB ARX [XT]	[a] Erlotinib Sandoz [SZ]

erlotinib 150 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
11259N	1	3	0.00	523.65	25.00	[a] ERLOTINIB ARX [XT]	[a] Erlotinib Sandoz [SZ]

GEFITINIB

Authority Required

16404

Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be as monotherapy, **AND**
- The condition must be non-squamous type non-small cell lung cancer (NSCLC) or not otherwise specified type NSCLC, **AND**
- Patient must not have received previous PBS-subsidised treatment with another epidermal growth factor receptor (EGFR) tyrosine kinase inhibitor (TKI); **OR**
- Patient must have developed intolerance to another epidermal growth factor receptor (EGFR) tyrosine kinase inhibitor (TKI) of a severity necessitating permanent treatment withdrawal, **AND**
- Patient must have a WHO performance status of 2 or less.

Population criteria:

- Patient must have evidence of an activating epidermal growth factor receptor (EGFR) gene mutation known to confer sensitivity to treatment with EGFR tyrosine kinase inhibitors in tumour material
- Patient must not have evidence in tumour material of an activating epidermal growth factor receptor (EGFR) exon 20 insertion mutation.

gefitinib 250 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8769M	1	3	0.00	521.91	25.00	Cipla Gefitinib [LR]

GEFITINIB

Authority Required (STREAMLINED)

7447

Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be as monotherapy, **AND**
- Patient must have received an initial authority prescription for this drug for this condition, **AND**
- Patient must not have progressive disease.

gefitinib 250 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11264W	1	3	0.00	521.91	25.00	Cipla Gefitinib [LR]

OSIMERTINIB

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

18888

Non-small cell lung cancer (NSCLC)

Clinical criteria:

- Patient must be each of: (i) initiating treatment with this drug; (ii) have not previously received PBS-subsidised treatment with this drug for this condition; **OR**
- Patient must be continuing treatment with this drug for this condition, with an absence of further disease progression while being treated with this drug, **AND**
- Patient must have/have had a WHO performance status of no greater than 2 at treatment initiation with this drug for this condition, **AND**
- Patient must have evidence of an activating epidermal growth factor receptor (EGFR) gene mutation known to confer sensitivity to treatment with EGFR tyrosine kinase inhibitors in tumour material.

Population criteria:

- Patient must not have evidence in tumour material of an activating epidermal growth factor receptor (EGFR) exon 20 insertion mutation.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

PBS-subsidised treatment with this drug is restricted to once per lifetime at any disease stage for NSCLC (i.e. if therapy has been prescribed for early disease, subsidy under locally advanced or metastatic disease is no longer available).

Prescribers must refer to this drug's approved Therapeutic Goods Administration (TGA) Product Information (PI) for the relevant dosing regimens and treatment duration for the specific stage of NSCLC.

For patients receiving treatment with this drug as adjuvant therapy, treatment must cease upon disease progression, or after the completion of three years from the first administered dose, whichever comes first.

osimertinib 40 mg tablet, 30

15378J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	7,700.25	25.00	Tagrisso [AP]

osimertinib 80 mg tablet, 30

15392D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	7,700.25	25.00	Tagrisso [AP]

B-Raf serine-threonine kinase (BRAF) inhibitors

DABRAFENIB

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)

10157

Unresectable Stage III or Stage IV malignant melanoma

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be positive for a BRAF V600 mutation, **AND**
- The condition must not have been treated previously with PBS-subsidised BRAF inhibitor therapy for unresectable Stage III or Stage IV disease; **OR**
- Patient must have developed intolerance to other BRAF inhibitors of a severity necessitating permanent treatment withdrawal, **AND**
- Patient must not have experienced disease progression whilst on adjuvant BRAF inhibitor treatment or disease recurrence within 6 months of completion of adjuvant BRAF inhibitor with MEK inhibitor treatment if previously treated for resected Stage IIIB, IIIC or IIID melanoma, **AND**
- Patient must have a WHO performance status of 2 or less.

Note A patient who has had progressive disease when treated with another BRAF inhibitor is not eligible to receive PBS-subsidised treatment with this drug.

dabrafenib 50 mg capsule, 120

2963Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	3	0.00	4,889.12	25.00	Tafinlar [NV]

dabrafenib 75 mg capsule, 120

2846T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	3	0.00	7,267.49	25.00	Tafinlar [NV]

DABRAFENIB

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)

17286

Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Clinical criteria:

- Patient must have/have had a WHO performance status of no greater than 2 at treatment initiation with this drug for this condition, **AND**
- The condition must be positive for a BRAF V600E mutation, **AND**
- Patient must be receiving trametinib and dabrafenib concomitantly for this condition.

Treatment criteria:

- Patient must be undergoing initial treatment with this drug; **OR**
- Patient must be undergoing continuing treatment with this drug, with an absence of further disease progression while being treated with this drug; **OR**
- Patient must be undergoing non-PBS-subsidised treatment with this drug for this PBS indication, with an absence of further disease progression since commencing non-PBS-subsidised supply.

dabrafenib 50 mg capsule, 120

15056K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	0.00	4,889.12	25.00	Tafinlar [NV]

dabrafenib 75 mg capsule, 120

15055J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	0.00	7,267.49	25.00	Tafinlar [NV]

DABRAFENIB

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority Required

17950

Resected Stage IIIB, Stage IIIC or Stage IIID malignant melanoma

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be adjuvant to complete surgical resection, **AND**
- The condition must be positive for a BRAF V600 mutation, **AND**
- Patient must have a WHO performance status of 1 or less, **AND**
- Patient must be receiving PBS-subsidised trametinib and dabrafenib concomitantly for this condition, **AND**
- Patient must not have received prior PBS-subsidised treatment for this condition, **AND**
- The treatment must commence within 12 weeks of complete resection, **AND**
- Patient must not receive more than 12 months of combined PBS-subsidised and non-PBS-subsidised adjuvant therapy.

Treatment criteria:

- Must be treated by a medical practitioner.

Authority Required

17915

Resected Stage IIIB, Stage IIIC or Stage IIID malignant melanoma

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously been issued with an authority prescription for trametinib and dabrafenib concomitantly for adjuvant treatment following complete surgical resection, **AND**
- Patient must not have experienced disease recurrence, **AND**
- Patient must not receive more than 12 months of combined PBS-subsidised and non-PBS-subsidised adjuvant therapy.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

dabrafenib 50 mg capsule, 120

11820D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	0.00	4,889.12	25.00	Tafinlar [NV]

NP

dabrafenib 75 mg capsule, 120

11823G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	0.00	7,267.49	25.00	Tafinlar [NV]

NP

DABRAFENIB

Note A patient who has progressive disease when treated with this drug is no longer eligible for PBS-subsidised treatment with this drug.

Note A patient who has had progressive disease when treated with another BRAF inhibitor is not eligible to receive PBS-subsidised treatment with this drug.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)

17949

Unresectable Stage III or Stage IV malignant melanoma

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously been issued with an authority prescription for this drug, **AND**
- Patient must have stable or responding disease.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

dabrafenib 50 mg capsule, 120

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2954L NP	1	5	0.00	4,889.12	25.00	Tafinlar [NV]

dabrafenib 75 mg capsule, 120

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10003L NP	1	5	0.00	7,267.49	25.00	Tafinlar [NV]

DABRAFENIB

Note Dabrafenib is available as capsules and dispersible tablets. Caution is advised when consideration is given to changing formulations as the formulations are not bioequivalent. Frequent switching between formulations is discouraged.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

16385

Paediatric high grade glioma

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be World Health Organisation (WHO) grade 3 or 4, **AND**
- The condition must be positive for a BRAF V600 mutation, **AND**
- Patient must have either a: (i) Karnofsky, (ii) Lansky performance score of at least 50%, **AND**
- Patient must have relapsed or progressed following frontline therapy; **OR**
- Patient must have failed to respond to frontline therapy, **AND**
- Patient must be receiving PBS-subsidised trametinib and dabrafenib concomitantly for this condition.

Population criteria:

- Patient must have been aged between 12 months to 18 years at diagnosis.

Note A review and validation of the Karnofsky performance status scale can be found as a free access article here:

Mor, V., Laliberte, L., Morris, J.N. and Wiemann, M. (1984), The Karnofsky performance status scale: An examination of its reliability and validity in a research setting. Cancer, 53: 2002-2007. https://doi.org/10.1002/1097-0142(19840501)53:9<2002::AID-CNCR2820530933>3.0.CO;2-W

Note The original publication and validation of the Lansky performance status scale can be found as a free access article here:

Lansky, S.B., List, M.A., Lansky, L.L., Ritter-Sterr, C. and Miller, D.R. (1987), The measurement of performance in childhood cancer patients. Cancer, 60: 1651-1656. https://doi.org/10.1002/1097-0142(19871001)60:7<1651::AID-CNCR2820600738>3.0.CO;2-J

dabrafenib 10 mg dispersible tablet, 2 x 210

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14752K	2	1	0.00	*6,814.82	25.00	Tafinlar [NV]

dabrafenib 50 mg capsule, 120

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14760W	2	1	0.00	*9,668.88	25.00	Tafinlar [NV]

dabrafenib 75 mg capsule, 120

14766E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	1	0.00	7,267.49	25.00	Tafinlar [NV]

DABRAFENIB

Note Dabrafenib is available as capsules and dispersible tablets. Caution is advised when consideration is given to changing formulations as the formulations are not bioequivalent. Frequent switching between formulations is discouraged.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

16378

Paediatric high grade glioma

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have either: (i) stable, (ii) responding disease based on the Response Assessment in Neuro-Oncology (RANO) criteria, **AND**
- Patient must be receiving PBS-subsidised trametinib and dabrafenib concomitantly for this condition.

Note Response in the proposed restrictions is assessed using the Response Assessment for Neuro-Oncology (RANO) 2017 criteria:

Wen PY, Chang SM, Van den Bent MJ, Vogelbaum MA, Macdonald DR, Lee EQ. Response Assessment in Neuro-Oncology Clinical Trials. J Clin Oncol. 2017;35(21): 2439-2449. doi:10.1200/JCO.2017.72.7511

dabrafenib 10 mg dispersible tablet, 2 x 210

14753L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	3	0.00	*6,814.82	25.00	Tafinlar [NV]

dabrafenib 50 mg capsule, 120

14755N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	3	0.00	*9,668.88	25.00	Tafinlar [NV]

dabrafenib 75 mg capsule, 120

14757Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	3	0.00	7,267.49	25.00	Tafinlar [NV]

DABRAFENIB

Note Dabrafenib is available as capsules and dispersible tablets. Caution is advised when consideration is given to changing formulations as the formulations are not bioequivalent. Frequent switching between formulations is discouraged.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

16377

Paediatric low grade glioma

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be World Health Organisation (WHO) grade 1 or 2, **AND**
- The condition must have progressed following surgical excision; **OR**
- The condition must not be amenable to surgery with risk of neurological impairment following progression, **AND**
- The condition must be positive for a BRAF V600 mutation, **AND**
- Patient must have either a: (i) Karnofsky, (ii) Lansky performance score of at least 50%, **AND**
- Patient must be receiving PBS-subsidised trametinib and dabrafenib concomitantly for this condition.

Population criteria:

- Patient must have been aged between 12 months to 18 years at diagnosis.

Note A review and validation of the Karnofsky performance status scale can be found as a free access article here:

Mor, V., Laliberte, L., Morris, J.N. and Wiemann, M. (1984), The Karnofsky performance status scale: An examination of its reliability and validity in a research setting. Cancer, 53: 2002-2007. https://doi.org/10.1002/1097-0142(19840501)53:9<2002::AID-CNCR2820530933>3.0.CO;2-W

Note The original publication and validation of the Lansky performance status scale can be found as a free access article here:

Lansky, S.B., List, M.A., Lansky, L.L., Ritter-Sterr, C. and Miller, D.R. (1987), The measurement of performance in childhood cancer patients. Cancer, 60: 1651-1656. https://doi.org/10.1002/1097-0142(19871001)60:7<1651::AID-CNCR2820600738>3.0.CO;2-J

Authority Required

16358

Paediatric low grade glioma

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have either: (i) stable, (ii) responding disease based on the Response Assessment in Neuro-Oncology (RANO) criteria, **AND**
- Patient must be receiving PBS-subsidised trametinib and dabrafenib concomitantly for this condition.

Note Response in the proposed restrictions is assessed using the Response Assessment for Neuro-Oncology (RANO) 2017 criteria:

Wen PY, Chang SM, Van den Bent MJ, Vogelbaum MA, Macdonald DR, Lee EQ. Response Assessment in Neuro-Oncology Clinical Trials. J Clin Oncol. 2017;35(21): 2439-2449. doi:10.1200/JCO.2017.72.7511

dabrafenib 10 mg dispersible tablet, 2 x 210

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14773M	2	3	0.00	*6,814.82	25.00	Tafinlar [NV]

dabrafenib 50 mg capsule, 120

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14778T	2	3	0.00	*9,668.88	25.00	Tafinlar [NV]

dabrafenib 75 mg capsule, 120

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14754M	1	3	0.00	7,267.49	25.00	Tafinlar [NV]

ENCORAFENIB

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)

10271

Unresectable Stage III or Stage IV malignant melanoma

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be positive for a BRAF V600 mutation, **AND**
- The condition must not have been treated previously with PBS-subsidised BRAF inhibitor therapy for unresectable Stage III or Stage IV disease; **OR**
- Patient must have developed intolerance to other BRAF inhibitors of a severity necessitating permanent treatment withdrawal, **AND**
- Patient must not have experienced disease progression whilst on adjuvant BRAF inhibitor treatment or disease recurrence within 6 months of completion of adjuvant BRAF inhibitor with MEK inhibitor treatment if previously treated for resected Stage IIIB, IIIC or IIID melanoma, **AND**
- Patient must have a WHO performance status of 2 or less.

Note A patient who has had progressive disease when treated with another BRAF inhibitor is not eligible to receive PBS-subsidised treatment with this drug.

encorafenib 50 mg capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11937G	9	3	0.00	*7,277.37	25.00	Braftovi [FB]

encorafenib 75 mg capsule, 42

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11938H	4	3	0.00	*7,036.08	25.00	Braftovi [FB]

ENCORAFENIB

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)

12487

Metastatic colorectal cancer

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have BRAF V600 variant positive metastatic colorectal cancer, **AND**
- The treatment must be in combination with cetuximab, **AND**
- Patient must not have received prior treatment with cetuximab for this condition; **OR**
- Patient must not have developed disease progression while receiving cetuximab for this condition, **AND**
- Patient must not have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The condition must have failed to respond to at least one other line of systemic therapy, **AND**
- Patient must have a WHO performance status of 2 or less.

encorafenib 75 mg capsule, 42

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12814K	3	3	0.00	*5,304.39	25.00	Braftovi [FB]

ENCORAFENIB

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)

12484

Metastatic colorectal cancer

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be in combination with cetuximab, **AND**
- Patient must not have developed disease progression while receiving PBS-subsidised treatment with this drug for this condition.

encorafenib 75 mg capsule, 42

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12815L	3	5	0.00	*5,304.39	25.00	Braftovi [FB]

ENCORAFENIB

Note A patient who has progressive disease when treated with this drug is no longer eligible for PBS-subsidised treatment with this drug.
Note A patient who has had progressive disease when treated with another BRAF inhibitor is not eligible to receive PBS-subsidised treatment with this drug.
Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)

17949

Unresectable Stage III or Stage IV malignant melanoma

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously been issued with an authority prescription for this drug, **AND**
- Patient must have stable or responding disease.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

encorafenib 50 mg capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11954E NP	9	5	0.00	*7,277.37	25.00	Braftovi [FB]

encorafenib 75 mg capsule, 42

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11949X NP	4	5	0.00	*7,036.08	25.00	Braftovi [FB]

VEMURAFENIB

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)

10157

Unresectable Stage III or Stage IV malignant melanoma

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be positive for a BRAF V600 mutation, **AND**
- The condition must not have been treated previously with PBS-subsidised BRAF inhibitor therapy for unresectable Stage III or Stage IV disease; **OR**
- Patient must have developed intolerance to other BRAF inhibitors of a severity necessitating permanent treatment withdrawal, **AND**
- Patient must not have experienced disease progression whilst on adjuvant BRAF inhibitor treatment or disease recurrence within 6 months of completion of adjuvant BRAF inhibitor with MEK inhibitor treatment if previously treated for resected Stage IIIB, IIIC or IIID melanoma, **AND**
- Patient must have a WHO performance status of 2 or less.

Note A patient who has had progressive disease when treated with another BRAF inhibitor is not eligible to receive PBS-subsidised treatment with this drug.

vemurafenib 240 mg tablet, 56

11076Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	4	3	0.00	*6,860.80	25.00	Zelboraf [RO]

VEMURAFENIB

Note A patient who has progressive disease when treated with this drug is no longer eligible for PBS-subsidised treatment with this drug.

Note A patient who has had progressive disease when treated with another BRAF inhibitor is not eligible to receive PBS-subsidised treatment with this drug.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)

17949

Unresectable Stage III or Stage IV malignant melanoma

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously been issued with an authority prescription for this drug, **AND**
- Patient must have stable or responding disease.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

vemurafenib 240 mg tablet, 56

11081F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	4	5	0.00	*6,860.80	25.00	Zelboraf [RO]

Anaplastic lymphoma kinase (ALK) inhibitors

ALECTINIB

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

18901

Resected non-small cell lung cancer (NSCLC)

Treatment Phase: Adjuvant therapy

Clinical criteria:

- Patient must be both: (i) initiating treatment, (ii) untreated with an Anaplastic Lymphoma Kinase-Tyrosine Kinase Inhibitor (ALK-TKI) for non-small cell lung cancer; **OR**
- Patient must be continuing existing PBS-subsidised treatment with this drug; **OR**
- Patient must be both: (i) transitioning from existing non-PBS to PBS-subsidised supply of this drug, (ii) untreated with ALK-TKI at the time this drug was initiated, **AND**
- The condition must be/have been at least one of: (i) node positive, (ii) at least 4 cm in size, **AND**
- The treatment must be for the purpose of adjuvant therapy following surgical resection, **AND**
- The treatment must be commenced within 26 weeks of surgery, **AND**
- Patient must have evidence of an anaplastic lymphoma kinase (ALK) gene rearrangement in tumour material, defined as either: (i) 15% (or greater) positive cells by fluorescence in situ hybridisation (FISH) testing, (ii) positive next generation sequencing (NGS) testing, **AND**

- Patient must have/have had a WHO performance status score of no greater than 1 at treatment initiation with this drug, **AND**
- The treatment must be the sole PBS-subsidised systemic anti-cancer therapy for this PBS indication.

Treatment criteria:

- Patient must be undergoing treatment that does not occur beyond the following, whichever comes first: (i) the first instance of disease progression/recurrence, (ii) 24 months of combined non-PBS and PBS-subsidised treatment for this condition from the first administered dose; mark any remaining repeat prescriptions with the words 'cancelled' where (i)/(ii) has occurred, **AND**
- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

alectinib 150 mg capsule, 4 x 56

15376G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	3	0.00	6,579.20	25.00	Alecensa [RO]

ALECTINIB

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

18725

Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must not have previously received PBS-subsidised treatment with alectinib as adjuvant therapy in resected non-small cell lung cancer, **AND**
- The treatment must be the sole PBS-subsidised systemic anti-cancer therapy for this condition, **AND**
- The condition must be non-squamous type non-small cell lung cancer (NSCLC) or not otherwise specified type NSCLC, **AND**
- Patient must have a WHO performance status of 2 or less, **AND**
- Patient must have evidence of an anaplastic lymphoma kinase (ALK) gene rearrangement in tumour material, defined as either: (i) 15% (or greater) positive cells by fluorescence in situ hybridisation (FISH) testing, (ii) positive next generation sequencing (NGS) testing.

Treatment criteria:

- Must be treated by a medical practitioner.

Authority Required

18726

Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be the sole PBS-subsidised systemic anti-cancer therapy for this condition, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this indication (i.e. for stage IIIB/IV NSCLC), **AND**
- Patient must not develop disease progression while receiving PBS-subsidised treatment with this drug for this condition.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

alectinib 150 mg capsule, 4 x 56

11226W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	3	0.00	6,579.20	25.00	Alecensa [RO]

BRIGATINIB

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

17870

Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be as monotherapy, **AND**

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not develop disease progression while receiving PBS-subsidised treatment with this drug for this condition.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

brigatinib 30 mg tablet, 28

11980M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	4	3	0.00	*6,648.20	25.00	Alunbrig [TK]

brigatinib 90 mg tablet, 28

11974F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	3	0.00	6,579.20	25.00	Alunbrig [TK]

brigatinib 180 mg tablet, 28

11984R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	3	0.00	6,579.20	25.00	Alunbrig [TK]

BRIGATINIB

Caution Careful monitoring of patients is required due to risk of developing pulmonary adverse events observed in patients within the first seven days of treatment with this drug. Patients must be instructed to report any new or worsening respiratory symptoms.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

15759

Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be as monotherapy, **AND**
- The condition must be non-squamous type non-small cell lung cancer (NSCLC) or not otherwise specified type NSCLC, **AND**
- Patient must have a WHO performance status of 2 or less, **AND**
- Patient must have evidence of an anaplastic lymphoma kinase (ALK) gene rearrangement in tumour material, defined as either: (i) 15% (or greater) positive cells by fluorescence in situ hybridisation (FISH) testing, (ii) positive next generation sequencing (NGS) testing.

brigatinib 90 mg tablet [7] (&) brigatinib 180 mg tablet [21], 1 pack

11976H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	6,579.20	25.00	Alunbrig [TK]

CERITINIB

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

17947

Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be as monotherapy, **AND**
- The condition must be non-squamous type non-small cell lung cancer (NSCLC) or not otherwise specified type NSCLC, **AND**
- Patient must have a WHO performance status of 2 or less, **AND**
- Patient must have evidence of an anaplastic lymphoma kinase (ALK) gene rearrangement in tumour material, defined as either: (i) 15% (or greater) positive cells by fluorescence in situ hybridisation (FISH) testing, (ii) positive next generation sequencing (NGS) testing.

Treatment criteria:

- Must be treated by a medical practitioner.

Authority Required

17870

Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be as monotherapy, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not develop disease progression while receiving PBS-subsidised treatment with this drug for this condition.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

ceritinib 150 mg capsule, 3 x 50

11056X NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	0.00	7,039.69	25.00	Zykadia [NV]

CRIZOTINIB

Note Special Pricing Arrangements apply.

Authority Required

17802

Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be the sole PBS-subsidised systemic anti-cancer therapy for this condition, **AND**
- The condition must be non-squamous type non-small cell lung cancer (NSCLC) or not otherwise specified type NSCLC, **AND**
- Patient must have a WHO performance status of 2 or less, **AND**
- Patient must have evidence of an anaplastic lymphoma kinase (ALK) gene rearrangement in tumour material, defined as either: (i) 15% (or greater) positive cells by fluorescence in situ hybridisation (FISH) testing, (ii) positive next generation sequencing (NGS) testing.

Treatment criteria:

- Must be treated by a medical practitioner.

Applications for authorisation of initial treatment must be made via the Online PBS Authorities System (real time assessment) or in writing via HPOS form upload or mail.

If the application is submitted through HPOS form upload or mail, it must include:

(a) details of the proposed prescription; and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The following must be documented in the patient's medical records:

(a) evidence of an anaplastic lymphoma kinase (ALK) gene rearrangement in tumour material.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authorisation under this restriction should be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)

Alternatively, applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

17805

Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be the sole PBS-subsidised systemic anti-cancer therapy for this condition, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have developed disease progression while receiving PBS-subsidised treatment with this drug for this condition.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

crizotinib 200 mg capsule, 60

10323H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	3	0.00	6,694.33	25.00	Xalkori [PF]

crizotinib 250 mg capsule, 60

10322G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	3	0.00	6,694.33	25.00	Xalkori [PF]

CRIZOTINIB

Note Special Pricing Arrangements apply.

Authority Required

18004

Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be the sole PBS-subsidised systemic anti-cancer therapy for this condition, **AND**
- The condition must be non-squamous type non-small cell lung cancer (NSCLC) or not otherwise specified type NSCLC, **AND**
- Patient must have a WHO performance status of 2 or less, **AND**
- Patient must have evidence of c-ROS proto-oncogene 1 (ROS1) gene rearrangement in tumour material, defined as either: (i) 15% (or greater) positive cells by fluorescence in situ hybridisation (FISH) testing, (ii) positive next generation sequencing (NGS) testing, **AND**
- Patient must not have received prior treatment with a c-ROS proto-oncogene 1 (ROS1) receptor tyrosine kinase inhibitor for this condition; **OR**
- Patient must have developed intolerance to a c-ROS proto-oncogene 1 (ROS1) receptor tyrosine kinase inhibitor necessitating permanent treatment withdrawal.

Treatment criteria:

- Must be treated by a medical practitioner.

Applications for authorisation of initial treatment must be made via the Online PBS Authorities System (real time assessment) or in writing via HPOS form upload or mail.

If the application is submitted through HPOS form upload or mail, it must include:

(a) details of the proposed prescription; and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The following must be documented in the patient's medical records:

(a) evidence of c-ROS proto-oncogene 1 (ROS1) gene rearrangement in tumour material.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authorisation under this restriction should be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)

Alternatively, applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

17805

Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be the sole PBS-subsidised systemic anti-cancer therapy for this condition, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have developed disease progression while receiving PBS-subsidised treatment with this drug for this condition.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

crizotinib 200 mg capsule, 60

11589Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	3	0.00	6,694.33	25.00	Xalkori [PF]

crizotinib 250 mg capsule, 60

11594F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	3	0.00	6,694.33	25.00	Xalkori [PF]

LORLATINIB

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

17914

Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be the sole PBS-subsidised systemic anti-cancer therapy for this PBS indication, **AND**
- The condition must be non-squamous type non-small cell lung cancer (NSCLC) or not otherwise specified type NSCLC, **AND**
- Patient must have a WHO performance status of 2 or less, **AND**
- Patient must have evidence of an anaplastic lymphoma kinase (ALK) gene rearrangement in tumour material, defined as either: (i) 15% (or greater) positive cells by fluorescence in situ hybridisation (FISH) testing, (ii) positive next generation sequencing (NGS) testing.

Treatment criteria:

- Must be treated by a medical practitioner.

Authority Required

18022

Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be the sole PBS-subsidised systemic anti-cancer therapy for this PBS indication, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not develop disease progression while receiving PBS-subsidised treatment with this drug for this condition.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

lorlatinib 25 mg tablet, 90

12096P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	3	0.00	6,530.27	25.00	Lorviqua [PF]

lorlatinib 100 mg tablet, 30

12091J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	3	0.00	6,530.27	25.00	Lorviqua [PF]

Mitogen-activated protein kinase (MEK) inhibitors

BINIMETINIB

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)

10328

Unresectable Stage III or Stage IV malignant melanoma

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must be receiving PBS-subsidised encorafenib concomitantly for this condition.

binimetinib 15 mg tablet, 84

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11948W	2	3	0.00	*7,349.78	25.00	Mektovi [FB]

BINIMETINIB

Note A patient who has progressive disease when treated with this drug is no longer eligible for PBS-subsidised treatment with this drug.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)

17917

Unresectable Stage III or Stage IV malignant melanoma

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously been issued with an authority prescription for this drug, **AND**
- Patient must be receiving PBS-subsidised encorafenib concomitantly for this condition, **AND**
- Patient must have stable or responding disease.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

binimetinib 15 mg tablet, 84

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11961M NP	2	5	0.00	*7,349.78	25.00	Mektovi [FB]

COBIMETINIB

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)

10033

Unresectable Stage III or Stage IV malignant melanoma

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must be receiving PBS subsidised vemurafenib concomitantly for this condition.

cobimetinib 20 mg tablet, 63

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11074W	1	3	0.00	7,142.32	25.00	Cotellic [RO]

COBIMETINIB

Note A patient who has had progressive disease when treated with this drug is no longer eligible for PBS-subsidised treatment with this drug.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)

17807

Unresectable Stage III or Stage IV malignant melanoma

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously been issued with an authority prescription for this drug, **AND**
- Patient must be receiving PBS-subsidised vemurafenib concomitantly for this condition, **AND**
- Patient must have stable or responding disease.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

cobimetinib 20 mg tablet, 63

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11075X NP	1	5	0.00	7,142.32	25.00	Cotellic [RO]

SELUMETINIB

Note The Karnofsky Performance Score is available at:

https://oncologypro.esmo.org/oncology-in-practice/practice-tools/performance-scales

www.mdcalc.com/calc/3168/karnofsky-performance-status-scale

Note The Lansky Performance Score is available at:

www.mdcalc.com/calc/3176/lansky-play-performace-scale-pediatric-functional-status

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

15490

Neurofibromatosis type 1

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have plexiform neurofibroma(s) (PN) that is causing/likely to cause at least one of: (i) significant symptoms/morbidity, (ii) disability, (iii) disfigurement, (iv) impairment of normal body function, **AND**
- Patient must have PN for which complete resection cannot be performed, **AND**
- Patient must have either a: (i) Karnofsky, (ii) Lansky Performance Score of at least 70%.

Treatment criteria:

- Must be treated by a prescriber who is either: (i) a specialist physician with expertise in neurofibromatosis, (ii) a medical practitioner in consultation with a specialist physician with expertise in neurofibromatosis if attendance is not possible due to geographic isolation.

Population criteria:

- Patient must be aged between 2 to 18 years
- Patient must be able to swallow the whole capsule form of this drug.

At the time of the authority application, medical practitioners must request the appropriate number of packs of appropriate strength(s) to provide sufficient drug, based on the body surface area (BSA) of the patient, adequate for 4 weeks, according to the specified dosage in the approved Product Information (PI). A separate authority prescription form must be completed for each strength requested. Up to a maximum of 5 repeats will be authorised**.**

Confirmation of eligibility for treatment with diagnostic reports must be documented in the patient's medical records.

For the purpose of administering this restriction, significant symptoms/morbidity are defined as, but not limited to:

1. head and neck PN that can compromise the airway or great vessels;
2. paraspinal PN that can cause myelopathy;
3. brachial or lumbar plexus PN that can cause nerve compression and loss of function;
4. PN that can result in major deformity or significant disfiguring (e.g. orbital PN);
5. PN of the extremity that can cause limb hypertrophy or loss of function; and
6. painful PN.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authorisation under this restriction should be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)

Alternatively, applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

15477

Neurofibromatosis type 1

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must be tolerating treatment, **AND**
- Patient must have achieved either: (i) stabilisation of disease, (ii) adequate response to treatment, if have received at least 12 months of treatment with this drug.

Treatment criteria:

- Must be treated by a prescriber who is either: (i) a specialist physician with expertise in neurofibromatosis, (ii) a medical practitioner in consultation with a specialist physician with expertise in neurofibromatosis if attendance is not possible due to geographic isolation.

At the time of the authority application, medical practitioners must request the appropriate number of packs of appropriate strength(s) to provide sufficient drug, based on the body surface area (BSA) of the patient, adequate for 4 weeks, according to the specified dosage in the approved Product Information (PI). A separate authority prescription form must be completed for each strength requested. Up to a maximum of 5 repeats will be authorised**.**

Confirmation of eligibility for treatment with diagnostic reports must be documented in the patient's medical records.

For the purpose of administering this restriction, adequate response is defined as:

1. stability or improvement of the initial baseline measurements prior to initiating treatment with this drug;

2. relevant imaging has not shown an increase in tumour size of 20% or more.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority Required

15491

Neurofibromatosis type 1

Treatment Phase: Transitioning from non-PBS to PBS-subsidised supply - Grandfather arrangements

Clinical criteria:

- Patient must have previously received treatment with this drug for this condition prior to 1 August 2024; **OR**
- Patient must have previously received treatment with another mitogen-activated protein kinase (MEK) inhibitor for this condition prior to 1 August 2024, **AND**
- Patient must have met all other PBS eligibility criteria that a non-'Grandfather' patient would ordinarily be required to meet, meaning that at the time non-PBS-subsidised supply of a MEK inhibitor (including selumetinib) was commenced, the patient: (i) had PN that caused/was likely to cause at least one of: (a) significant symptoms/morbidity, (b) disability, (c) disfigurement, (d) impairment of normal body function; (ii) had PN for which complete PN resection could not be performed either: (a) safely, (b) without causing unacceptable morbidity; (iii) had either a: (a) Karnofsky, (b) Lansky Performance Score of at least 70%; (iv) was aged between 2 to 18 years; (v) was able to swallow the whole capsule form if received non-PBS supply with selumetinib, **AND**
- Patient must be tolerating treatment, **AND**
- Patient must have achieved either: (i) stabilisation of disease, (ii) adequate response to treatment, if have received at least 12 months of treatment.

Treatment criteria:

- Must be treated by a prescriber who is either: (i) a specialist physician with expertise in neurofibromatosis, (ii) a medical practitioner in consultation with a specialist physician with expertise in neurofibromatosis if attendance is not possible due to geographic isolation.

At the time of the authority application, medical practitioners must request the appropriate number of packs of appropriate strength(s) to provide sufficient drug, based on the body surface area (BSA) of the patient, adequate for 4 weeks, according to the specified dosage in the approved Product Information (PI). A separate authority prescription form must be completed for each strength requested. Up to a maximum of 5 repeats will be authorised**.**

Confirmation of eligibility for treatment with diagnostic reports must be documented in the patient's medical records.

For the purpose of administering this restriction, significant symptoms/morbidity are defined as, but not limited to:

1. head and neck PN that can compromise the airway or great vessels;

2. paraspinal PN that can cause myelopathy;

3. brachial or lumbar plexus PN that can cause nerve compression and loss of function;

4. PN that can result in major deformity or significant disfiguring (e.g. orbital PN);

5. PN of the extremity that can cause limb hypertrophy or loss of function; and

6. painful PN.

For the purpose of administering this restriction, adequate response is defined as:

1. stability or improvement of the initial baseline measurements prior to initiating treatment with this drug;

2. relevant imaging has not shown an increase in tumour size of 20% or more.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Note Patients may qualify for PBS-subsidised treatment under this restriction once only. For continuing PBS-subsidised treatment, a 'Grandfathered' patient must qualify under the 'Continuing treatment' criteria.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authorisation under this restriction should be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)

Alternatively, applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs
Reply Paid 9826
HOBART TAS 7001

selumetinib 10 mg capsule, 60

14236G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	0.00	7,221.36	25.00	Koselugo [XI]

selumetinib 25 mg capsule, 60

14287Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	0.00	17,707.36	25.00	Koselugo [XI]

TRAMETINIB

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)
10051
Unresectable Stage III or Stage IV malignant melanoma
Treatment Phase: Initial treatment
Clinical criteria:

- Patient must be receiving PBS-subsidised dabrafenib concomitantly for this condition.

trametinib 500 microgram tablet, 30

10403M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	3	3	0.00	*5,529.72	25.00	Mekinist [NV]

trametinib 2 mg tablet, 30

10382K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	3	0.00	7,267.49	25.00	Mekinist [NV]

TRAMETINIB

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)
17286
Stage IV (metastatic) non-small cell lung cancer (NSCLC)
Clinical criteria:

- Patient must have/have had a WHO performance status of no greater than 2 at treatment initiation with this drug for this condition, **AND**
- The condition must be positive for a BRAF V600E mutation, **AND**
- Patient must be receiving trametinib and dabrafenib concomitantly for this condition.

Treatment criteria:

- Patient must be undergoing initial treatment with this drug; **OR**
- Patient must be undergoing continuing treatment with this drug, with an absence of further disease progression while being treated with this drug; **OR**
- Patient must be undergoing non-PBS-subsidised treatment with this drug for this PBS indication, with an absence of further disease progression since commencing non-PBS-subsidised supply.

trametinib 500 microgram tablet, 30

15051E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	3	5	0.00	*5,529.72	25.00	Mekinist [NV]

trametinib 2 mg tablet, 30

15057L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	0.00	7,267.49	25.00	Mekinist [NV]

TRAMETINIB

Note A patient who has progressive disease when treated with this drug is no longer eligible for PBS-subsidised treatment with this drug.
Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)
17951

Unresectable Stage III or Stage IV malignant melanoma
Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously been issued with an authority prescription for this drug, **AND**
- Patient must be receiving PBS-subsidised dabrafenib concomitantly for this condition, **AND**
- Patient must have stable or responding disease.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

trametinib 500 microgram tablet, 30

10385N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	3	5	0.00	*5,529.72	25.00	Mekinist [NV]

trametinib 2 mg tablet, 30

10405P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	7,267.49	25.00	Mekinist [NV]

TRAMETINIB

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority Required

17950

Resected Stage IIIB, Stage IIIC or Stage IIID malignant melanoma
Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be adjuvant to complete surgical resection, **AND**
- The condition must be positive for a BRAF V600 mutation, **AND**
- Patient must have a WHO performance status of 1 or less, **AND**
- Patient must be receiving PBS-subsidised trametinib and dabrafenib concomitantly for this condition, **AND**
- Patient must not have received prior PBS-subsidised treatment for this condition, **AND**
- The treatment must commence within 12 weeks of complete resection, **AND**
- Patient must not receive more than 12 months of combined PBS-subsidised and non-PBS-subsidised adjuvant therapy.

Treatment criteria:

- Must be treated by a medical practitioner.

Authority Required

17915

Resected Stage IIIB, Stage IIIC or Stage IIID malignant melanoma
Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously been issued with an authority prescription for trametinib and dabrafenib concomitantly for adjuvant treatment following complete surgical resection, **AND**
- Patient must not have experienced disease recurrence, **AND**
- Patient must not receive more than 12 months of combined PBS-subsidised and non-PBS-subsidised adjuvant therapy.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

trametinib 500 microgram tablet, 30

11821E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	3	3	0.00	*5,529.72	25.00	Mekinist [NV]

trametinib 2 mg tablet, 30

11819C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	3	0.00	7,267.49	25.00	Mekinist [NV]

TRAMETINIB

Note Trametinib is available as tablets and oral solution. Caution is advised when consideration is given to changing formulations as the formulations are not bioequivalent. Frequent switching between formulations is discouraged.
Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.
Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority Required
16371
Paediatric high grade glioma
Clinical criteria:

- Patient must be receiving PBS-subsidised trametinib and dabrafenib concomitantly for this condition.

trametinib 50 microgram/mL powder for oral liquid, 90 mL

14742X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	13	3	0.00	*7,930.14	25.00	Mekinist [NV]

trametinib 500 microgram tablet, 30

14780X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	4	3	0.00	*7,336.52	25.00	Mekinist [NV]

trametinib 2 mg tablet, 30

14774N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	3	0.00	7,267.49	25.00	Mekinist [NV]

TRAMETINIB

Note Trametinib is available as tablets and oral solution. Caution is advised when consideration is given to changing formulations as the formulations are not bioequivalent. Frequent switching between formulations is discouraged.
Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.
Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority Required
16372
Paediatric low grade glioma
Clinical criteria:

- Patient must be receiving PBS-subsidised trametinib and dabrafenib concomitantly for this condition.

trametinib 50 microgram/mL powder for oral liquid, 90 mL

14761X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	13	3	0.00	*7,930.14	25.00	Mekinist [NV]

trametinib 500 microgram tablet, 30

14779W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	4	3	0.00	*7,336.52	25.00	Mekinist [NV]

trametinib 2 mg tablet, 30

14767F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	3	0.00	7,267.49	25.00	Mekinist [NV]

Cyclin-dependent kinase (CDK) inhibitors

ABEMACICLIB

Note The Nottingham grading system is the histologic grading system developed by Elston and Ellis as a modification of the Scarff-Bloom-Richardson grading system. See the following literature publication for details:
Elston, CW, Ellis, IO. Pathological prognostic factors in breast cancer. The value of histological grade in breast cancer: experience from a large study with long-term follow-up. Histopathology. 1991 Nov;19(5):403-10.
Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.
Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority Required
19282
Early breast cancer
Clinical criteria:

- The treatment must be adjuvant to surgical resection, **AND**
- Patient must have been untreated with cyclin-dependent kinase 4/6 (CDK4/6) inhibitor therapy at the time non-PBS-subsidised or PBS-subsidised treatment was initiated; **OR**
- Patient must have developed an intolerance to another CDK4/6 inhibitor therapy (other than this drug) of a severity necessitating permanent treatment withdrawal, **AND**

- The condition must not have been treated with adjuvant endocrine therapy for more than 6 months prior to commencing a CDK4/6 inhibitor therapy for this condition, **AND**
- The condition must be human epidermal growth factor receptor 2 (HER2) negative, **AND**
- The condition must be hormone receptor positive, **AND**
- The condition must be at high risk of recurrence at treatment initiation with this drug, with high risk being any of: (a) cancer cells in at least 4 positive axillary lymph nodes, (b) cancer cells in 1 to 3 positive axillary lymph nodes plus at least one of: (i) tumour size of at least 5 cm in size, (ii) grade 3 tumour histology (on the Nottingham grading system), **AND**
- The treatment must not be a PBS-subsidised benefit beyond whichever comes first: (i) a total of 2 years of active treatment (this includes any non-PBS-subsidised supply if applicable), (ii) disease recurrence/progression, **AND**
- The treatment must not be in combination with any of the following: (i) olaparib, (ii) pembrolizumab, (iii) ribociclib.

Treatment criteria:

- Patient must be undergoing concurrent treatment with endocrine therapy where this drug is being prescribed as a PBS benefit, **AND**
- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

Retain all pathology imaging and investigative test results in the patient's medical records.

PBS-subsidised treatment with CDK 4/6 inhibitors is restricted to one line of therapy at any disease staging for breast cancer (i.e. if therapy has been prescribed for early disease, subsidy under locally advanced or metastatic disease is no longer available).

abemaciclib 50 mg tablet, 56

14116Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	4,093.49	25.00	Verzenio [LY]

abemaciclib 100 mg tablet, 56

14105J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	4,093.49	25.00	Verzenio [LY]

abemaciclib 150 mg tablet, 56

14134X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	4,093.49	25.00	Verzenio [LY]

ABEMACICLIB

Note Non-steroidal aromatase inhibitors for the purposes of this restriction are anastrozole and letrozole.

Note Cyclin-dependent kinase 4 and 6 (CDK4/6) inhibitors for the purposes of this restriction are abemaciclib, palbociclib and ribociclib.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

17774

Locally advanced or metastatic breast cancer

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must be untreated with cyclin-dependent kinase 4/6 (CDK4/6) inhibitor therapy; **OR**
- Patient must have developed an intolerance to another CDK4/6 inhibitor therapy (other than this drug) of a severity necessitating permanent treatment withdrawal, **AND**
- The condition must be hormone receptor positive, **AND**
- The condition must be human epidermal growth factor receptor 2 (HER2) negative, **AND**
- The condition must be inoperable, **AND**
- Patient must have a World Health Organisation (WHO) Eastern Cooperative Oncology Group (ECOG) performance status score of 2 or less, **AND**
- The treatment must be in combination, where the patient has never been treated with endocrine therapy for advanced/metastatic disease, with one of (i) a non-steroidal aromatase inhibitor, (ii) fulvestrant; **OR**
- The treatment must be in combination, where the patient has recurrence/progressive disease despite being treated with endocrine therapy for advanced/metastatic disease, with fulvestrant only, **AND**
- The treatment must not be in combination with another cyclin-dependent kinase 4/6 (CDK4/6) inhibitor therapy.

Treatment criteria:

- Must be treated by a medical practitioner.

Population criteria:

- Patient must not be premenopausal.

PBS-subsidised treatment with CDK 4/6 inhibitors is restricted to one line of therapy at any disease staging for breast cancer (i.e. if therapy has been prescribed for early disease, subsidy under locally advanced or metastatic disease is no longer available).

Authority Required

17847

Locally advanced or metastatic breast cancer

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have developed disease progression while being treated with this drug for this condition, **AND**
- The treatment must be in combination with one of: (i) non-steroidal aromatase inhibitor, (ii) fulvestrant, **AND**
- The treatment must not be in combination with another cyclin-dependent kinase 4/6 (CDK4/6) inhibitor therapy.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

Population criteria:

- Patient must not be premenopausal.

PBS-subsidised treatment with CDK 4/6 inhibitors is restricted to one line of therapy at any disease staging for breast cancer (i.e. if therapy has been prescribed for early disease, subsidy under locally advanced or metastatic disease is no longer available).

abemaciclib 50 mg tablet, 56

11876C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	4,093.49	25.00	Verzenio [LY]

abemaciclib 100 mg tablet, 56

11871T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	4,093.49	25.00	Verzenio [LY]

abemaciclib 150 mg tablet, 56

11868P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	4,093.49	25.00	Verzenio [LY]

PALBOCICLIB

Note Non-steroidal aromatase inhibitors for the purposes of this restriction are anastrozole and letrozole.

Note Cyclin-dependent kinase 4 and 6 (CDK4/6) inhibitors for the purposes of this restriction are abemaciclib, palbociclib and ribociclib.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

17851

Locally advanced or metastatic breast cancer

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must be untreated with cyclin-dependent kinase 4/6 (CDK4/6) inhibitor therapy; **OR**
- Patient must have developed an intolerance to another CDK4/6 inhibitor therapy (other than this drug) of a severity necessitating permanent treatment withdrawal, **AND**
- The condition must be hormone receptor positive, **AND**
- The condition must be human epidermal growth factor receptor 2 (HER2) negative, **AND**
- The condition must be inoperable, **AND**
- Patient must have a World Health Organisation (WHO) Eastern Cooperative Oncology Group (ECOG) performance status score of 2 or less, **AND**
- The treatment must be in combination, where the patient has never been treated with endocrine therapy for advanced/metastatic disease, with a non-steroidal aromatase inhibitor; **OR**
- The treatment must be in combination, where the patient has recurrence/progressive disease despite being treated with endocrine therapy for advanced/metastatic disease, with fulvestrant only, **AND**
- The treatment must not be in combination with another cyclin-dependent kinase 4/6 (CDK4/6) inhibitor therapy.

Treatment criteria:

- Must be treated by a medical practitioner.

Population criteria:

- Patient must not be premenopausal.

PBS-subsidised treatment with CDK 4/6 inhibitors is restricted to one line of therapy at any disease staging for breast cancer (i.e. if therapy has been prescribed for early disease, subsidy under locally advanced or metastatic disease is no longer available).

Authority Required

17906

Locally advanced or metastatic breast cancer

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have developed disease progression while being treated with this drug for this condition, **AND**
- The treatment must be in combination with one of: (i) non-steroidal aromatase inhibitor, (ii) fulvestrant, **AND**
- The treatment must not be in combination with another cyclin-dependent kinase 4/6 (CDK4/6) inhibitor therapy.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

Population criteria:

- Patient must not be premenopausal.

A patient who has progressive disease when treated with this drug is no longer eligible for PBS-subsidised treatment with this drug.

PBS-subsidised treatment with CDK 4/6 inhibitors is restricted to one line of therapy at any disease staging for breast cancer (i.e. if therapy has been prescribed for early disease, subsidy under locally advanced or metastatic disease is no longer available).

palbociclib 75 mg tablet, 21

12818P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	3,697.38	25.00	Ibrance [PF]

palbociclib 100 mg tablet, 21

12819Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	3,697.38	25.00	Ibrance [PF]

palbociclib 125 mg tablet, 21

12822W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	3,697.38	25.00	Ibrance [PF]

RIBOCICLIB

Caution QT interval monitoring is required for patients treated with this drug.

Note Non-steroidal aromatase inhibitors for the purposes of this restriction are anastrozole and letrozole.

Note Cyclin-dependent kinase 4 and 6 (CDK4/6) inhibitors for the purposes of this restriction are abemaciclib, palbociclib and ribociclib.

Note The Nottingham grading system is the histologic grading system developed by Elston and Ellis as a modification of the Scarff-Bloom-Richardson grading system. See the following literature publication for details:

Elston, CW, Ellis, IO. Pathological prognostic factors in breast cancer. The value of histological grade in breast cancer: experience from a large study with long-term follow-up. Histopathology. 1991 Nov;19(5):403-10.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

19283

Early breast cancer

Clinical criteria:

- The treatment must be adjuvant to surgical resection, **AND**
- Patient must have been untreated with cyclin-dependent kinase 4/6 (CDK4/6) inhibitor therapy at the time non-PBS-subsidised or PBS-subsidised treatment was initiated; **OR**
- Patient must have developed an intolerance to another CDK4/6 inhibitor therapy (other than this drug) of a severity necessitating permanent treatment withdrawal, **AND**
- The condition must not have been treated with adjuvant endocrine therapy for more than 6 months prior to commencing a CDK4/6 inhibitor therapy for this condition, **AND**
- The condition must be human epidermal growth factor receptor 2 (HER2) negative, **AND**
- The condition must be hormone receptor positive, **AND**
- The condition must be at high risk of recurrence at treatment initiation with this drug, with high risk being any of: (a) cancer cells in at least 4 positive axillary lymph nodes, (b) cancer cells in 1 to 3 positive axillary lymph nodes plus at least one of: (i) tumour size of at least 5 cm in size, (ii) grade 3 tumour histology (on the Nottingham grading system), **AND**

- The treatment must not be a PBS-subsidised benefit beyond whichever comes first: (i) a total of 3 years of active treatment (this includes any non-PBS-subsidised supply if applicable), (ii) disease recurrence/progression, **AND**
- The treatment must not be in combination with any of the following: (i) abemaciclib, (ii) olaparib, (iii) pembrolizumab, **AND**
- Patient must require dosage reduction requiring a pack of 21 tablets.

Treatment criteria:

- Patient must be undergoing concurrent treatment with a non-steroidal aromatase inhibitor where this drug is being prescribed as a PBS benefit, **AND**
- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

Retain all pathology imaging and investigative test results in the patient's medical records.

PBS-subsidised treatment with CDK 4/6 inhibitors is restricted to one line of therapy at any disease staging for breast cancer (i.e. if therapy has been prescribed for early disease, subsidy under locally advanced or metastatic disease is no longer available).

ribociclib 200 mg tablet, 21

14851P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	1,742.29	25.00	Kisqali [NV]

RIBOCICLIB

Caution QT interval monitoring is required for patients treated with this drug.

Note Non-steroidal aromatase inhibitors for the purposes of this restriction are anastrozole and letrozole.

Note Cyclin-dependent kinase 4 and 6 (CDK4/6) inhibitors for the purposes of this restriction are abemaciclib, palbociclib and ribociclib.

Note The Nottingham grading system is the histologic grading system developed by Elston and Ellis as a modification of the Scarff-Bloom-Richardson grading system. See the following literature publication for details:

Elston, CW, Ellis, IO. Pathological prognostic factors in breast cancer. The value of histological grade in breast cancer: experience from a large study with long-term follow-up. Histopathology. 1991 Nov;19(5):403-10.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

19280

Early breast cancer

Clinical criteria:

- The treatment must be adjuvant to surgical resection, **AND**
- Patient must have been untreated with cyclin-dependent kinase 4/6 (CDK4/6) inhibitor therapy at the time non-PBS-subsidised or PBS-subsidised treatment was initiated; **OR**
- Patient must have developed an intolerance to another CDK4/6 inhibitor therapy (other than this drug) of a severity necessitating permanent treatment withdrawal, **AND**
- The condition must not have been treated with adjuvant endocrine therapy for more than 6 months prior to commencing a CDK4/6 inhibitor therapy for this condition, **AND**
- The condition must be human epidermal growth factor receptor 2 (HER2) negative, **AND**
- The condition must be hormone receptor positive, **AND**
- The condition must be at high risk of recurrence at treatment initiation with this drug, with high risk being any of: (a) cancer cells in at least 4 positive axillary lymph nodes, (b) cancer cells in 1 to 3 positive axillary lymph nodes plus at least one of: (i) tumour size of at least 5 cm in size, (ii) grade 3 tumour histology (on the Nottingham grading system), **AND**
- The treatment must not be a PBS-subsidised benefit beyond whichever comes first: (i) a total of 3 years of active treatment (this includes any non-PBS-subsidised supply if applicable), (ii) disease recurrence/progression, **AND**
- The treatment must not be in combination with any of the following: (i) abemaciclib, (ii) olaparib, (iii) pembrolizumab.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine, **AND**
- Patient must be undergoing concurrent treatment with a non-steroidal aromatase inhibitor where this drug is being prescribed as a PBS benefit.

Retain all pathology imaging and investigative test results in the patient's medical records.

PBS-subsidised treatment with CDK 4/6 inhibitors is restricted to one line of therapy at any disease staging for breast cancer (i.e. if therapy has been prescribed for early disease, subsidy under locally advanced or metastatic disease is no longer available).

ribociclib 200 mg tablet, 42

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14863G NP	1	5	0.00	3,387.18	25.00	Kisqali [NV]

RIBOCICLIB

Caution QT interval monitoring is required for patients treated with this drug.

Note Non-steroidal aromatase inhibitors for the purposes of this restriction are anastrozole and letrozole.

Note Cyclin-dependent kinase 4 and 6 (CDK4/6) inhibitors for the purposes of this restriction are abemaciclib, palbociclib and ribociclib.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

18033

Locally advanced or metastatic breast cancer

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must be untreated with cyclin-dependent kinase 4/6 (CDK4/6) inhibitor therapy; **OR**
- Patient must have developed an intolerance to another CDK4/6 inhibitor therapy (other than this drug) of a severity necessitating permanent treatment withdrawal, **AND**
- The condition must be hormone receptor positive, **AND**
- The condition must be human epidermal growth factor receptor 2 (HER2) negative, **AND**
- The condition must be inoperable, **AND**
- Patient must have a World Health Organisation (WHO) Eastern Cooperative Oncology Group (ECOG) performance status score of 2 or less, **AND**
- The treatment must be in combination, where the patient has never been treated with endocrine therapy for advanced/metastatic disease, with one of (i) a non-steroidal aromatase inhibitor, (ii) fulvestrant; **OR**
- The treatment must be in combination, where the patient has recurrence/progressive disease despite being treated with endocrine therapy for advanced/metastatic disease, with fulvestrant only, **AND**
- The treatment must not be in combination with another cyclin-dependent kinase 4/6 (CDK4/6) inhibitor therapy, **AND**
- Patient must require dosage reduction requiring a pack of 21 tablets.

Treatment criteria:

- Must be treated by a medical practitioner.

Population criteria:

- Patient must not be premenopausal.

PBS-subsidised treatment with CDK 4/6 inhibitors is restricted to one line of therapy at any disease staging for breast cancer (i.e. if therapy has been prescribed for early disease, subsidy under locally advanced or metastatic disease is no longer available).

Authority Required

17853

Locally advanced or metastatic breast cancer

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have developed disease progression while being treated with this drug for this condition, **AND**
- The treatment must be in combination with one of: (i) non-steroidal aromatase inhibitor, (ii) fulvestrant, **AND**
- Patient must require dosage reduction requiring a pack of 21 tablets, **AND**
- The treatment must not be in combination with another cyclin-dependent kinase 4/6 (CDK4/6) inhibitor therapy.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

Population criteria:

- Patient must not be premenopausal.

PBS-subsidised treatment with CDK 4/6 inhibitors is restricted to one line of therapy at any disease staging for breast cancer (i.e. if therapy has been prescribed for early disease, subsidy under locally advanced or metastatic disease is no longer available).

ribociclib 200 mg tablet, 21

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11385F NP	1	5	0.00	1,742.29	25.00	Kisqali [NV]

RIBOCICLIB

Caution QT interval monitoring is required for patients treated with this drug.

Note Non-steroidal aromatase inhibitors for the purposes of this restriction are anastrozole and letrozole.

Note Cyclin-dependent kinase 4 and 6 (CDK4/6) inhibitors for the purposes of this restriction are abemaciclib, palbociclib and ribociclib.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

17774

Locally advanced or metastatic breast cancer

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must be untreated with cyclin-dependent kinase 4/6 (CDK4/6) inhibitor therapy; **OR**
- Patient must have developed an intolerance to another CDK4/6 inhibitor therapy (other than this drug) of a severity necessitating permanent treatment withdrawal, **AND**
- The condition must be hormone receptor positive, **AND**
- The condition must be human epidermal growth factor receptor 2 (HER2) negative, **AND**
- The condition must be inoperable, **AND**
- Patient must have a World Health Organisation (WHO) Eastern Cooperative Oncology Group (ECOG) performance status score of 2 or less, **AND**
- The treatment must be in combination, where the patient has never been treated with endocrine therapy for advanced/metastatic disease, with one of (i) a non-steroidal aromatase inhibitor, (ii) fulvestrant; **OR**
- The treatment must be in combination, where the patient has recurrence/progressive disease despite being treated with endocrine therapy for advanced/metastatic disease, with fulvestrant only, **AND**
- The treatment must not be in combination with another cyclin-dependent kinase 4/6 (CDK4/6) inhibitor therapy.

Treatment criteria:

- Must be treated by a medical practitioner.

Population criteria:

- Patient must not be premenopausal.

PBS-subsidised treatment with CDK 4/6 inhibitors is restricted to one line of therapy at any disease staging for breast cancer (i.e. if therapy has been prescribed for early disease, subsidy under locally advanced or metastatic disease is no longer available).

Authority Required

17847

Locally advanced or metastatic breast cancer

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have developed disease progression while being treated with this drug for this condition, **AND**
- The treatment must be in combination with one of: (i) non-steroidal aromatase inhibitor, (ii) fulvestrant, **AND**
- The treatment must not be in combination with another cyclin-dependent kinase 4/6 (CDK4/6) inhibitor therapy.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

Population criteria:

- Patient must not be premenopausal.

PBS-subsidised treatment with CDK 4/6 inhibitors is restricted to one line of therapy at any disease staging for breast cancer (i.e. if therapy has been prescribed for early disease, subsidy under locally advanced or metastatic disease is no longer available).

ribociclib 200 mg tablet, 63

11386G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	5,014.59	25.00	Kisqali [NV]

RIBOCICLIB

Caution QT interval monitoring is required for patients treated with this drug.

Note Non-steroidal aromatase inhibitors for the purposes of this restriction are anastrozole and letrozole.

Note Cyclin-dependent kinase 4 and 6 (CDK4/6) inhibitors for the purposes of this restriction are abemaciclib, palbociclib and ribociclib.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority Required

17940

Locally advanced or metastatic breast cancer

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must be untreated with cyclin-dependent kinase 4/6 (CDK4/6) inhibitor therapy; **OR**
- Patient must have developed an intolerance to another CDK4/6 inhibitor therapy (other than this drug) of a severity necessitating permanent treatment withdrawal, **AND**
- The condition must be hormone receptor positive, **AND**
- The condition must be human epidermal growth factor receptor 2 (HER2) negative, **AND**
- The condition must be inoperable, **AND**
- Patient must have a World Health Organisation (WHO) Eastern Cooperative Oncology Group (ECOG) performance status score of 2 or less, **AND**
- The treatment must be in combination, where the patient has never been treated with endocrine therapy for advanced/metastatic disease, with one of (i) a non-steroidal aromatase inhibitor, (ii) fulvestrant; **OR**
- The treatment must be in combination, where the patient has recurrence/progressive disease despite being treated with endocrine therapy for advanced/metastatic disease, with fulvestrant only, **AND**
- The treatment must not be in combination with another cyclin-dependent kinase 4/6 (CDK4/6) inhibitor therapy, **AND**
- Patient must require dosage reduction requiring a pack of 42 tablets.

Treatment criteria:

- Must be treated by a medical practitioner.

Population criteria:

- Patient must not be premenopausal.

PBS-subsidised treatment with CDK 4/6 inhibitors is restricted to one line of therapy at any disease staging for breast cancer (i.e. if therapy has been prescribed for early disease, subsidy under locally advanced or metastatic disease is no longer available).

Authority Required

17977

Locally advanced or metastatic breast cancer

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have developed disease progression while being treated with this drug for this condition, **AND**
- The treatment must be in combination with one of: (i) non-steroidal aromatase inhibitor, (ii) fulvestrant, **AND**
- The treatment must not be in combination with another cyclin-dependent kinase 4/6 (CDK4/6) inhibitor therapy, **AND**
- Patient must require dosage reduction requiring a pack of 42 tablets.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

Population criteria:

- Patient must not be premenopausal.

PBS-subsidised treatment with CDK 4/6 inhibitors is restricted to one line of therapy at any disease staging for breast cancer (i.e. if therapy has been prescribed for early disease, subsidy under locally advanced or metastatic disease is no longer available).

ribociclib 200 mg tablet, 42

11397W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	3,387.18	25.00	Kisqali [NV]

Mammalian target of rapamycin (mTOR) kinase inhibitors

EVEROLIMUS

Authority Required

4351

Tuberous sclerosis complex (TSC)

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be subependymal giant cell astrocytomas (SEGAs) associated with TSC; **OR**
- The condition must be visceral tumours associated with TSC, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must not be a candidate for curative surgical resection.

everolimus 2.5 mg tablet, 30

2818H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	0.00	445.61	25.00	Afinitor [NV]

EVEROLIMUS

Authority Required (STREAMLINED)

7431

Tuberous sclerosis complex (TSC)

Treatment Phase: Continuing treatment

Clinical criteria:

- The condition must be subependymal giant cell astrocytomas (SEGAs) associated with TSC; **OR**
- The condition must be visceral tumours associated with TSC, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have received an initial authority prescription for this drug for this condition, **AND**
- Patient must have demonstrated a response to prior treatment.

everolimus 2.5 mg tablet, 30

11258M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	0.00	445.61	25.00	Afinitor [NV]

everolimus 5 mg tablet, 30

11254H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	0.00	881.87	25.00	Afinitor [NV]

everolimus 10 mg tablet, 30

11267B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	0.00	1,740.04	25.00	Afinitor [NV]

EVEROLIMUS

Authority Required (STREAMLINED)

7432

Stage IV clear cell variant renal cell carcinoma (RCC)

Treatment Phase: Continuing treatment beyond 3 months

Clinical criteria:

- Patient must have received an initial authority prescription for this drug for this condition, **AND**
- Patient must have stable or responding disease according to the Response Evaluation Criteria In Solid Tumours (RECIST), **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

A patient who has progressive disease when treated with this drug is no longer eligible for PBS-subsidised treatment with this drug.

Note Response Evaluation Criteria In Solid Tumours (RECIST) is defined as follows:

Complete response (CR) is disappearance of all target lesions.

Partial response (PR) is a 30% decrease in the sum of the longest diameter of target lesions.

Progressive disease (PD) is a 20% increase in the sum of the longest diameter of target lesions.

Stable disease (SD) is small changes that do not meet above criteria.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

everolimus 5 mg tablet, 30

11257L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	0.00	881.87	25.00	Afinitor [NV]

everolimus 10 mg tablet, 30

11262R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	0.00	1,740.04	25.00	Afinitor [NV]

EVEROLIMUS

Note No increase in the maximum number of repeats may be authorised.

Authority Required

17449

Refractory seizures associated with tuberous sclerosis complex

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have a confirmed diagnosis of tuberous sclerosis complex (TSC), **AND**
- Patient must be experiencing a minimum of two partial-onset seizures per week, **AND**

- The condition must have failed to be controlled satisfactorily at stable doses of at least two antiseizure medications, **AND**
- The treatment must be in combination with at least one antiseizure medication, **AND**
- Patient must not be a candidate for curative surgery.

Population criteria:

- Patient must be at least 2 years of age.

everolimus 2 mg dispersible tablet, 30

11591C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	0.00	358.28	25.00	Afinitor [NV]

everolimus 3 mg dispersible tablet, 30

11599L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	0.00	532.73	25.00	Afinitor [NV]

everolimus 5 mg dispersible tablet, 30

11592D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	0.00	881.65	25.00	Afinitor [NV]

EVEROLIMUS

Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

17539

Refractory seizures associated with tuberous sclerosis complex

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have maintained a response to the PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be in combination with at least one antiseizure medication, **AND**
- Patient must not be a candidate for curative surgery.

everolimus 2 mg dispersible tablet, 30

11607X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	0.00	358.28	25.00	Afinitor [NV]

everolimus 3 mg dispersible tablet, 30

11608Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	0.00	532.73	25.00	Afinitor [NV]

everolimus 5 mg dispersible tablet, 30

11598K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	0.00	881.65	25.00	Afinitor [NV]

EVEROLIMUS

Authority Required

4351

Tuberous sclerosis complex (TSC)

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be subependymal giant cell astrocytomas (SEGAs) associated with TSC; **OR**
- The condition must be visceral tumours associated with TSC, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must not be a candidate for curative surgical resection.

Authority Required

4812

Metastatic (Stage IV) breast cancer

Clinical criteria:

- The condition must be hormone receptor positive, **AND**
- The condition must be human epidermal growth factor receptor 2 (HER2) negative, **AND**
- The condition must have acquired endocrine resistance as demonstrated by initial response and then recurrence or progression of disease after treatment with letrozole or anastrozole, **AND**
- The treatment must be in combination with exemestane.

Population criteria:

- Patient must not be pre-menopausal.

Note Patients who have progressive disease with everolimus are no longer eligible for PBS-subsidised everolimus.

everolimus 5 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2819J	1	5	0.00	881.87	25.00	Afinitor [NV]

everolimus 10 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2985D	1	5	0.00	1,740.04	25.00	Afinitor [NV]

EVEROLIMUS

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

8622

Stage IV clear cell variant renal cell carcinoma (RCC)

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have progressive disease according to the Response Evaluation Criteria in Solid Tumours (RECIST) following prior treatment with a tyrosine kinase inhibitor, **AND**
- Patient must have a WHO performance status of 2 or less, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Patients who have developed intolerance to a tyrosine kinase inhibitor of a severity necessitating permanent treatment withdrawal are eligible to receive PBS-subsidised everolimus.

Patients who have progressive disease with everolimus are no longer eligible for PBS-subsidised everolimus.

Note Response Evaluation Criteria In Solid Tumours (RECIST) is defined as follows:

Complete response (CR) is disappearance of all target lesions.

Partial response (PR) is a 30% decrease in the sum of the longest diameter of target lesions.

Progressive disease (PD) is a 20% increase in the sum of the longest diameter of target lesions.

Stable disease (SD) is small changes that do not meet above criteria.

everolimus 5 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10133H	1	2	0.00	881.87	25.00	Afinitor [NV]

everolimus 10 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10132G	1	2	0.00	1,740.04	25.00	Afinitor [NV]

EVEROLIMUS

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

4837

Metastatic or unresectable, well-differentiated malignant pancreatic neuroendocrine tumour (pNET)

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously been issued with an authority prescription for this drug, **AND**
- Patient must not have disease progression, **AND**
- The treatment must be as monotherapy.

Patients who have progressive disease with this drug are no longer eligible for PBS-subsidised treatment with this drug.

everolimus 5 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10131F	1	5	0.00	881.87	25.00	Afinitor [NV]

everolimus 10 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10135K	1	5	0.00	1,740.04	25.00	Afinitor [NV]

EVEROLIMUS

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

17677

Metastatic or unresectable, well-differentiated malignant pancreatic neuroendocrine tumour (pNET)

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must be symptomatic (despite somatostatin analogues); **OR**
- Patient must have disease progression, **AND**
- The treatment must be as monotherapy.

Disease progression must be documented in the patient's medical records.

Patients who have developed progressive disease with any of: (i) sunitinib; (ii) cabozantinib are not eligible to receive PBS-subsidised everolimus for this condition.

Patients who have developed intolerance with any of: (i) sunitinib; (ii) cabozantinib of a severity necessitating permanent treatment withdrawal are eligible to receive PBS-subsidised everolimus.

everolimus 5 mg tablet, 30

11362B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	2	0.00	881.87	25.00	Afinitor [NV]

everolimus 10 mg tablet, 30

11377T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	2	0.00	1,740.04	25.00	Afinitor [NV]

Human epidermal growth factor receptor 2 (HER2) tyrosine kinase inhibitors

LAPATINIB

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

18383

Metastatic (Stage IV) HER2 positive breast cancer

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have evidence of human epidermal growth factor receptor 2 (HER2) gene amplification as demonstrated by in situ hybridisation (ISH) either in the primary tumour or a metastatic lesion, confirmed through a pathology report from an Approved Pathology Authority, **AND**
- The treatment must be in combination with capecitabine, **AND**
- Patient must have received prior therapy with a taxane for at least 3 cycles; and experienced disease progression during or within 6 months of completing treatment with pertuzumab and trastuzumab in combination; **OR**
- Patient must have developed intolerance to treatment with a taxane of a severity necessitating permanent treatment withdrawal; and experienced disease progression during or within 6 months of completing treatment with pertuzumab and trastuzumab in combination; **OR**
- Patient must have experienced disease progression following treatment with trastuzumab emtansine in whom disease had relapsed during or within 6 months of completing prior adjuvant therapy with trastuzumab; **OR**
- Patient must have experienced disease relapsed during or within 6 months of completing prior adjuvant therapy with trastuzumab, **AND**
- The treatment must be the sole PBS-subsidised anti-HER2 therapy for this condition, **AND**
- The treatment must not be used in a patient with a left ventricular ejection fraction (LVEF) of less than 45% and/or with symptomatic heart failure.

Authority applications for initial treatment must be made via the Online PBS Authorities System (real time assessment), or in writing via HPOS form upload or mail and must include:

(i) details (date, unique identifying number/code, or provider number) of the pathology report from an Approved Pathology Authority confirming evidence of HER2 gene amplification in the primary tumour or a metastatic lesion by in situ hybridisation (ISH); and

(ii) date of last treatment with a taxane and total number of cycles; or

(iii) dates of treatment with trastuzumab and pertuzumab; or

(iv) date of demonstration of progression during or within 6 months of completing treatment with trastuzumab and pertuzumab; or

(v) date of demonstration of progression during or within 6 months of completing treatment with trastuzumab

If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, please provide details of the degree of this toxicity at the time of application.

All reports must be documented in the patient's medical records.

Cardiac function must be tested by echocardiography (ECHO) or multigated acquisition (MUGA), prior to seeking the initial authority approval.

If the application is submitted through HPOS form upload or mail, it must include:

(i) details of the proposed prescription; and

(ii) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authorisation under this restriction should be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)

Alternatively, applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

lapatinib 250 mg tablet, 70

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9148L	2	2	0.00	*2,244.20	25.00	Tykerb [NV]

LAPATINIB

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

9360

Metastatic (Stage IV) HER2 positive breast cancer

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received an initial authority prescription for this drug for this condition, **AND**
- The treatment must be in combination with capecitabine, **AND**
- Patient must not develop disease progression while receiving PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised anti-HER2 therapy for this condition, **AND**
- The treatment must not be used in a patient with a left ventricular ejection fraction (LVEF) of less than 45% and/or with symptomatic heart failure.

A patient who has progressive disease when treated with this drug is no longer eligible for PBS-subsidised treatment with this drug.

The treatment must not exceed a lifetime total of one continuous course.

lapatinib 250 mg tablet, 70

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11251E	2	2	0.00	*2,244.20	25.00	Tykerb [NV]

Janus-associated kinase (JAK) inhibitors

FEDRATINIB

Caution Thiamine levels should be assessed as per the approved Therapeutic Goods Administration (TGA) Product Information (PI) prior to receiving treatment and should be closely monitored throughout the treatment period.

Note A patient may only qualify for PBS-subsidised treatment under this restriction twice in a lifetime. Patients reinitiating PBS-subsidised treatment following pregnancy are exempt from this rule.

Note Risk of myelofibrosis is defined in accordance with the Myelofibrosis International Prognostic Scoring System (IPSS) or the Dynamic International Prognostic Scoring System (DIPSS) or the Age-Adjusted DIPSS.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

16364

High risk and intermediate-2 risk myelofibrosis

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be either: (i) primary myelofibrosis, (ii) post-polycythaemia vera myelofibrosis, (iii) post-essential thrombocythaemia myelofibrosis, confirmed through a bone marrow biopsy report, **AND**
- The treatment must be the sole PBS-subsidised JAK inhibitor therapy for this condition.

Details of the following must be documented in the patient's medical records:

(a) the bone marrow biopsy report confirming diagnosis of myelofibrosis (date, unique identifying number/code or provider number); and

(b) a classification of risk of myelofibrosis according to either the IPSS, DIPSS, or the Age-Adjusted DIPSS.

Authority Required

16365

Intermediate-1 risk myelofibrosis

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be either: (i) primary myelofibrosis, (ii) post-polycythaemia vera myelofibrosis, (iii) post-essential thrombocythaemia myelofibrosis, confirmed through a bone marrow biopsy report, **AND**
- Patient must have severe disease-related symptoms that are resistant, refractory or intolerant to available therapy; **OR**
- Patient must have intolerance to prior treatment with a JAK inhibitor for this condition, **AND**
- The treatment must be the sole PBS-subsidised JAK inhibitor therapy for this condition.

Details of the following must be documented in the patient's medical records:

(a) the bone marrow biopsy report confirming diagnosis of myelofibrosis (date, unique identifying number/code or provider number); and

(b) a classification of risk of myelofibrosis according to either the IPSS, DIPSS, or the Age-Adjusted DIPSS.

Fedratinib 100 mg capsule, 120

15278D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	0.00	5,882.90	25.00	Inrebic [BQ]

FEDRATINIB

Caution Thiamine levels should be assessed as per the approved Therapeutic Goods Administration (TGA) Product Information (PI) prior to receiving treatment and should be closely monitored throughout the treatment period.

Note Risk of myelofibrosis is defined in accordance with the Myelofibrosis International Prognostic Scoring System (IPSS) or the Dynamic International Prognostic Scoring System (DIPSS) or the Age-Adjusted DIPSS.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)

18324

High risk and intermediate-2 risk myelofibrosis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised JAK inhibitor therapy for this condition.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

Authority Required (STREAMLINED)

18241

Intermediate-1 risk myelofibrosis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised JAK inhibitor therapy for this condition.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

Fedratinib 100 mg capsule, 120

15279E

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	5,882.90	25.00	Inrebic [BQ]

MOMELOTINIB

Note Risk of myelofibrosis is defined in accordance with the Myelofibrosis International Prognostic Scoring System (IPSS) or the Dynamic International Prognostic Scoring System (DIPSS) or the Age-Adjusted DIPSS.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)

18324

High risk and intermediate-2 risk myelofibrosis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised JAK inhibitor therapy for this condition.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

Authority Required (STREAMLINED)

18241

Intermediate-1 risk myelofibrosis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised JAK inhibitor therapy for this condition.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

Momelotinib 100 mg tablet, 30

14743Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	5,882.90	25.00	Omjjara [GK]

Momelotinib 150 mg tablet, 30

14744B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	5,882.90	25.00	Omjjara [GK]

Momelotinib 200 mg tablet, 30

14770J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	5,882.90	25.00	Omjjara [GK]

MOMELOTINIB

Note Risk of myelofibrosis is defined in accordance with the Myelofibrosis International Prognostic Scoring System (IPSS) or the Dynamic International Prognostic Scoring System (DIPSS) or the Age-Adjusted DIPSS.

Note A patient may only qualify for PBS-subsidised treatment under this restriction twice in a lifetime. Patients reinitiating PBS-subsidised treatment following pregnancy are exempt from this rule.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

16363

High risk and intermediate-2 risk myelofibrosis

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be either: (i) primary myelofibrosis, (ii) post-polycythaemia vera myelofibrosis, (iii) post-essential thrombocythaemia myelofibrosis, confirmed through a bone marrow biopsy report, **AND**
- Patient must have a haemoglobin level of less than 100 g per L prior to commencing treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised JAK inhibitor therapy for this condition.

Details of the following must be documented in the patient's medical records:

(a) the bone marrow biopsy report confirming diagnosis of myelofibrosis (date, unique identifying number/code or provider number); and

(b) a classification of risk of myelofibrosis according to either the IPSS, DIPSS, or the Age-Adjusted DIPSS.

Authority Required

16390

Intermediate-1 risk myelofibrosis

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be either: (i) primary myelofibrosis, (ii) post-polycythaemia vera myelofibrosis, (iii) post-essential thrombocythaemia myelofibrosis, confirmed through a bone marrow biopsy report, **AND**
- Patient must have severe disease-related symptoms that are resistant, refractory or intolerant to available therapy; **OR**
- Patient must have intolerance to prior treatment with a JAK inhibitor for this condition, **AND**
- Patient must have a haemoglobin level of less than 100 g per L prior to commencing treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised JAK inhibitor therapy for this condition.

Details of the following must be documented in the patient's medical records:
(a) the bone marrow biopsy report confirming diagnosis of myelofibrosis (date, unique identifying number/code or provider number); and
(b) a classification of risk of myelofibrosis according to either the IPSS, DIPSS, or the Age-Adjusted DIPSS.

Momelotinib 100 mg tablet, 30

14769H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	0.00	5,882.90	25.00	Omjjara [GK]

Momelotinib 150 mg tablet, 30

14762Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	0.00	5,882.90	25.00	Omjjara [GK]

Momelotinib 200 mg tablet, 30

14763B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	0.00	5,882.90	25.00	Omjjara [GK]

RUXOLITINIB

Note Risk of myelofibrosis is defined in accordance with the Myelofibrosis International Prognostic Scoring System (IPSS) or the Dynamic International Prognostic Scoring System (DIPSS) or the Age-Adjusted DIPSS.

Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)

18324

High risk and intermediate-2 risk myelofibrosis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised JAK inhibitor therapy for this condition.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

Authority Required (STREAMLINED)

18241

Intermediate-1 risk myelofibrosis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised JAK inhibitor therapy for this condition.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

ruxolitinib 5 mg tablet, 56

10616R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*4,758.12	25.00	Jakavi [NV]

ruxolitinib 10 mg tablet, 56

10927D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	4,735.11	25.00	Jakavi [NV]

RUXOLITINIB

Note Risk of myelofibrosis is defined in accordance with the Myelofibrosis International Prognostic Scoring System (IPSS) or the Dynamic International Prognostic Scoring System (DIPSS) or the Age-Adjusted DIPSS.

Note No increase in the maximum quantity may be authorised for the 15 mg and 20 mg dose strengths.

Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)

18324

High risk and intermediate-2 risk myelofibrosis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised JAK inhibitor therapy for this condition.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**

- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

Authority Required (STREAMLINED)

18241

Intermediate-1 risk myelofibrosis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised JAK inhibitor therapy for this condition.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

ruxolitinib 15 mg tablet, 56

10615Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	4,735.11	25.00	Jakavi [NV]

ruxolitinib 20 mg tablet, 56

10617T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	4,735.11	25.00	Jakavi [NV]

RUXOLITINIB

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)

13906

Moderate to severe chronic graft versus host disease (cGVHD)

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have received prior systemic steroid treatment for this condition, **AND**
- Patient must be one of the following: (i) refractory to steroid treatment, (ii) dependent on steroid treatment, (iii) intolerant to steroid treatment, **AND**
- The treatment must be the sole PBS-subsidised treatment for this condition with the exception of: (i) corticosteroids, (ii) calcineurin inhibitors.

Treatment criteria:

- Must be treated by a haematologist; **OR**
- Must be treated by an oncologist with allogeneic bone marrow transplantation experience; **OR**
- Must be treated by a medical practitioner working under the direct supervision of one of the above mentioned specialist types, **AND**
- Patient must be undergoing treatment with this drug following allogeneic haematopoietic stem cell transplantation.

The severity of cGVHD is defined by the *National Institutes of Health* (NIH) criteria (Jagasia et al., 2015):

(a) Moderate cGVHD: at least one organ (not lung) with a score of 2, 3 or more organs involved with a score of 1 in each organ, or lung score of 1

(b) Severe cGVHD: at least 1 organ with a score of 3, or lung score of 2 or 3

Steroid-refractory disease is defined as:

(a) a lack of response or disease progression after administration of a minimum prednisone dose of 1 mg/kg/day for at least 1 week (or equivalent); or

(b) disease persistence without improvement despite continued treatment with prednisone at greater than 0.5 mg/kg/day or 1 mg/kg/every other day for at least 4 weeks (or equivalent).

Steroid-dependent disease is defined as an increased prednisone dose to greater than 0.25 mg/kg/day after two unsuccessful attempts to taper the dose (or equivalent).

Steroid intolerance is defined as a patient developing an intolerance of a severity necessitating treatment withdrawal.

Details of prior steroid use should be documented in the patient's medical records.

A patient must demonstrate a response 24 weeks after initiating treatment with ruxolitinib to be eligible for continuing treatment.

Response is defined as attaining a complete or partial response as defined by the *National Institutes of Health* (NIH) criteria (Lee et al., 2015). Note that response is relative to the assessment of organ function affected by cGVHD prior to commencing initial treatment with ruxolitinib.

(a) complete response is defined as complete resolution of all signs and symptoms of cGVHD in all evaluable organs without initiation or addition of new systemic therapy.

(b) partial response is defined as an improvement in at least one organ (e.g. improvement of 1 or more points on a 4-to-7-point scale, or an improvement of 2 or more points on a 10-to-12-point scale) without progression in other organs or sites, initiation or addition of new systemic therapies.

The assessment of response must be documented in the patient's medical records.

This drug is not PBS-subsidised if it is prescribed to an in-patient in a public hospital setting.

Authority Required (STREAMLINED)

19191

Moderate to severe chronic graft versus host disease (cGVHD)

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received initial PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have responding disease at 24 weeks compared with baseline, demonstrated by either a: (i) partial response, (ii) complete response, **AND**
- The treatment must be the sole PBS-subsidised treatment for this condition with the exception of: (i) corticosteroids, (ii) calcineurin inhibitors.

Treatment criteria:

- Must be treated by a specialist medical practitioner; **OR**
- Must be treated by an authorised prescriber type (non-specialist medical practitioner, nurse practitioner) who is both: (i) continuing existing therapy with this medicine (i.e. not initiating treatment), (ii) has agreement from the treating specialist medical practitioner.

Response is defined as attaining a complete or partial response as defined by the *National Institutes of Health* (NIH) criteria (Lee et al., 2015). Note that response is relative to the assessment of organ function affected by cGVHD prior to commencing initial treatment with ruxolitinib.

(a) complete response is defined as complete resolution of all signs and symptoms of cGVHD in all evaluable organs without initiation or addition of new systemic therapy.

(b) partial response is defined as an improvement in at least one organ (e.g. improvement of 1 or more points on a 4-to-7-point scale, or an improvement of 2 or more points on a 10-to-12-point scale) without progression in other organs or sites, initiation or addition of new systemic therapies.

The assessment of response must be documented in the patient's medical records.

Tapering the dose of corticosteroids should be considered in patients with responding disease. Following successful tapering of corticosteroids, tapering the dose of ruxolitinib can be initiated.

This drug is not PBS-subsidised if it is prescribed to an in-patient in a public hospital setting.

ruxolitinib 5 mg tablet, 56

13241X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	2,433.74	25.00	Jakavi [NV]

ruxolitinib 10 mg tablet, 56

13235N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	4,735.11	25.00	Jakavi [NV]

RUXOLITINIB

Note Risk of myelofibrosis is defined in accordance with the Myelofibrosis International Prognostic Scoring System (IPSS) or the Dynamic International Prognostic Scoring System (DIPSS) or the Age-Adjusted DIPSS.

Note A patient may only qualify for PBS-subsidised treatment under this restriction twice in a lifetime. Patients reinitiating PBS-subsidised treatment following pregnancy are exempt from this rule.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note Special Pricing Arrangements apply.

Authority Required

16364

High risk and intermediate-2 risk myelofibrosis

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be either: (i) primary myelofibrosis, (ii) post-polycythaemia vera myelofibrosis, (iii) post-essential thrombocythaemia myelofibrosis, confirmed through a bone marrow biopsy report, **AND**
- The treatment must be the sole PBS-subsidised JAK inhibitor therapy for this condition.

Details of the following must be documented in the patient's medical records:

(a) the bone marrow biopsy report confirming diagnosis of myelofibrosis (date, unique identifying number/code or provider number); and

(b) a classification of risk of myelofibrosis according to either the IPSS, DIPSS, or the Age-Adjusted DIPSS.

Authority Required

16365

Intermediate-1 risk myelofibrosis

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be either: (i) primary myelofibrosis, (ii) post-polycythaemia vera myelofibrosis, (iii) post-essential thrombocythaemia myelofibrosis, confirmed through a bone marrow biopsy report, **AND**
- Patient must have severe disease-related symptoms that are resistant, refractory or intolerant to available therapy; **OR**
- Patient must have intolerance to prior treatment with a JAK inhibitor for this condition, **AND**

- The treatment must be the sole PBS-subsidised JAK inhibitor therapy for this condition.

Details of the following must be documented in the patient's medical records:

(a) the bone marrow biopsy report confirming diagnosis of myelofibrosis (date, unique identifying number/code or provider number); and

(b) a classification of risk of myelofibrosis according to either the IPSS, DIPSS, or the Age-Adjusted DIPSS.

ruxolitinib 5 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10614P	2	5	0.00	*4,758.12	25.00	Jakavi [NV]

ruxolitinib 10 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10913J	1	5	0.00	4,735.11	25.00	Jakavi [NV]

RUXOLITINIB

Note Risk of myelofibrosis is defined in accordance with the Myelofibrosis International Prognostic Scoring System (IPSS) or the Dynamic International Prognostic Scoring System (DIPSS) or the Age-Adjusted DIPSS.

Note A patient may only qualify for PBS-subsidised treatment under this restriction twice in a lifetime. Patients reinitiating PBS-subsidised treatment following pregnancy are exempt from this rule.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity may be authorised for the 15 mg and 20 mg dose strengths.

Note Special Pricing Arrangements apply.

Authority Required

16364

High risk and intermediate-2 risk myelofibrosis

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be either: (i) primary myelofibrosis, (ii) post-polycythaemia vera myelofibrosis, (iii) post-essential thrombocythaemia myelofibrosis, confirmed through a bone marrow biopsy report, **AND**
- The treatment must be the sole PBS-subsidised JAK inhibitor therapy for this condition.

Details of the following must be documented in the patient's medical records:

(a) the bone marrow biopsy report confirming diagnosis of myelofibrosis (date, unique identifying number/code or provider number); and

(b) a classification of risk of myelofibrosis according to either the IPSS, DIPSS, or the Age-Adjusted DIPSS.

Authority Required

16365

Intermediate-1 risk myelofibrosis

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be either: (i) primary myelofibrosis, (ii) post-polycythaemia vera myelofibrosis, (iii) post-essential thrombocythaemia myelofibrosis, confirmed through a bone marrow biopsy report, **AND**
- Patient must have severe disease-related symptoms that are resistant, refractory or intolerant to available therapy; **OR**
- Patient must have intolerance to prior treatment with a JAK inhibitor for this condition, **AND**
- The treatment must be the sole PBS-subsidised JAK inhibitor therapy for this condition.

Details of the following must be documented in the patient's medical records:

(a) the bone marrow biopsy report confirming diagnosis of myelofibrosis (date, unique identifying number/code or provider number); and

(b) a classification of risk of myelofibrosis according to either the IPSS, DIPSS, or the Age-Adjusted DIPSS.

ruxolitinib 15 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10619X	1	5	0.00	4,735.11	25.00	Jakavi [NV]

ruxolitinib 20 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10618W	1	5	0.00	4,735.11	25.00	Jakavi [NV]

RUXOLITINIB

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

19103

Polycythemia vera

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must be resistant to hydroxycarbamide (hydroxyurea); **OR**
- Patient must have an intolerance to hydroxycarbamide (hydroxyurea) of a severity necessitating permanent treatment withdrawal; **OR**
- Patient must have developed a clinically important adverse event/contraindication to hydroxycarbamide (hydroxyurea) as defined in the TGA-approved Product Information necessitating permanent treatment withdrawal, **AND**
- Patient must not have previously received PBS-subsidised treatment with this drug for this condition.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a medical practitioner.

Hydroxycarbamide (hydroxyurea) resistance is defined as a minimum of 12 consecutive weeks treatment at a dose of at least 1.5 grams/day or at the maximum tolerated that still results in one of the following:

(i) the need to reduce haematocrit levels to below 45% through phlebotomy; or

(ii) a platelet count greater than 400 x 10^9/L and a white blood cell count greater than 10 x 10^9/L

If applicable, details of prior systemic treatment with hydroxycarbamide (hydroxyurea) that caused either (i) an intolerance, (ii) an adverse event as listed in the TGA-approved Product Information, or (iii) a contraindication as listed in the TGA-approved Product Information necessitating permanent treatment withdrawal should be documented in the patient's medical records.

If the application is submitted through HPOS form upload or mail, it must include:

(i) details of the proposed prescription; and

(ii) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authorisation under this restriction should be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)

Alternatively, applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

19100

Polycythemia vera

Treatment Phase: Balance of Initial treatment - up to 48 weeks

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised treatment for this condition, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a medical practitioner.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority Required

19146

Polycythemia vera

Treatment Phase: First continuing treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised treatment for this condition, **AND**
- Patient must have achieved and maintained a response to treatment with this drug for this condition.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a medical practitioner.

A response to treatment is defined as:

(i) Maintaining a haematocrit level of less than 45% without relying on phlebotomy and which was measured at least 12 weeks after the most recent phlebotomy procedure (if performed to reduce red blood cell levels); or

(ii) Ability to demonstrate or maintain a normal platelet count of less than or equal to 400 x 10^9/L; or

(iii) The absence of palpable splenomegaly.

The following must be documented in the patient's medical records:

(a) details (dates, unique identifying number/code, or provider number) of the pathology report confirming the patient has achieved and maintained a response within 48 weeks of treatment initiation; or

(b) confirmation that the patient does not have palpable splenomegaly.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority Required

19104

Polycythemia vera

Treatment Phase: Subsequent continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have achieved and maintained a response to treatment with this drug for this condition.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

ruxolitinib 5 mg tablet, 56

14990Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	2,433.74	25.00	Jakavi [NV]

ruxolitinib 10 mg tablet, 56

14991B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	4,735.11	25.00	Jakavi [NV]

ruxolitinib 15 mg tablet, 56

15014F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	4,735.11	25.00	Jakavi [NV]

ruxolitinib 20 mg tablet, 56

15002N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	4,735.11	25.00	Jakavi [NV]

Vascular endothelial growth factor receptor (VEGFR) tyrosine kinase inhibitors

AXITINIB

Authority Required (STREAMLINED)

7433

Stage IV clear cell variant renal cell carcinoma (RCC)

Treatment Phase: Continuing treatment beyond 3 months

Clinical criteria:

- Patient must have received an initial authority prescription for this drug for this condition, **AND**
- Patient must have stable or responding disease according to the Response Evaluation Criteria In Solid Tumours (RECIST), **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Prescribers may request an increased maximum quantity sufficient to provide up to one month's supply for patients who require dose adjustment.

A patient who has progressive disease when treated with this drug is no longer eligible for PBS-subsidised treatment with this drug.

Note Response Evaluation Criteria In Solid Tumours (RECIST) is defined as follows:

Complete response (CR) is disappearance of all target lesions.

Partial response (PR) is a 30% decrease in the sum of the longest diameter of target lesions.

Progressive disease (PD) is a 20% increase in the sum of the longest diameter of target lesions.

Stable disease (SD) is small changes that do not meet above criteria.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

axitinib 1 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10539Q	2	5	0.00	*1,005.64	25.00	Inlyta [PF]

axitinib 5 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10556N	2	5	0.00	*4,794.94	25.00	Inlyta [PF]

AXITINIB

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

8588

Stage IV clear cell variant renal cell carcinoma (RCC)

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have progressive disease according to the Response Evaluation Criteria in Solid Tumours (RECIST) following prior treatment with a tyrosine kinase inhibitor, **AND**
- Patient must have a WHO performance status of 2 or less, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Patients who have developed intolerance to a tyrosine kinase inhibitor of a severity necessitating permanent treatment withdrawal are eligible to receive PBS-subsidised treatment with this drug.

A patient who has progressive disease when treated with this drug is no longer eligible for PBS-subsidised treatment with this drug.

Prescribers may request an increased maximum quantity sufficient to provide up to one month's supply for patients who require dose adjustment.

Note Response Evaluation Criteria In Solid Tumours (RECIST) is defined as follows:

Complete response (CR) is disappearance of all target lesions.

Partial response (PR) is a 30% decrease in the sum of the longest diameter of target lesions.

Progressive disease (PD) is a 20% increase in the sum of the longest diameter of target lesions.

Stable disease (SD) is small changes that do not meet above criteria.

axitinib 1 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10572K	2	2	0.00	*1,005.64	25.00	Inlyta [PF]

axitinib 5 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10540R	2	2	0.00	*4,794.94	25.00	Inlyta [PF]

FRUQUINTINIB

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)

18516

Metastatic colorectal cancer

Treatment Phase: Initial PBS-subsidised treatment

Clinical criteria:

- Patient must have/had a WHO performance status of 1 or less, prior to initiation of treatment with this drug for this condition, **AND**
- Patient must not have previously received PBS-subsidised treatment with this drug for this PBS indication; **OR**
- Patient must be each of: (i) currently receiving non-PBS-subsidised supply for this drug for this PBS indication, (ii) untreated with this drug at the time that non-PBS-subsidised supply was commenced, (iii) free of disease progression since commencing non-PBS-subsidised supply, **AND**
- Patient must have been previously treated with or not considered a candidate for treatment with fluoropyrimidine, oxaliplatin, irinotecan-based chemotherapies, an anti-vascular endothelial growth factor (anti-VEGF) agent and an anti-epidermal growth factor receptor (anti-EGFR) agent for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

The patient's WHO performance status must be documented in the patient's medical records at the time the treatment is initiated.

Note A patient may only qualify for PBS-subsidised treatment under this restriction once. Following completion of the initial PBS-subsidised course, further applications for treatment will be assessed under the continuing treatment restriction.

Authority Required (STREAMLINED)

18520

Metastatic colorectal cancer

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have previously been treated with PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not develop progressive disease whilst receiving PBS-subsidised treatment with this drug for this condition.

fruquintinib 1 mg capsule, 21

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15336E	4	5	0.00	*5,582.88	25.00	Fruzaqla [TK]

fruquintinib 5 mg capsule, 21

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15344N	1	5	0.00	6,859.26	25.00	Fruzaqla [TK]

Bruton's tyrosine kinase (BTK) inhibitors

ACALABRUTINIB

Note The latest International Workshop on CLL (iwCLL) provides guidance on various aspects of management of CLL/SLL. Notably, two of these are:

(1) when to treat versus when to monitor the patient without therapy - see 'Indications for treatment' section; and

(2) recognising progressive disease - see 'Definition of response, relapse, and refractory disease' section.

See the following literature reference for details:

Hallek, M et al. iwCLL guidelines for diagnosis, indications for treatment, response assessment, and supportive management of CLL. *Blood* vol. 131, 25 (2018): 2745-2760.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

17898

Chronic lymphocytic leukaemia (CLL) or small lymphocytic lymphoma (SLL)

Treatment Phase: Treatment of relapsed/refractory disease

Clinical criteria:

- The condition must have relapsed or be refractory to at least one prior therapy, **AND**
- The treatment must only be prescribed for a patient with active disease in accordance with the International Workshop on CLL (iwCLL) guidance (latest version) in relation to when to prescribe drug treatment for this condition, **AND**
- The treatment must be the sole PBS-subsidised systemic anti-cancer therapy for this PBS indication.

Treatment criteria:

- Patient must not be undergoing retreatment (second/subsequent treatment course) with this drug where prior treatment of CLL/SLL with this same drug was unable to prevent disease progression, **AND**
- Patient must be undergoing treatment through this treatment phase listing for the first time (initial treatment); **OR**
- Patient must be undergoing continuing treatment through this treatment phase listing, with disease progression being absent, **AND**
- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

acalabrutinib 100 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13318Y NP	1	5	0.00	7,159.52	25.00	CALQUENCE [AP]

ACALABRUTINIB

Note The latest International Workshop on CLL (iwCLL) provides guidance on various aspects of management of CLL/SLL. Notably, two of these are:

(1) when to treat versus when to monitor the patient without therapy - see 'Indications for treatment' section; and

(2) recognising progressive disease - see 'Definition of response, relapse, and refractory disease' section.

See the following literature reference for details:

Hallek, M et al. iwCLL guidelines for diagnosis, indications for treatment, response assessment, and supportive management of CLL. *Blood* vol. 131, 25 (2018): 2745-2760.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

17991

Chronic lymphocytic leukaemia (CLL) or small lymphocytic lymphoma (SLL)

Treatment Phase: First line drug treatment of this indication - as monotherapy

Clinical criteria:

- The condition must be untreated with drug treatment at the time of the first dose of this drug; **OR**
- Patient must have developed an intolerance of a severity necessitating permanent treatment withdrawal following use of another drug PBS indicated as first-line drug treatment of CLL/SLL, **AND**
- The treatment must only be prescribed for a patient with active disease in accordance with the International Workshop on CLL (iwCLL) guidance (latest version) in relation to when to prescribe drug treatment for this condition, **AND**
- The treatment must be the sole PBS-subsidised systemic anti-cancer therapy for this PBS indication.

Treatment criteria:

- Patient must be undergoing initial treatment with this drug - this is the first prescription for this drug; **OR**
- Patient must be undergoing continuing treatment with this drug - the condition has not progressed whilst the patient has actively been on this drug, **AND**
- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

acalabrutinib 100 mg tablet, 56

13792X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	7,159.52	25.00	CALQUENCE [AP]

ACALABRUTINIB

Note The latest International Workshop on CLL (iwCLL) provides guidance on various aspects of management of CLL/SLL. Notably, two of these are:

(1) when to treat versus when to monitor the patient without therapy - see 'Indications for treatment' section; and

(2) recognising progressive disease - see 'Definition of response, relapse, and refractory disease' section.

See the following literature reference for details:

Hallek, M et al. iwCLL guidelines for diagnosis, indications for treatment, response assessment, and supportive management of CLL. *Blood* vol. 131, 25 (2018): 2745-2760.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

18686

Chronic lymphocytic leukaemia (CLL) or small lymphocytic lymphoma (SLL)

Treatment Phase: First line drug treatment of this indication - in combination with obinutuzumab

Clinical criteria:

- The condition must be untreated with drug treatment at the time of the first dose of this drug; **OR**
- Patient must have developed an intolerance of a severity necessitating permanent treatment withdrawal following use of another drug PBS indicated as first-line drug treatment of CLL/SLL, **AND**
- The treatment must only be prescribed for a patient with active disease in accordance with the International Workshop on CLL (iwCLL) guidance (latest version) in relation to when to prescribe drug treatment for this condition, **AND**
- The treatment must be initiated as a monotherapy for 1 Cycle with treatment in combination with obinutuzumab from Cycle 2 to 7 (refer to Product Information for timing of obinutuzumab and acalabrutinib doses) after which treatment must be monotherapy, **AND**
- The treatment must not be in combination with venetoclax.

Treatment criteria:

- Patient must be undergoing initial treatment with this drug - this is the first prescription for this drug; **OR**
- Patient must be undergoing continuing treatment with this drug - the condition has not progressed whilst the patient has actively been on this drug, **AND**
- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

acalabrutinib 100 mg tablet, 56

13810W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	6	0.00	7,159.52	25.00	CALQUENCE [AP]

ACALABRUTINIB

Note A patient may only qualify for PBS-subsidised treatment under this restriction twice in a lifetime.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

18706

Chronic lymphocytic leukaemia (CLL) or small lymphocytic lymphoma (SLL)

Treatment Phase: Continuing treatment (treatment cycles 3 to 14 inclusive) of first-line therapy - in combination with venetoclax

Clinical criteria:

- Patient must have previously received this drug as their most recent course of PBS-subsidised treatment for this condition, **AND**
- The treatment must not exceed 14 cycles in total, measured from the initial dose, or, must not extend beyond disease progression, whichever comes first, **AND**
- The treatment must be in combination with venetoclax, **AND**
- The treatment must not be in combination with obinutuzumab.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

acalabrutinib 100 mg tablet, 56

15354D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	7,159.52	25.00	CALQUENCE [AP]

ACALABRUTINIB

Note The latest International Workshop on CLL (iwCLL) provides guidance on various aspects of management of CLL/SLL. Notably, two of these are:

(1) when to treat versus when to monitor the patient without therapy - see 'Indications for treatment' section; and

(2) recognising progressive disease - see 'Definition of response, relapse, and refractory disease' section.

See the following literature reference for details:

Hallek, M et al. iwCLL guidelines for diagnosis, indications for treatment, response assessment, and supportive management of CLL. *Blood* vol. 131, 25 (2018): 2745-2760.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

18684

Chronic lymphocytic leukaemia (CLL) or small lymphocytic lymphoma (SLL)

Treatment Phase: Grandfather arrangements - Transitioning from non-PBS to PBS-subsidised supply in first-line therapy

Clinical criteria:

- Patient must have received non-PBS-subsidised treatment with this drug for this condition prior to 1 June 2026, **AND**
- Patient must not have developed disease progression while receiving treatment with this drug for this condition, **AND**
- The condition must have been untreated with drug treatment at the time of the first dose of this drug; **OR**
- Patient must have developed an intolerance of a severity necessitating permanent treatment withdrawal following use of another drug PBS indicated as first-line treatment of CLL/SLL prior to initiating non-PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must only be prescribed for a patient with active disease in accordance with the International Workshop on CLL (iwCLL) guidance (latest version) in relation to when to prescribe drug treatment for this condition, **AND**
- The treatment must be in combination with venetoclax as continuing treatment for this condition (treatment cycles 3 to 14 inclusive); **OR**
- The treatment must be as monotherapy for initial treatment of this condition (treatment cycles 1 to 2 inclusive), **AND**
- The treatment must not be in combination with obinutuzumab, **AND**
- The treatment must not exceed 14 cycles in total with this drug, measured from the initial dose, or, must not extend beyond disease progression, whichever comes first.

A patient may qualify for PBS-subsidised treatment under this restriction once only.

For continuing PBS-subsidised treatment, a 'Grandfathered' patient must qualify under the next relevant treatment phase.

Note This grandfather restriction will cease to operate from 12 months after the date specified in the clinical criteria.

acalabrutinib 100 mg tablet, 56

15356F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	0.00	7,159.52	25.00	CALQUENCE [AP]

ACALABRUTINIB

Note For the purposes of administering this restriction, current Bruton's tyrosine kinase inhibitors are: acalabrutinib, ibrutinib, zanubrutinib

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

17930

Mantle cell lymphoma

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must have relapsed or be refractory to at least one prior therapy, **AND**
- Patient must have a WHO performance status of 0 or 1, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must be untreated with Bruton's tyrosine kinase inhibitor therapy; **OR**
- Patient must have developed intolerance to another Bruton's tyrosine kinase inhibitor of a severity necessitating permanent treatment withdrawal, when treated for this PBS indication.

Treatment criteria:

- Must be treated by a medical practitioner.

Authority Required

17931

Mantle cell lymphoma

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have developed disease progression while being treated with this drug for this condition.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

acalabrutinib 100 mg tablet, 56

13325H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	0.00	7,159.52	25.00	CALQUENCE [AP]

NP

ACALABRUTINIB

Note A patient may only qualify for PBS-subsidised treatment under this restriction once in a lifetime.

Note The latest International Workshop on CLL (iwCLL) provides guidance on various aspects of management of CLL/SLL. Notably, two of these are:

(1) when to treat versus when to monitor the patient without therapy - see 'Indications for treatment' section; and

(2) recognising progressive disease - see 'Definition of response, relapse, and refractory disease' section.

See the following literature reference for details:

Hallek, M et al. iwCLL guidelines for diagnosis, indications for treatment, response assessment, and supportive management of CLL. *Blood* vol. 131, 25 (2018): 2745-2760.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

18615

Chronic lymphocytic leukaemia (CLL) or small lymphocytic lymphoma (SLL)

Treatment Phase: Initial treatment (treatment cycles 1 to 2 inclusive) in first-line therapy

Clinical criteria:

- The condition must be untreated with drug treatment at the time of the first dose of this drug; **OR**
- Patient must have developed an intolerance of a severity necessitating permanent treatment withdrawal following use of another drug PBS indicated as first-line drug treatment of CLL/SLL, **AND**
- The treatment must only be prescribed for a patient with active disease in accordance with the International Workshop on CLL (iwCLL) guidance (latest version) in relation to when to prescribe drug treatment for this condition, **AND**
- The treatment must be initiated as monotherapy, with the intention of use in combination with venetoclax from cycle 3 to 14, **AND**
- The treatment must not be in combination with obinutuzumab.

acalabrutinib 100 mg tablet, 56

15360K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	0.00	7,159.52	25.00	CALQUENCE [AP]

IBRUTINIB

Note The latest International Workshop on CLL (iwCLL) provides guidance on various aspects of management of CLL/SLL. Notably, two of these are:

(1) when to treat versus when to monitor the patient without therapy - see 'Indications for treatment' section; and

(2) recognising progressive disease - see 'Definition of response, relapse, and refractory disease' section.

See the following literature reference for details:

Hallek, M et al. iwCLL guidelines for diagnosis, indications for treatment, response assessment, and supportive management of CLL. *Blood* vol. 131, 25 (2018): 2745-2760.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

17898

Chronic lymphocytic leukaemia (CLL) or small lymphocytic lymphoma (SLL)

Treatment Phase: Treatment of relapsed/refractory disease

Clinical criteria:

- The condition must have relapsed or be refractory to at least one prior therapy, **AND**
- The treatment must only be prescribed for a patient with active disease in accordance with the International Workshop on CLL (iwCLL) guidance (latest version) in relation to when to prescribe drug treatment for this condition, **AND**
- The treatment must be the sole PBS-subsidised systemic anti-cancer therapy for this PBS indication.

Treatment criteria:

- Patient must not be undergoing retreatment (second/subsequent treatment course) with this drug where prior treatment of CLL/SLL with this same drug was unable to prevent disease progression, **AND**
- Patient must be undergoing treatment through this treatment phase listing for the first time (initial treatment); **OR**
- Patient must be undergoing continuing treatment through this treatment phase listing, with disease progression being absent, **AND**
- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

ibrutinib 140 mg capsule, 90

11213E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	8,079.74	25.00	Imbruvica [JC]

ibrutinib 280 mg tablet, 30

14074R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	5,430.62	25.00	Imbruvica [JC]

ibrutinib 420 mg tablet, 30

14085H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	8,079.74	25.00	Imbruvica [JC]

IBRUTINIB

Note A patient may only qualify for PBS-subsidised treatment under this restriction once in a lifetime.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

17900

Chronic lymphocytic leukaemia (CLL) or small lymphocytic lymphoma (SLL)

Treatment Phase: Second and final continuing treatment (treatment cycles 10 to 15 inclusive) of first-line therapy

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be in combination with venetoclax (refer to Product Information for timing of ibrutinib and venetoclax doses), **AND**
- The treatment must cease upon disease progression; **OR**
- The treatment must cease upon completion of 15 cycles of treatment with this drug for this condition, whichever comes first.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**

- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

There are more ibrutinib capsules (or tablets) in a pack than is required for the completion of a treatment cycle. The patient must not discard any remaining capsules (or tablets) after the completion of any treatment cycle as these capsules (or tablets) will be required for the doses in the final treatment cycle (i.e. treatment cycle 15).

ibrutinib 140 mg capsule, 90

14596F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	4	0.00	8,079.74	25.00	Imbruvica [JC]

ibrutinib 280 mg tablet, 30

14612C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	4	0.00	5,430.62	25.00	Imbruvica [JC]

ibrutinib 420 mg tablet, 30

14621M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	4	0.00	8,079.74	25.00	Imbruvica [JC]

IBRUTINIB

Note A patient may only qualify for PBS-subsidised treatment under this restriction once in a lifetime.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

17838

Chronic lymphocytic leukaemia (CLL) or small lymphocytic lymphoma (SLL)

Treatment Phase: First continuing treatment (treatment cycles 4 to 9 inclusive) of first-line therapy

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be in combination with venetoclax (refer to Product Information for timing of ibrutinib and venetoclax doses), **AND**
- The treatment must cease upon disease progression.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

There are more ibrutinib capsules (or tablets) in a pack than is required for the completion of a treatment cycle. The patient must not discard any remaining capsules (or tablets) after the completion of any treatment cycle as these capsules (or tablets) will be required for the doses in the final treatment cycle (i.e. treatment cycle 15).

ibrutinib 140 mg capsule, 90

14604P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	8,079.74	25.00	Imbruvica [JC]

ibrutinib 280 mg tablet, 30

14620L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	5,430.62	25.00	Imbruvica [JC]

ibrutinib 420 mg tablet, 30

14603N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	8,079.74	25.00	Imbruvica [JC]

IBRUTINIB

Note The latest International Workshop on CLL (iwCLL) provides guidance on various aspects of management of CLL/SLL. Notably, two of these are:

(1) when to treat versus when to monitor the patient without therapy - see 'Indications for treatment' section; and

(2) recognising progressive disease - see 'Definition of response, relapse, and refractory disease' section.

See the following literature reference for details:

Hallek, M et al. iwCLL guidelines for diagnosis, indications for treatment, response assessment, and supportive management of CLL. *Blood* vol. 131, 25 (2018): 2745-2760.

Note A patient may only qualify for PBS-subsidised treatment under this restriction once in a lifetime.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

15864

Chronic lymphocytic leukaemia (CLL) or small lymphocytic lymphoma (SLL)

Treatment Phase: Initial treatment in first-line therapy (treatment cycles 1 to 3 inclusive)

Clinical criteria:

- The condition must be untreated with drug treatment at the time of the first dose of this drug; **OR**
- Patient must have developed an intolerance of a severity necessitating permanent treatment withdrawal following use of another drug PBS indicated as first-line drug treatment of CLL/SLL, **AND**
- The treatment must only be prescribed for a patient with active disease in accordance with the International Workshop on CLL (iwCLL) guidance (latest version) in relation to when to prescribe drug treatment for this condition, **AND**
- The treatment must be in combination with venetoclax (refer to Product Information for timing of ibrutinib and venetoclax doses).

There are more ibrutinib capsules (or tablets) in a pack than is required for the completion of a treatment cycle. The patient must not discard any remaining capsules (or tablets) after the completion of any treatment cycle as these capsules (or tablets) will be required for the doses in the final treatment cycle (i.e. treatment cycle 15).

ibrutinib 140 mg capsule, 90

14597G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	2	0.00	8,079.74	25.00	Imbruvica [JC]

ibrutinib 280 mg tablet, 30

14580J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	2	0.00	5,430.62	25.00	Imbruvica [JC]

ibrutinib 420 mg tablet, 30

14598H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	2	0.00	8,079.74	25.00	Imbruvica [JC]

IBRUTINIB

Note For the purposes of administering this restriction, current Bruton's tyrosine kinase inhibitors are: acalabrutinib, ibrutinib, zanubrutinib

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

17930

Mantle cell lymphoma

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must have relapsed or be refractory to at least one prior therapy, **AND**
- Patient must have a WHO performance status of 0 or 1, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must be untreated with Bruton's tyrosine kinase inhibitor therapy; **OR**
- Patient must have developed intolerance to another Bruton's tyrosine kinase inhibitor of a severity necessitating permanent treatment withdrawal, when treated for this PBS indication.

Treatment criteria:

- Must be treated by a medical practitioner.

Authority Required

17931

Mantle cell lymphoma

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have developed disease progression while being treated with this drug for this condition.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

ibrutinib 140 mg capsule, 120

11419B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	10,721.09	25.00	Imbruvica [JC]

ibrutinib 280 mg tablet, 30

14079B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	5,430.62	25.00	Imbruvica [JC]

ibrutinib 420 mg tablet, 30

14075T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	8,079.74	25.00	Imbruvica [JC]

ibrutinib 560 mg tablet, 30

14086J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	10,721.09	25.00	Imbruvica [JC]

ZANUBRUTINIB

Note The latest International Workshop on CLL (iwCLL) provides guidance on various aspects of management of CLL/SLL. Notably, two of these are:

(1) when to treat versus when to monitor the patient without therapy - see 'Indications for treatment' section; and

(2) recognising progressive disease - see 'Definition of response, relapse, and refractory disease' section.

See the following literature reference for details:

Hallek, M et al. iwCLL guidelines for diagnosis, indications for treatment, response assessment, and supportive management of CLL. *Blood* vol. 131, 25 (2018): 2745-2760.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

17898

Chronic lymphocytic leukaemia (CLL) or small lymphocytic lymphoma (SLL)

Treatment Phase: Treatment of relapsed/refractory disease

Clinical criteria:

- The condition must have relapsed or be refractory to at least one prior therapy, **AND**
- The treatment must only be prescribed for a patient with active disease in accordance with the International Workshop on CLL (iwCLL) guidance (latest version) in relation to when to prescribe drug treatment for this condition, **AND**
- The treatment must be the sole PBS-subsidised systemic anti-cancer therapy for this PBS indication.

Treatment criteria:

- Patient must not be undergoing retreatment (second/subsequent treatment course) with this drug where prior treatment of CLL/SLL with this same drug was unable to prevent disease progression, **AND**
- Patient must be undergoing treatment through this treatment phase listing for the first time (initial treatment); **OR**
- Patient must be undergoing continuing treatment through this treatment phase listing, with disease progression being absent, **AND**
- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

zanubrutinib 80 mg capsule, 120

13616P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	8,057.72	25.00	Brukinsa [IE]

ZANUBRUTINIB

Note The latest International Workshop on CLL (iwCLL) provides guidance on various aspects of management of CLL/SLL. Notably, two of these are:

(1) when to treat versus when to monitor the patient without therapy - see 'Indications for treatment' section; and

(2) recognising progressive disease - see 'Definition of response, relapse, and refractory disease' section.

See the following literature reference for details:

Hallek, M et al. iwCLL guidelines for diagnosis, indications for treatment, response assessment, and supportive management of CLL. *Blood* vol. 131, 25 (2018): 2745-2760.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

17927

Chronic lymphocytic leukaemia (CLL) or small lymphocytic lymphoma (SLL)

Treatment Phase: First line drug treatment of this indication

Clinical criteria:

- The condition must be untreated with drug treatment at the time of the first dose of this drug; **OR**
- Patient must have developed an intolerance of a severity necessitating permanent treatment withdrawal following use of another drug PBS indicated as first-line drug treatment of CLL/SLL, **AND**
- The treatment must only be prescribed for a patient with active disease in accordance with the International Workshop on CLL (iwCLL) guidance (latest version) in relation to when to prescribe drug treatment for this condition, **AND**
- The treatment must be the sole PBS-subsidised systemic anti-cancer therapy for this PBS indication.

Treatment criteria:

- Patient must be undergoing initial treatment with this drug - this is the first prescription for this drug; **OR**
- Patient must be undergoing continuing treatment with this drug - the condition has not progressed whilst the patient has actively been on this drug, **AND**
- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

zanubrutinib 80 mg capsule, 120

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13628G NP	1	5	0.00	8,057.72	25.00	Brukinsa [IE]

ZANUBRUTINIB

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

17961

Waldenstrom macroglobulinaemia

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must have relapsed or be refractory to at least one prior chemo-immunotherapy; **OR**
- Patient must be unsuitable for treatment with chemo-immunotherapy, defined by a Cumulative Illness Rating Scale of 6 or greater, if untreated (i.e. treatment-naive) for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have a World Health Organisation (WHO) Eastern Cooperative Oncology Group (ECOG) performance status score of 2 or less, **AND**
- Patient must be untreated with a Bruton's tyrosine kinase inhibitor for this condition; **OR**
- Patient must have developed intolerance to another Bruton's tyrosine kinase inhibitor of a severity necessitating permanent treatment withdrawal, when treated for this condition.

Treatment criteria:

- Must be treated by a medical practitioner.

Authority Required

18007

Waldenstrom macroglobulinaemia

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- The condition must not have progressed while receiving PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

zanubrutinib 80 mg capsule, 120

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13041J NP	1	5	0.00	8,057.72	25.00	Brukinsa [IE]

ZANUBRUTINIB

Note For the purposes of administering this restriction, current Bruton's tyrosine kinase inhibitors are: acalabrutinib, ibrutinib, zanubrutinib

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

17930

Mantle cell lymphoma

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must have relapsed or be refractory to at least one prior therapy, **AND**
- Patient must have a WHO performance status of 0 or 1, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must be untreated with Bruton's tyrosine kinase inhibitor therapy; **OR**
- Patient must have developed intolerance to another Bruton's tyrosine kinase inhibitor of a severity necessitating permanent treatment withdrawal, when treated for this PBS indication.

Treatment criteria:

- Must be treated by a medical practitioner.

Authority Required

17931

Mantle cell lymphoma

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have developed disease progression while being treated with this drug for this condition.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

zanubrutinib 80 mg capsule, 120

12891L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	8,057.72	25.00	Brukinsa [IE]

Phosphatidylinositol-3-kinase (Pi3K) inhibitors

IDELALISIB

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)

17893

Refractory follicular B-cell non-Hodgkin's lymphoma

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must not develop disease progression while receiving PBS-subsidised treatment with this drug for this condition.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

idelalisib 100 mg tablet, 60

12813J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	5,188.36	25.00	Zydelig [GI]

idelalisib 150 mg tablet, 60

12812H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	5,188.36	25.00	Zydelig [GI]

IDELALISIB

Note Special Pricing Arrangements apply.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Authority Required

12490

Refractory follicular B-cell non-Hodgkin's lymphoma

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be refractory to a prior therapy with rituximab within 6 months after completion of treatment with rituximab, **AND**
- The condition must be refractory to a prior therapy with an alkylating agent within 6 months after completion of treatment with an alkylating agent, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

The condition is considered refractory to a prior therapy when the patient experiences less than a partial response or progression of disease within 6 months after completion of the prior therapy.

The condition is considered refractory to both rituximab and an alkylating agent if the agents were administered together or in successive treatment regimens.

The date of completion of prior therapies with rituximab and an alkylating agent must be documented in the patient's medical records.

idelalisib 100 mg tablet, 60

11171Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	0.00	5,188.36	25.00	Zydelig [GI]

idelalisib 150 mg tablet, 60

11165P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	0.00	5,188.36	25.00	Zydelig [GI]

IDELALISIB

Note The latest International Workshop on CLL (iwCLL) provides guidance on various aspects of management of CLL/SLL. Notably, two of these are:

(1) when to treat versus when to monitor the patient without therapy - see 'Indications for treatment' section; and

(2) recognising progressive disease - see 'Definition of response, relapse, and refractory disease' section.

See the following literature reference for details:

Hallek, M et al. iwCLL guidelines for diagnosis, indications for treatment, response assessment, and supportive management of CLL. *Blood* vol. 131, 25 (2018): 2745-2760.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

18008

Chronic lymphocytic leukaemia (CLL) or small lymphocytic lymphoma (SLL)

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be confirmed Chronic lymphocytic leukaemia (CLL) prior to initiation of treatment; **OR**
- The condition must be confirmed Small lymphocytic lymphoma (SLL) prior to initiation of treatment, **AND**
- Patient must not have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be in combination with rituximab for up to a maximum of 8 doses under this restriction, followed by monotherapy for this condition, **AND**
- The condition must have relapsed or be refractory to at least one prior therapy, **AND**
- The condition must be CD20 positive, **AND**
- The treatment must only be prescribed for a patient with active disease in accordance with the International Workshop on CLL (iwCLL) guidance (latest version) in relation to when to prescribe drug treatment for this condition.

Treatment criteria:

- Must be treated by a medical practitioner.

Authority Required

18029

Chronic lymphocytic leukaemia (CLL) or small lymphocytic lymphoma (SLL)

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for Chronic lymphocytic leukaemia; **OR**
- Patient must have previously received PBS-subsidised treatment with this drug for Small lymphocytic leukaemia, **AND**
- Patient must not develop disease progression while receiving PBS-subsidised treatment with this drug for this condition.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

idelalisib 100 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11170X NP	1	5	0.00	5,188.36	25.00	Zydelig [GI]

idelalisib 150 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11162L NP	1	5	0.00	5,188.36	25.00	Zydelig [GI]

Fibroblast growth factor receptor (FGFR) tyrosine kinase inhibitors

FUTIBATINIB

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)
18828
Locally advanced or metastatic cholangiocarcinoma
Clinical criteria:

- Patient must have evidence of a fibroblast growth factor receptor 2 (FGFR2) fusion or rearrangement at treatment initiation, **AND**
- Patient must have/have had received at least one line of systemic therapy prior to treatment initiation, **AND**
- Patient must have/have had a World Health Organisation (WHO) performance status of no greater than 1 at treatment initiation with this drug, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must not have developed disease progression while being treated with this drug for this condition.

Futibatinib 4 mg tablet, 35

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15401N	4	5	0.00	*16,717.28	25.00	Lytgobi [TJ]

Cellular-mesenchymal-epithelial transition factor (c-MET) kinase inhibitors

TEPOTINIB

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)
13434
Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)
Treatment Phase: Initial treatment
Clinical criteria:

- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have a WHO performance status of 2 or less, **AND**
- Patient must have evidence of MET exon 14 skipping alterations in tumour material.

Authority Required (STREAMLINED)
13441
Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)
Treatment Phase: Continuing treatment
Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not develop disease progression while receiving PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

tepotinib 225 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13171F	1	5	0.00	9,253.40	25.00	Tepmetko [SG]

Other protein kinase inhibitors

CABOZANTINIB

Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)
17636
Metastatic or unresectable, well-differentiated malignant pancreatic neuroendocrine tumour (pNET) or extra-pancreatic neuroendocrine tumour (epNET)

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have developed disease progression while receiving PBS-subsidised treatment with this drug for this condition.

Treatment criteria:

- Patient must not be undergoing treatment with this drug more than once per lifetime.

A patient who has progressive disease when treated with this drug is no longer eligible for PBS-subsidised treatment with this drug.

Patients who develop disease progression while receiving PBS-subsidised treatment with cabozantinib for this condition are not eligible to receive subsequent PBS-subsidised treatment with any of: (i) sunitinib, (ii) everolimus.

Patients who develop intolerance while receiving PBS-subsidised treatment with cabozantinib are eligible to receive subsequent PBS-subsidised treatment with any of: (i) sunitinib, (ii) everolimus.

cabozantinib 20 mg tablet, 30

15130H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	0.00	9,628.56	25.00	Cabometyx [IS]

cabozantinib 40 mg tablet, 30

15114L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	0.00	9,628.56	25.00	Cabometyx [IS]

cabozantinib 60 mg tablet, 30

15115M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	0.00	9,628.56	25.00	Cabometyx [IS]

CABOZANTINIB

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)

17611

Metastatic or unresectable, well-differentiated malignant pancreatic neuroendocrine tumour (pNET) or extra-pancreatic neuroendocrine tumour (epNET)

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must not have received prior PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have progressive disease according to Response Evaluation Criteria in Solid Tumours (RECIST) following at least one prior systemic therapy other than a somatostatin analogue for this indication prior to initiating treatment with this drug, **AND**
- Patient must have had a WHO performance status score of no greater than 2 at treatment initiation with this drug.

Treatment criteria:

- Patient must not be undergoing treatment with this drug more than once per lifetime.

Patients who develop disease progression while receiving PBS-subsidised treatment with cabozantinib for this condition are not eligible to receive subsequent PBS-subsidised treatment with any of: (i) sunitinib, (ii) everolimus.

Patients who develop intolerance while receiving PBS-subsidised treatment with cabozantinib are eligible to receive subsequent PBS-subsidised treatment with any of: (i) sunitinib, (ii) everolimus.

Disease progression must be documented in the patient's medical records.

Note Response Evaluation Criteria In Solid Tumours (RECIST) is defined as follows:

Complete response (CR) is disappearance of all target lesions.

Partial response (PR) is a 30% decrease in the sum of the longest diameter of target lesions.

Progressive disease (PD) is a 20% increase in the sum of the longest diameter of target lesions.

Stable disease (SD) is small changes that do not meet above criteria.

cabozantinib 20 mg tablet, 30

15124B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	2	0.00	9,628.56	25.00	Cabometyx [IS]

cabozantinib 40 mg tablet, 30

15129G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	2	0.00	9,628.56	25.00	Cabometyx [IS]

cabozantinib 60 mg tablet, 30

15123Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	2	0.00	9,628.56	25.00	Cabometyx [IS]

CABOZANTINIB

Note Response Evaluation Criteria In Solid Tumours (RECIST) is defined as follows:

Complete response (CR) is disappearance of all target lesions.

Partial response (PR) is a 30% decrease in the sum of the longest diameter of target lesions.

Progressive disease (PD) is a 20% increase in the sum of the longest diameter of target lesions.

Stable disease (SD) is small changes that do not meet above criteria.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)

15774

Stage IV renal cell carcinoma (RCC)

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be each of: (i) classified as having an intermediate to poor survival risk score according to the International Metastatic Renal Cell Carcinoma Database Consortium (IMDC), (ii) untreated with a tyrosine kinase inhibitor; **OR**
- Patient must have progressive disease according to the Response Evaluation Criteria in Solid Tumours (RECIST) despite treatment with a tyrosine kinase inhibitor, irrespective of the current IMDC survival risk score, **AND**
- Patient must have a WHO performance status of 2 or less, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Treatment criteria:

- Patient must be undergoing treatment with this drug for the first time at the time of the first PBS prescription.

Note *A* prognostic International Metastatic Renal Cell Carcinoma Database Consortium (IMDC) survival risk score can be calculated here: https://www.mdcalc.com/imdc-international-metastatic-rcc-database-consortium-risk-model-metastatic-renal-cell-carcinoma.

One point is assigned for each of:

(i) a time of diagnosis to systemic therapy of less than 1 year (ii) a Karnofsky Performance Status of less than 80% (iii) a haemoglobin less than the lower limit of normal (iv) a corrected calcium level greater than the upper limit of normal (v) a neutrophil count greater than the upper limit of normal (vi) a platelet count greater than the upper limit of normal

Stated normal reference ranges may vary depending on the laboratory providing the measurement. 'Normal' here refers to the individual laboratory's stated normal reference range.

Favourable IMDC risk is a score of 0.

Intermediate IMDC risk is a score of 1 to 2.

Poor IMDC risk is a score of 3 to 6.

Document any IMDC risk score assessment in the patient's medical records.

cabozantinib 20 mg tablet, 30

11371L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	2	0.00	9,628.56	25.00	Cabometyx [IS]

cabozantinib 40 mg tablet, 30

11369J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	2	0.00	9,628.56	25.00	Cabometyx [IS]

cabozantinib 60 mg tablet, 30

11360X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	2	0.00	9,628.56	25.00	Cabometyx [IS]

CABOZANTINIB

Note Response Evaluation Criteria In Solid Tumours (RECIST) is defined as follows:

Complete response (CR) is disappearance of all target lesions.

Partial response (PR) is a 30% decrease in the sum of the longest diameter of target lesions.

Progressive disease (PD) is a 20% increase in the sum of the longest diameter of target lesions.

Stable disease (SD) is small changes that do not meet above criteria.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)

17794

Stage IV renal cell carcinoma (RCC)

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have stable or responding disease according to the Response Evaluation Criteria In Solid Tumours (RECIST), **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must not receive PBS-subsidised treatment with this drug if progressive disease develops while on this drug.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

cabozantinib 20 mg tablet, 30

11374P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	9,628.56	25.00	Cabometyx [IS]

cabozantinib 40 mg tablet, 30

11368H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	9,628.56	25.00	Cabometyx [IS]

cabozantinib 60 mg tablet, 30

11367G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	9,628.56	25.00	Cabometyx [IS]

CABOZANTINIB

Note Response Evaluation Criteria In Solid Tumours (RECIST) is defined as follows:

Complete response (CR) is disappearance of all target lesions.

Partial response (PR) is a 30% decrease in the sum of the longest diameter of target lesions.

Progressive disease (PD) is a 20% increase in the sum of the longest diameter of target lesions.

Stable disease (SD) is small changes that do not meet above criteria.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)

17791

Locally advanced or metastatic differentiated thyroid cancer

Treatment Phase: Continuing treatment

Clinical criteria:

- The condition must be refractory to radioactive iodine; **OR**
- Patient must be deemed ineligible for treatment with radioactive iodine, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have stable or responding disease according to the Response Evaluation Criteria In Solid Tumours (RECIST).

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

cabozantinib 20 mg tablet, 30

14297L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	9,628.56	25.00	Cabometyx [IS]

cabozantinib 40 mg tablet, 30

14254F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	9,628.56	25.00	Cabometyx [IS]

cabozantinib 60 mg tablet, 30

14237H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	9,628.56	25.00	Cabometyx [IS]

CABOZANTINIB

Note Response Evaluation Criteria In Solid Tumours (RECIST) is defined as follows:

Complete response (CR) is disappearance of all target lesions.

Partial response (PR) is a 30% decrease in the sum of the longest diameter of target lesions.

Progressive disease (PD) is a 20% increase in the sum of the longest diameter of target lesions.

Stable disease (SD) is small changes that do not meet above criteria.

Note Vascular endothelial growth factor (VEGF)-targeted tyrosine kinase inhibitor's (TKI) include: lenvatinib.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)

15454

Locally advanced or metastatic differentiated thyroid cancer

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be refractory to radioactive iodine; **OR**
- Patient must be deemed ineligible for treatment with radioactive iodine, **AND**
- Patient must have progressive disease according to Response Evaluation Criteria in Solid Tumours (RECIST) whilst on treatment with a vascular endothelial growth factor (VEGF)-targeted tyrosine kinase inhibitor (TKI) for this indication; **OR**
- Patient must have developed intolerance of a severity necessitating permanent treatment withdrawal, in the absence of disease progression, to prior VEGF-targeted TKI therapy, **AND**
- Patient must have a WHO performance status of no higher than 2, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have thyroid stimulating hormone adequately suppressed.

Radioactive iodine refractory is defined as:

(i) a lesion without iodine uptake on a radioactive iodine (RAI) scan; or

(ii) having received a cumulative RAI dose of greater than or equal to 600 mCi; or

(iii) progression within 12 months of a single RAI treatment; or

(iv) progression after two RAI treatments administered within 12 months of each other.

cabozantinib 20 mg tablet, 30

14265T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	2	0.00	9,628.56	25.00	Cabometyx [IS]

cabozantinib 40 mg tablet, 30

14246T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	2	0.00	9,628.56	25.00	Cabometyx [IS]

cabozantinib 60 mg tablet, 30

14224P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	2	0.00	9,628.56	25.00	Cabometyx [IS]

CAPIVASERTIB

Note AKT pathway testing is recommended (where possible) for PIK3CA, AKT1 and PTEN gene variants.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

17573

Locally advanced or metastatic breast cancer

Clinical criteria:

- The condition must be human epidermal growth factor receptor 2 (HER2) negative, **AND**
- The condition must be estrogen receptor positive, **AND**
- The treatment must be in combination with fulvestrant, **AND**
- The treatment must be following progression on at least one endocrine-based regimen in the metastatic setting; **OR**
- The treatment must be following recurrence on or within 12 months of completing endocrine-based adjuvant therapy.

A patient who has progressive disease when treated with this drug is no longer eligible for PBS-subsidised treatment with this drug.

Confirm that the following information is documented/retained in the patient's medical records once only with the first PBS prescription:

1) Evidence of HER2 negative status (evidence obtained in relation to past PBS treatment is acceptable).

2) Evidence of HR status.

capivasertib 160 mg tablet, 64

15049C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	0.00	8,697.30	25.00	Truqap [AP]

capivasertib 200 mg tablet, 64

15059N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	0.00	8,697.30	25.00	Truqap [AP]

ENTRECTINIB

Note Special Pricing Arrangements apply.

Authority Required

15776

Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be the sole PBS-subsidised systemic anti-cancer therapy for this condition, **AND**
- The condition must be non-squamous type non-small cell lung cancer (NSCLC) or not otherwise specified type NSCLC, **AND**
- Patient must have a WHO performance status of 2 or less, **AND**
- Patient must have evidence of c-ROS proto-oncogene 1 (ROS1) gene rearrangement in tumour material, defined as either: (i) 15% (or greater) positive cells by fluorescence in situ hybridisation (FISH) testing, (ii) positive next generation sequencing (NGS) testing, **AND**
- Patient must not have received prior treatment with a c-ROS proto-oncogene 1 (ROS1) receptor tyrosine kinase inhibitor for this condition; **OR**
- Patient must have developed intolerance to a c-ROS proto-oncogene 1 (ROS1) receptor tyrosine kinase inhibitor necessitating permanent treatment withdrawal.

Applications for authorisation of initial treatment must be made via the Online PBS Authorities System (real time assessment) or in writing via HPOS form upload or mail.

If the application is submitted through HPOS form upload or mail, it must include:

(a) details of the proposed prescription; and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The following must be documented in the patient's medical records:

(a) evidence of c-ROS proto-oncogene 1 (ROS1) gene rearrangement in tumour material.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authorisation under this restriction should be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)

Alternatively, applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

13186

Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be the sole PBS-subsidised systemic anti-cancer therapy for this condition, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have developed disease progression while receiving PBS-subsidised treatment with this drug for this condition.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

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entrectinib 200 mg capsule, 90

12092K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	0.00	7,039.69	25.00	Rozlytrek [RO]

GILTERITINIB

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

18014

Relapsed or refractory Acute Myeloid Leukaemia

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must not have developed disease progression while being treated with this drug for this condition, **AND**
- The treatment must not be for maintenance therapy post-transplant.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

Progressive disease monitoring via a complete blood count must be taken at the end of each cycle.

If abnormal blood counts suggest the potential for relapsed AML, following a response to gilteritinib, a bone marrow biopsy must be performed to confirm the absence of progressive disease for the patient to be eligible for further cycles.

Progressive disease is defined as the presence of any of the following:

(a) Leukaemic cells in the CSF; or

(b) Re-appearance of circulating blast cells in the peripheral blood, not attributable to overshoot following recovery from myeloablative therapy; or

(c) Greater than 5 % blasts in the marrow not attributable to bone marrow regeneration or another cause; or

(d) Extramedullary leukaemia.

gilteritinib 40 mg tablet, 84

13094E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	4	0.00	25,315.36	25.00	Xospata [LL]

GILTERITINIB

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

15526

Relapsed or refractory Acute Myeloid Leukaemia

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- The condition must not be acute promyelocytic leukaemia, **AND**
- The condition must be internal tandem duplication (ITD) and/or tyrosine kinase domain (TKD) FMS tyrosine kinase 3 (FLT3) mutation positive before initiating this drug for this condition, confirmed through a pathology report from an Approved Pathology Authority, **AND**
- Patient must have a World Health Organisation (WHO) Eastern Cooperative Oncology Group (ECOG) performance status score of no higher than 2 prior to treatment initiation, **AND**
- The treatment must not be for maintenance therapy post-transplant.

The prescriber must confirm whether the patient has FLT3 ITD or TKD mutation. The test result and date of testing must be provided at the time of application and documented in the patient's file.

gilteritinib 40 mg tablet, 84

13093D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	0	0.00	25,315.36	25.00	Xospata [LL]

LAROTRECTINIB

Note For a patient who has received non-PBS-subsidised supply of this drug, apply under an 'Initial treatment' phase listing provided that they meet all stated PBS eligibility criteria.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority Required

15781

Solid tumours with confirmed neurotrophic tropomyosin receptor kinase (NTRK) gene fusion

Treatment Phase: Continuing treatment

Treatment criteria:

- Patient must be undergoing continuing PBS-subsidised treatment commenced through an 'Initial treatment' listing for solid tumours (of any type) with confirmed NTRK gene fusion where treatment with this drug is/was initiated in a child; **OR**
- Patient must be undergoing continuing PBS-subsidised treatment commenced through an 'Initial treatment' listing for solid tumours (of certain specified types) with confirmed NTRK gene fusion which either includes: (i) mammary analogue secretory carcinoma of the salivary gland, (ii) secretory breast carcinoma.

Clinical criteria:

- The treatment must cease to be a PBS benefit upon radiographic progression, **AND**
- The treatment must be the sole PBS-subsidised systemic anti-cancer therapy for this condition.

Where radiographic progression is observed, mark any remaining repeat prescriptions with the word 'cancelled'.

larotrectinib 20 mg/mL oral liquid, 2 x 50 mL

13289K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	0.00	3,498.36	25.00	Vitrakvi [BN]

larotrectinib 25 mg capsule, 56

13027P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	0.00	2,656.86	25.00	Vitrakvi [BN]

larotrectinib 100 mg capsule, 56

13043L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	0.00	10,230.36	25.00	Vitrakvi [BN]

LAROTRECTINIB

Note For a patient who has received non-PBS-subsidised supply of this drug, apply under an 'Initial treatment' phase listing provided that they meet all stated PBS eligibility criteria.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authorisation under this restriction should be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)

Alternatively, applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

15467

Solid tumours (of certain specified types) with confirmed neurotrophic tropomyosin receptor kinase (NTRK) gene fusion

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be confirmed to be positive for a neurotrophic tropomyosin receptor kinase (NTRK) gene fusion prior to treatment initiation with this drug through a pathology report from an Approved Pathology Authority - provide the following evidence: (i) the date of the pathology report substantiating the positive NTRK gene fusion, (ii) the name of the pathology service provider, (iii) the unique identifying number/code linking the pathology test result to the patient; the recency of the pathology report may be of any date, **AND**
- The condition must be non-small cell lung cancer confirmed through a pathology report from an Approved Pathology Authority (of any date); **OR**
- The condition must be soft tissue sarcoma confirmed through a pathology report from an Approved Pathology Authority (of any date); **OR**
- The condition must be confirmed through a pathology report from an Approved Pathology Authority (of any date) as either: (i) glioma, (ii) glioneuronal tumour, (iii) glioblastoma, **AND**
- The condition must be metastatic disease; **OR**
- The condition must be both: (i) locally advanced, (ii) unresectable; **OR**
- The condition must be locally advanced where surgical resection is likely to result in severe morbidity, **AND**
- Patient must have received prior systemic treatment for this disease; **OR**
- Patient must have a condition that predisposes them to an unacceptable risk of intolerance to other systemic therapies, **AND**
- The treatment must be the sole PBS-subsidised anti-cancer therapy for this condition, **AND**
- Patient must not receive more than 3 months of treatment under this restriction.

Treatment criteria:

- Patient must not be undergoing treatment through this Initial treatment phase listing where the patient has developed disease progression while receiving this drug for this condition.

Population criteria:

- Patient must be at least 18 years of age.

The authority application must be made via the Online PBS Authorities System (real time assessment), or in writing via HPOS form upload or mail, and must include:

(a) details of the pathology report substantiating the positive NTRK gene fusion. The recency of the pathology report may be of any date.

(b) details of the pathology report establishing the carcinoma type (non-small cell lung cancer, soft tissue sarcoma or either glioma/ glioneuronal tumour/ glioblastoma) being treated, if different to the pathology report provided to substantiate the NTRK gene fusion.

(c) details of prior systemic treatment for this disease or details of the condition that predisposes the patient to an unacceptable risk of intolerance to other systemic therapies.

All reports must be documented in the patient's medical records.

If the application is submitted through HPOS form upload or mail, it must include:

(i) details of the proposed prescription; and

(ii) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

larotrectinib 20 mg/mL oral liquid, 2 x 50 mL

14230Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	2	0.00	3,498.36	25.00	Vitrakvi [BN]

larotrectinib 25 mg capsule, 56

14257J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	2	0.00	2,656.86	25.00	Vitrakvi [BN]

larotrectinib 100 mg capsule, 56

14300P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	2	0.00	10,230.36	25.00	Vitrakvi [BN]

LAROTRECTINIB

Note For a patient who has received non-PBS-subsidised supply of this drug, apply under an 'Initial treatment' phase listing provided that they meet all stated PBS eligibility criteria.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

15509

Solid tumours (of certain specified types) with confirmed neurotrophic tropomyosin receptor kinase (NTRK) gene fusion

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The condition must be either: (i) non-small cell lung cancer, (ii) soft tissue sarcoma, (iii) glioma, (iv), glioneuronal tumour, (v) glioblastoma, **AND**
- The treatment must cease to be a PBS benefit upon radiographic progression, **AND**
- The treatment must be the sole PBS-subsidised systemic anti-cancer therapy for this condition.

Population criteria:

- Patient must be at least 18 years of age.

Where radiographic progression is observed, mark any remaining repeat prescriptions with the word 'cancelled'.

larotrectinib 20 mg/mL oral liquid, 2 x 50 mL

14256H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	0.00	3,498.36	25.00	Vitrakvi [BN]

larotrectinib 25 mg capsule, 56

14258K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	0.00	2,656.86	25.00	Vitrakvi [BN]

larotrectinib 100 mg capsule, 56

14282Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	0.00	10,230.36	25.00	Vitrakvi [BN]

LAROTRECTINIB

Note For a patient who has received non-PBS-subsidised supply of this drug, apply under an 'Initial treatment' phase listing provided that they meet all stated PBS eligibility criteria.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authorisation under this restriction should be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)

Alternatively, applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18384

Solid tumours (of any type) with confirmed neurotrophic tropomyosin receptor kinase (NTRK) gene fusion where treatment with this drug is/was initiated in a child

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be confirmed to be positive for a neurotrophic tropomyosin receptor kinase (NTRK) gene fusion prior to treatment initiation with this drug through a pathology report from an Approved Pathology Authority - provide the following evidence: (i) the date of the pathology report substantiating the positive NTRK gene fusion, (ii) the name of the pathology service provider, (iii) the unique identifying number/code linking the pathology test result to the patient; the recency of the pathology report may be of any date, **AND**
- The condition must be metastatic disease; **OR**
- The condition must be both: (i) locally advanced, (ii) unresectable; **OR**
- The condition must be both: (i) locally advanced, (ii) require disfiguring surgery/limb amputation to achieve complete surgical resection, **AND**
- The treatment must be the sole PBS-subsidised systemic anti-cancer therapy for this condition.

Treatment criteria:

- Patient must not be undergoing treatment through this Initial treatment phase listing where the patient has developed disease progression while receiving this drug for this condition.

Population criteria:

- Patient must be/have been under 18 years of age (i.e. prior to their 18th birthday) at treatment initiation with this drug.

The authority application must be made via the Online PBS Authorities System (real time assessment), or in writing via HPOS form upload or mail, and must include:

(a) details of the pathology report substantiating the positive NTRK gene fusion. The recency of the pathology report may be of any date.

All reports must be documented in the patient's medical records.

If the application is submitted through HPOS form upload or mail, it must include:

(i) details of the proposed prescription; and

(ii) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Authority Required

18385

Solid tumours (of certain specified types) with confirmed neurotrophic tropomyosin receptor kinase (NTRK) gene fusion

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be confirmed to be positive for a neurotrophic tropomyosin receptor kinase (NTRK) gene fusion prior to treatment initiation with this drug through a pathology report from an Approved Pathology Authority - provide the following evidence: (i) the date of the pathology report substantiating the positive NTRK gene fusion, (ii) the name of the pathology service provider, (iii) the unique identifying number/code linking the pathology test result to the patient; the recency of the pathology report may be of any date, **AND**
- The condition must be a mammary analogue secretory carcinoma of the salivary gland confirmed through a pathology report from an Approved Pathology Authority (of any date); **OR**
- The condition must be a secretory breast carcinoma confirmed through a pathology report from an Approved Pathology Authority (of any date), **AND**
- The condition must be metastatic disease; **OR**
- The condition must be both: (i) locally advanced, (ii) unresectable; **OR**
- The condition must be both: (i) locally advanced, (ii) require disfiguring surgery/limb amputation to achieve complete surgical resection, **AND**
- The treatment must be the sole PBS-subsidised systemic anti-cancer therapy for this condition.

Treatment criteria:

- Patient must not be undergoing treatment through this Initial treatment phase listing where the patient has developed disease progression while receiving this drug for this condition.

Population criteria:

- Patient must be at least 18 years of age.

The authority application must be made via the Online PBS Authorities System (real time assessment), or in writing via HPOS form upload or mail, and must include:

(a) details of the pathology report substantiating the positive NTRK gene fusion. The recency of the pathology report may be of any date.

(b) details of the pathology report establishing the carcinoma type (salivary gland/secretory breast carcinoma) being treated, if different to the pathology report provided to substantiate the NTRK gene fusion.

All reports must be documented in the patient's medical records.

If the application is submitted through HPOS form upload or mail, it must include:

(i) details of the proposed prescription; and

(ii) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

larotrectinib 20 mg/mL oral liquid, 2 x 50 mL

13281B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	0.00	3,498.36	25.00	Vitrakvi [BN]

larotrectinib 25 mg capsule, 56

13029R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	0.00	2,656.86	25.00	Vitrakvi [BN]

larotrectinib 100 mg capsule, 56

13031W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	0.00	10,230.36	25.00	Vitrakvi [BN]

LENVATINIB

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)

17864

Locally advanced or metastatic differentiated thyroid cancer

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be refractory to radioactive iodine, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have symptomatic progressive disease prior to treatment; **OR**
- Patient must have progressive disease at critical sites with a high risk of morbidity or mortality where local control cannot be achieved by other measures, **AND**
- Patient must have thyroid stimulating hormone adequately suppressed, **AND**
- Patient must be one in whom surgery is inappropriate, **AND**
- Patient must not be a candidate for radiotherapy with curative intent, **AND**
- Patient must have a WHO performance status of 2 or less.

Treatment criteria:

- Must be treated by a medical practitioner.

Radioactive iodine refractory is defined as:

(i) a lesion without iodine uptake on a radioactive iodine (RAI) scan; or

(ii) having received a cumulative RAI dose of greater than or equal to 600 mCi; or

(iii) progression within 12 months of a single RAI treatment; or

(iv) progression after two RAI treatments administered within 12 months of each other.

Authority Required (STREAMLINED)

17865

Locally advanced or metastatic differentiated thyroid cancer

Treatment Phase: Continuing treatment

Clinical criteria:

- The condition must be refractory to radioactive iodine, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have stable or responding disease according to the Response Evaluation Criteria In Solid Tumours (RECIST).

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

Note Response Evaluation Criteria In Solid Tumours (RECIST) is defined as follows:

Complete response (CR) is disappearance of all target lesions.

Partial response (PR) is a 30% decrease in the sum of the longest diameter of target lesions.

Progressive disease (PD) is a 20% increase in the sum of the longest diameter of target lesions.

Stable disease (SD) is small changes that do not meet above criteria.

lenvatinib 4 mg capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10952K NP	1	2	0.00	2,172.36	25.00	Lenvima [EI]

lenvatinib 10 mg capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10965D NP	2	2	0.00	*4,235.36	25.00	Lenvima [EI]

LENVATINIB

Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)
17793
Advanced (unresectable) Barcelona Clinic Liver Cancer Stage B or Stage C hepatocellular carcinoma
Treatment Phase: Initial treatment
Clinical criteria:

- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must not be suitable for transarterial chemoembolisation, **AND**
- Patient must have a WHO performance status of 2 or less, **AND**
- Patient must have Child Pugh class A, **AND**
- The condition must be untreated with systemic therapy; **OR**
- Patient must have developed intolerance of a severity necessitating permanent treatment withdrawal, in the absence of disease progression, to any of the following: (i) a vascular endothelial growth factor (VEGF) tyrosine kinase inhibitor (TKI), (ii) atezolizumab/bevacizumab combination therapy, (iii) durvalumab/tremelimumab combination therapy.

Treatment criteria:

- Must be treated by a medical practitioner.

Authority Required (STREAMLINED)
18018
Advanced (unresectable) Barcelona Clinic Liver Cancer Stage B or Stage C hepatocellular carcinoma
Treatment Phase: Continuing treatment
Clinical criteria:

- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have developed disease progression while being treated with this drug for this condition.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

lenvatinib 4 mg capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11638M NP	3	2	0.00	*6,298.35	25.00	Lenvima [EI]

LENVATINIB

Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)
17786
Stage IV clear cell variant renal cell carcinoma (RCC)
Treatment Phase: Initial treatment
Clinical criteria:

- Patient must have a prognostic International Metastatic Renal Cell Carcinoma Database Consortium (IMDC) survival risk classification score at treatment initiation with this drug and pembrolizumab of either: (i) 1 to 2 (intermediate risk), (ii) 3 to 6 (poor risk); document the IMDC risk classification score in the patient's medical records, **AND**
- The condition must be untreated, **AND**
- Patient must have a WHO performance status of 2 or less.

Treatment criteria:

- Patient must be undergoing combination therapy consisting of: (i) pembrolizumab, (ii) lenvatinib; **OR**
- Patient must be undergoing monotherapy with this drug due to a contraindication/intolerance to the other drug in the combination mentioned above, requiring temporary/permanent discontinuation; document the details in the patient's medical records, **AND**
- Must be treated by a medical practitioner.

Note *A* prognostic International Metastatic Renal Cell Carcinoma Database Consortium (IMDC) survival risk score can be calculated here: https://www.mdcalc.com/imdc-international-metastatic-rcc-database-consortium-risk-model-metastatic-renal-cell-carcinoma.

One point is assigned for each of:

(i) a time of diagnosis to systemic therapy of less than 1 year (ii) a Karnofsky Performance Status of less than 80% (iii) a haemoglobin less than the lower limit of normal (iv) a corrected calcium level greater than the upper limit of normal (v) a neutrophil count greater than the upper limit of normal (vi) a platelet count greater than the upper limit of normal

Stated normal reference ranges may vary depending on the laboratory providing the measurement. 'Normal' here refers to the individual laboratory's stated normal reference range.

Favourable IMDC risk is a score of 0.

Intermediate IMDC risk is a score of 1 to 2.

Poor IMDC risk is a score of 3 to 6.

Document any IMDC risk score assessment in the patient's medical records.

Authority Required (STREAMLINED)

17860

Stage IV clear cell variant renal cell carcinoma (RCC)

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have developed disease progression while receiving treatment with this drug for this condition.

Treatment criteria:

- Patient must be undergoing combination therapy consisting of: (i) pembrolizumab, (ii) lenvatinib; **OR**
- Patient must be undergoing monotherapy with this drug due to a contraindication/intolerance to the other drug in the combination mentioned above, requiring temporary/permanent discontinuation; document the details in the patient's medical records; **OR**
- Patient must be undergoing monotherapy with this drug after completing an equivalent of 24 cumulative months of pembrolizumab treatment, measured from the first administered dose, **AND**
- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

In a patient who has experienced an intolerance to pembrolizumab, details of intolerance must be documented in the patient's medical record.

lenvatinib 4 mg capsule, 30

13252L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	2	0.00	*4,235.36	25.00	Lenvima [EI]

LENVATINIB

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)

17786

Stage IV clear cell variant renal cell carcinoma (RCC)

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have a prognostic International Metastatic Renal Cell Carcinoma Database Consortium (IMDC) survival risk classification score at treatment initiation with this drug and pembrolizumab of either: (i) 1 to 2 (intermediate risk), (ii) 3 to 6 (poor risk); document the IMDC risk classification score in the patient's medical records, **AND**
- The condition must be untreated, **AND**
- Patient must have a WHO performance status of 2 or less.

Treatment criteria:

- Patient must be undergoing combination therapy consisting of: (i) pembrolizumab, (ii) lenvatinib; **OR**
- Patient must be undergoing monotherapy with this drug due to a contraindication/intolerance to the other drug in the combination mentioned above, requiring temporary/permanent discontinuation; document the details in the patient's medical records, **AND**
- Must be treated by a medical practitioner.

Note *A* prognostic International Metastatic Renal Cell Carcinoma Database Consortium (IMDC) survival risk score can be calculated here: https://www.mdcalc.com/imdc-international-metastatic-rcc-database-consortium-risk-model-metastatic-renal-cell-carcinoma.

One point is assigned for each of:

(i) a time of diagnosis to systemic therapy of less than 1 year (ii) a Karnofsky Performance Status of less than 80% (iii) a haemoglobin less than the lower limit of normal (iv) a corrected calcium level greater than the upper limit of normal (v) a neutrophil count greater than the upper limit of normal (vi) a platelet count greater than the upper limit of normal

Stated normal reference ranges may vary depending on the laboratory providing the measurement. 'Normal' here refers to the individual laboratory's stated normal reference range.

Favourable IMDC risk is a score of 0.

Intermediate IMDC risk is a score of 1 to 2.

Poor IMDC risk is a score of 3 to 6.

Document any IMDC risk score assessment in the patient's medical records.

Authority Required (STREAMLINED)

17860

Stage IV clear cell variant renal cell carcinoma (RCC)

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have developed disease progression while receiving treatment with this drug for this condition.

Treatment criteria:

- Patient must be undergoing combination therapy consisting of: (i) pembrolizumab, (ii) lenvatinib; **OR**
- Patient must be undergoing monotherapy with this drug due to a contraindication/intolerance to the other drug in the combination mentioned above, requiring temporary/permanent discontinuation; document the details in the patient's medical records; **OR**
- Patient must be undergoing monotherapy with this drug after completing an equivalent of 24 cumulative months of pembrolizumab treatment, measured from the first administered dose, **AND**
- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

In a patient who has experienced an intolerance to pembrolizumab, details of intolerance must be documented in the patient's medical record.

lenvatinib 10 mg capsule, 30

13253M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	2	0.00	*4,235.36	25.00	Lenvima [EI]

LENVATINIB

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)

17943

Advanced, metastatic or recurrent endometrial carcinoma

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have received prior treatment with platinum-based chemotherapy, **AND**
- The condition must be untreated with each of: (i) programmed cell death-1/ligand-1 (PD-1/PDL-1) inhibitor therapy, (ii) tyrosine kinase inhibitor therapy, **AND**
- Patient must have a World Health Organisation (WHO) Eastern Cooperative Oncology Group (ECOG) performance status score no higher than 1 prior to treatment initiation.

Treatment criteria:

- Patient must be undergoing combination therapy consisting of: (i) pembrolizumab, (ii) lenvatinib; **OR**
- Patient must be undergoing monotherapy with this drug due to a contraindication/intolerance to the other drug in the combination mentioned above, requiring temporary/permanent discontinuation; document the details in the patient's medical records, **AND**
- Must be treated by a medical practitioner.

Authority Required (STREAMLINED)

18017

Advanced, metastatic or recurrent endometrial carcinoma

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have developed disease progression while receiving PBS-subsidised treatment with this drug for this condition.

Treatment criteria:

- Patient must be undergoing combination therapy consisting of: (i) pembrolizumab, (ii) lenvatinib; **OR**
- Patient must be undergoing monotherapy with this drug due to a contraindication/intolerance to the other drug in the combination mentioned above, requiring temporary/permanent discontinuation; document the details in the patient's medical records; **OR**
- Patient must be undergoing monotherapy with this drug after completing an equivalent of 24 cumulative months of pembrolizumab treatment, measured from the first administered dose, **AND**

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

lenvatinib 4 mg capsule, 30

13290L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	2	0.00	*4,235.36	25.00	Lenvima [EI]

lenvatinib 10 mg capsule, 30

13283D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	2	0.00	*4,235.36	25.00	Lenvima [EI]

NINTEDANIB

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

17372

Progressive fibrosing Interstitial lung disease

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be diagnosed through a multidisciplinary team, **AND**
- The condition must have chest imaging through high resolution computed tomography (HRCT) that is no older than 12 months, to support the diagnosis of the PBS indication, **AND**
- The condition must display, through HRCT, an affected area of no less than 10% (after rounding to the nearest multiple of 5), **AND**
- Patient must have a current (no older than 2 years) forced vital capacity (FVC) measurement of no less than 45% predicted, adjusted for each of: (i) age, (ii) gender, (iii) height, **AND**
- The condition must be of a progressive nature, observed by, in the 2 years leading up to this authority application, any of: (i) a worsening in relative FVC% predicted measurement of no less than 10%, (ii) a worsening in relative FVC% predicted measurement in the range 5-10%, combined with worsening of respiratory symptoms, (iii) a worsening in relative FVC% predicted measurement in the range 5-10%, combined with increases in fibrosis observed on HRCT; document at least one of (i) to (iii) in the patient's medical records, **AND**
- Patient must have a forced expiratory volume in 1 second to forced vital capacity ratio (FEV1/FVC) greater than 0.7, **AND**
- Patient must not have had an acute respiratory infection at the time of FVC measurement, **AND**
- Patient must have diffusing capacity of the lungs for carbon monoxide (DLCO) corrected for haemoglobin that is both: (i) at least 30% predicted, (ii) no greater than 80% predicted, **AND**
- The condition must not be interstitial lung disease due to idiopathic pulmonary fibrosis (apply under the correct PBS listing if it is), **AND**
- The condition must not be due to reversible causes (e.g. drug toxicity).

Treatment criteria:

- Must be treated by a prescriber who is either: (i) a respiratory physician, (ii) a specialist physician, (iii) none of the aforementioned prescriber types, but has consulted one of these aforementioned prescriber types, **AND**
- Patient must not be undergoing PBS-subsidised treatment simultaneously through the following PBS indications: (i) progressive fibrosing interstitial lung disease, (ii) idiopathic pulmonary fibrosis, **AND**
- Patient must not be undergoing sequential PBS-subsidised treatment through the following PBS indications: (i) progressive fibrosing interstitial lung disease, (ii) idiopathic pulmonary fibrosis, **AND**
- Patient must be undergoing treatment with this pharmaceutical benefit only where the prescriber has explained to the patient/patient's guardian the following: (i) that certain diagnostic criteria must be met to be eligible to initiate treatment, (ii) continuing treatment is not based on quantified improvements in diagnostic measurements, but will be determined by clinician judgement.

Applications for authorisation under this treatment phase must be made via the Online PBS Authorities System (real time assessment) or in writing via HPOS form upload or mail.

If the application is submitted through HPOS form upload or mail, it must include:

(a) details of the proposed prescription; and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

A multidisciplinary team is defined as comprising of at least a specialist respiratory physician, a radiologist and where histological material is considered, a pathologist. If attendance is not possible because of geographical isolation, consultation with a multidisciplinary team is required for diagnosis.

Document in the patient's medical records the qualifying FVC, FEV1/FVC ratio and DLCO measurements. Retain medical imaging in the patient's medical records.

Note Interstitial lung disease includes, but is not limited to:

(i) connective tissue associated interstitial lung disease; (ii) chronic fibrosing hypersensitivity pneumonitis; (iii) idiopathic non-specific interstitial pneumonia; (iv) pulmonary sarcoidosis.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authorisation under this restriction should be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)

Alternatively, applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

17393

Progressive fibrosing Interstitial lung disease

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition.

Treatment criteria:

- Must be treated by a prescriber who is either: (i) a respiratory physician, (ii) a specialist physician, (iii) none of the aforementioned prescriber types, but has consulted one of these aforementioned prescriber types, **AND**
- Patient must not be undergoing PBS-subsidised treatment simultaneously through the following PBS indications: (i) progressive fibrosing interstitial lung disease, (ii) idiopathic pulmonary fibrosis, **AND**
- Patient must not be undergoing sequential PBS-subsidised treatment through the following PBS indications: (i) progressive fibrosing interstitial lung disease, (ii) idiopathic pulmonary fibrosis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

nintedanib 100 mg capsule, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12967L NP	1	5	0.00	1,680.56	25.00	Ofev [BY]

nintedanib 150 mg capsule, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12953R NP	1	5	0.00	3,269.59	25.00	Ofev [BY]

NINTEDANIB

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

17320

Idiopathic pulmonary fibrosis

Treatment Phase: Initial treatment 1 - new patient

Clinical criteria:

- The condition must be diagnosed through a multidisciplinary team, **AND**
- Patient must have chest high resolution computed tomography (HRCT) consistent with diagnosis of idiopathic pulmonary fibrosis within the previous 12 months, **AND**
- Patient must have a forced vital capacity (FVC) greater than or equal to 50% predicted for age, gender and height, **AND**
- Patient must have a forced expiratory volume in 1 second to forced vital capacity ratio (FEV1/FVC) greater than 0.7, **AND**
- Patient must not have had an acute respiratory infection at the time of FVC measurement, **AND**
- Patient must have diffusing capacity of the lungs for carbon monoxide (DLCO) corrected for haemoglobin equal to or greater than 30%, **AND**
- Patient must not have interstitial lung disease due to other known causes including domestic and occupational environmental exposures, connective tissue disease, or drug toxicity, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Treatment criteria:

- Must be treated by a prescriber who is either: (i) a respiratory physician, (ii) a specialist physician, (iii) none of the aforementioned prescriber types, but has consulted one of these aforementioned prescriber types, **AND**
- Patient must not be undergoing PBS-subsidised treatment simultaneously through the following PBS indications: (i) progressive fibrosing interstitial lung disease, (ii) idiopathic pulmonary fibrosis, **AND**

- Patient must not be undergoing sequential PBS-subsidised treatment through the following PBS indications: (i) progressive fibrosing interstitial lung disease, (ii) idiopathic pulmonary fibrosis, **AND**
- Patient must be undergoing treatment with this pharmaceutical benefit only where the prescriber has explained to the patient/patient's guardian the following: (i) that certain diagnostic criteria must be met to be eligible to initiate treatment, (ii) continuing treatment is not based on quantified improvements in diagnostic measurements, but will be determined by clinician judgement.

A multidisciplinary team is defined as comprising of at least a specialist respiratory physician, a radiologist and where histological material is considered, a pathologist. If attendance is not possible because of geographical isolation, consultation with a multidisciplinary team is required for diagnosis.

Document in the patient's medical records the qualifying FVC, FEV1/FVC ratio and DLCO measurements. Retain medical imaging in the patient's medical records.

Applications for authorisation under this treatment phase must be made via the Online PBS Authorities System (real time assessment) or in writing via HPOS form upload or mail.

If the application is submitted through HPOS form upload or mail, it must include:

(a) details of the proposed prescription; and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authorisation under this restriction should be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)

Alternatively, applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

17277

Idiopathic pulmonary fibrosis

Treatment Phase: Initial treatment 2 - change or recommencement of treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with nintedanib or pirfenidone for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Treatment criteria:

- Must be treated by a prescriber who is either: (i) a respiratory physician, (ii) a specialist physician, (iii) none of the aforementioned prescriber types, but has consulted one of these aforementioned prescriber types, **AND**
- Patient must not be undergoing PBS-subsidised treatment simultaneously through the following PBS indications: (i) progressive fibrosing interstitial lung disease, (ii) idiopathic pulmonary fibrosis, **AND**
- Patient must not be undergoing sequential PBS-subsidised treatment through the following PBS indications: (i) progressive fibrosing interstitial lung disease, (ii) idiopathic pulmonary fibrosis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority Required

17329

Idiopathic pulmonary fibrosis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Treatment criteria:

- Must be treated by a prescriber who is either: (i) a respiratory physician, (ii) a specialist physician, (iii) none of the aforementioned prescriber types, but has consulted one of these aforementioned prescriber types, **AND**
- Patient must not be undergoing PBS-subsidised treatment simultaneously through the following PBS indications: (i) progressive fibrosing interstitial lung disease, (ii) idiopathic pulmonary fibrosis, **AND**
- Patient must not be undergoing sequential PBS-subsidised treatment through the following PBS indications: (i) progressive fibrosing interstitial lung disease, (ii) idiopathic pulmonary fibrosis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

nintedanib 100 mg capsule, 60

11100F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	1,680.56	25.00	Ofev [BY]

nintedanib 150 mg capsule, 60

11106M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	3,269.59	25.00	Ofev [BY]

PAZOPANIB

Authority Required (STREAMLINED)

11939

Stage IV clear cell variant renal cell carcinoma (RCC)

Treatment Phase: Continuing treatment beyond 3 months

Clinical criteria:

- Patient must have received an initial authority prescription for this drug for this condition, **AND**
- Patient must have stable or responding disease according to the Response Evaluation Criteria In Solid Tumours (RECIST), **AND**
- Patient must require dose adjustment, **AND**
- The treatment must be the sole PBS-subsidised tyrosine kinase inhibitor therapy for this condition.

A patient who has progressive disease when treated with this drug is no longer eligible for PBS-subsidised treatment with this drug.

PBS-subsidy does not apply to a patient who has progressive disease whilst on, or, who has recurrent disease following treatment with any of: (i) cabozantinib, (ii) pazopanib, (iii) sunitinib.

Note Response Evaluation Criteria In Solid Tumours (RECIST) is defined as follows:

Complete response (CR) is disappearance of all target lesions.

Partial response (PR) is a 30% decrease in the sum of the longest diameter of target lesions.

Progressive disease (PD) is a 20% increase in the sum of the longest diameter of target lesions.

Stable disease (SD) is small changes that do not meet above criteria.

pazopanib 200 mg tablet, 30

2232L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	0.00	445.11	25.00	[a] Pazopanib ADVZ [BZ]	[a] Pazopanib Dr.Reddy's [RZ]
						[a] Pazopanib-RZ [XT]	[a] Votrient [NV]

pazopanib 400 mg tablet, 30

2201W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	0.00	880.86	25.00	[a] Pazopanib ADVZ [BZ]	[a] Pazopanib Dr.Reddy's [RZ]
						[a] Pazopanib-RZ [XT]	[a] Votrient [NV]

PAZOPANIB

Authority Required (STREAMLINED)

7458

Advanced (unresectable and/or metastatic) soft tissue sarcoma

Treatment Phase: Continuing treatment beyond 3 months

Clinical criteria:

- Patient must have received an initial authority prescription for this drug for this condition, **AND**
- Patient must have stable or responding disease according to the Response Evaluation Criteria In Solid Tumours (RECIST), **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Note Response Evaluation Criteria In Solid Tumours (RECIST) is defined as follows:

Complete response (CR) is disappearance of all target lesions.

Partial response (PR) is a 30% decrease in the sum of the longest diameter of target lesions.

Progressive disease (PD) is a 20% increase in the sum of the longest diameter of target lesions.

Stable disease (SD) is small changes that do not meet above criteria.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

pazopanib 400 mg tablet, 60

10043N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	0.00	1,738.07	25.00	[a] Pazopanib ADVZ [BZ]	[a] Pazopanib Dr.Reddy's [RZ]
						[a] Pazopanib-RZ [XT]	[a] Votrient [NV]

PAZOPANIB

Authority Required (STREAMLINED)

7458

Advanced (unresectable and/or metastatic) soft tissue sarcoma

Treatment Phase: Continuing treatment beyond 3 months

Clinical criteria:

- Patient must have received an initial authority prescription for this drug for this condition, **AND**
- Patient must have stable or responding disease according to the Response Evaluation Criteria In Solid Tumours (RECIST), **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Note Response Evaluation Criteria In Solid Tumours (RECIST) is defined as follows:

Complete response (CR) is disappearance of all target lesions.

Partial response (PR) is a 30% decrease in the sum of the longest diameter of target lesions.

Progressive disease (PD) is a 20% increase in the sum of the longest diameter of target lesions.

Stable disease (SD) is small changes that do not meet above criteria.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

pazopanib 200 mg tablet, 90

10047T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	0.00	1,311.93	25.00	[a] Pazopanib ADVZ [BZ]	[a] Pazopanib Dr.Reddy's [RZ]
						[a] Pazopanib-RZ [XT]	[a] Votrient [NV]

PAZOPANIB

Authority Required (STREAMLINED)

7459

Advanced (unresectable and/or metastatic) soft tissue sarcoma

Treatment Phase: Continuing treatment beyond 3 months

Clinical criteria:

- Patient must have received an initial authority prescription for this drug for this condition, **AND**
- Patient must have stable or responding disease according to the Response Evaluation Criteria In Solid Tumours (RECIST), **AND**
- Patient must require dose adjustment, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Note Response Evaluation Criteria In Solid Tumours (RECIST) is defined as follows:

Complete response (CR) is disappearance of all target lesions.

Partial response (PR) is a 30% decrease in the sum of the longest diameter of target lesions.

Progressive disease (PD) is a 20% increase in the sum of the longest diameter of target lesions.

Stable disease (SD) is small changes that do not meet above criteria.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

pazopanib 400 mg tablet, 30

10052C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	0.00	880.86	25.00	[a] Pazopanib ADVZ [BZ]	[a] Pazopanib Dr.Reddy's [RZ]
						[a] Pazopanib-RZ [XT]	[a] Votrient [NV]

PAZOPANIB

Authority Required (STREAMLINED)

7459

Advanced (unresectable and/or metastatic) soft tissue sarcoma

Treatment Phase: Continuing treatment beyond 3 months

Clinical criteria:

- Patient must have received an initial authority prescription for this drug for this condition, **AND**
- Patient must have stable or responding disease according to the Response Evaluation Criteria In Solid Tumours (RECIST), **AND**
- Patient must require dose adjustment, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Note Response Evaluation Criteria In Solid Tumours (RECIST) is defined as follows:

Complete response (CR) is disappearance of all target lesions.

Partial response (PR) is a 30% decrease in the sum of the longest diameter of target lesions.

Progressive disease (PD) is a 20% increase in the sum of the longest diameter of target lesions.

Stable disease (SD) is small changes that do not meet above criteria.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

pazopanib 200 mg tablet, 30

10054E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	0.00	445.11	25.00	[a] Pazopanib ADVZ [BZ]	[a] Pazopanib Dr.Reddy's [RZ]
					[a] Pazopanib-RZ [XT]	[a] Votrient [NV]

PAZOPANIB

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)
11974
Stage IV clear cell variant renal cell carcinoma (RCC)
Treatment Phase: Initial treatment
Clinical criteria:

- The condition must be classified as favourable to intermediate risk according to the International Metastatic Renal Cell Carcinoma Database Consortium (IMDC), **AND**
- Patient must have a WHO performance status of 2 or less, **AND**
- The treatment must be the sole PBS-subsidised tyrosine kinase inhibitor therapy for this condition.

PBS-subsidy does not apply to a patient who has progressive disease whilst on, or, who has recurrent disease following treatment with any of: (i) cabozantinib, (ii) pazopanib, (iii) sunitinib.

Note Patients who have developed intolerance to sunitinib of a severity necessitating permanent treatment withdrawal are eligible to receive PBS-subsidised pazopanib.
Note Patients who have progressive disease with pazopanib are no longer eligible for PBS-subsidised pazopanib.

pazopanib 200 mg tablet, 90

2029T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	0.00	1,311.93	25.00	[a] Pazopanib ADVZ [BZ]	[a] Pazopanib Dr.Reddy's [RZ]
					[a] Pazopanib-RZ [XT]	[a] Votrient [NV]

pazopanib 400 mg tablet, 60

2030W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	0.00	1,738.07	25.00	[a] Pazopanib ADVZ [BZ]	[a] Pazopanib Dr.Reddy's [RZ]
					[a] Pazopanib-RZ [XT]	[a] Votrient [NV]

PAZOPANIB

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)
9247
Advanced (unresectable and/or metastatic) soft tissue sarcoma
Treatment Phase: Initial treatment
Clinical criteria:

- Patient must have a WHO performance status of 2 or less, **AND**
- Patient must have received prior chemotherapy treatment including an anthracycline, **AND**
- Patient must not have received prior treatment with an angiogenesis inhibitor, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Patient must not have any of the following conditions:
adipocytic soft tissue sarcoma;
gastrointestinal stromal tumour (GIST);
rhabdomyosarcoma other than alveolar or pleomorphic;
chondrosarcoma;
osteosarcoma;
Ewings tumour/primitive neuroectodermal tumour;
dermofibromatosis sarcoma protuberans;
inflammatory myofibroblastic sarcoma;
malignant mesothelioma;
mixed mesodermal tumour of the uterus.

pazopanib 200 mg tablet, 90

10042M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	0.00	1,311.93	25.00	[a] Pazopanib ADVZ [BZ]	[a] Pazopanib Dr.Reddy's [RZ]
					[a] Pazopanib-RZ [XT]	[a] Votrient [NV]

pazopanib 400 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10041L	1	2	0.00	1,738.07	25.00	[a] Pazopanib ADVZ [BZ]	[a] Pazopanib Dr.Reddy's [RZ]
						[a] Pazopanib-RZ [XT]	[a] Votrient [NV]

PAZOPANIB

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

11937

Stage IV clear cell variant renal cell carcinoma (RCC)

Treatment Phase: Continuing treatment beyond 3 months

Clinical criteria:

- Patient must have received an initial authority prescription for this drug for this condition, **AND**
- Patient must have stable or responding disease according to the Response Evaluation Criteria In Solid Tumours (RECIST), **AND**
- The treatment must be the sole PBS-subsidised tyrosine kinase inhibitor therapy for this condition.

A patient who has progressive disease when treated with this drug is no longer eligible for PBS-subsidised treatment with this drug.

PBS-subsidy does not apply to a patient who has progressive disease whilst on, or, who has recurrent disease following treatment with any of: (i) cabozantinib, (ii) pazopanib, (iii) sunitinib.

Note Response Evaluation Criteria In Solid Tumours (RECIST) is defined as follows:

Complete response (CR) is disappearance of all target lesions.

Partial response (PR) is a 30% decrease in the sum of the longest diameter of target lesions.

Progressive disease (PD) is a 20% increase in the sum of the longest diameter of target lesions.

Stable disease (SD) is small changes that do not meet above criteria.

pazopanib 200 mg tablet, 90

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
11252F	1	5	0.00	1,311.93	25.00	[a] Pazopanib ADVZ [BZ]	[a] Pazopanib Dr.Reddy's [RZ]
						[a] Pazopanib-RZ [XT]	[a] Votrient [NV]

pazopanib 400 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
11261Q	1	5	0.00	1,738.07	25.00	[a] Pazopanib ADVZ [BZ]	[a] Pazopanib Dr.Reddy's [RZ]
						[a] Pazopanib-RZ [XT]	[a] Votrient [NV]

REPOTRECTINIB

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

18244

Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be the sole PBS-subsidised systemic anti-cancer therapy for this condition, **AND**
- The condition must be non-squamous type non-small cell lung cancer (NSCLC) or not otherwise specified type NSCLC, **AND**
- Patient must have a WHO performance status of 2 or less, **AND**
- Patient must have evidence of c-ROS proto-oncogene 1 (ROS1) gene rearrangement in tumour material, defined as either: (i) 15% (or greater) positive cells by fluorescence in situ hybridisation (FISH) testing, (ii) positive next generation sequencing (NGS) testing.

The authority application must be via the Online PBS Authorities System or in writing via HPOS form upload or mail.

If the application is submitted through HPOS form upload or mail, it must include the following:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The following must be documented in the patient's medical records:

(a) evidence of c-ROS proto-oncogene 1 (ROS1) gene rearrangement in tumour material.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authorisation under this restriction should be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)

Alternatively, applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

13186

Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be the sole PBS-subsidised systemic anti-cancer therapy for this condition, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have developed disease progression while receiving PBS-subsidised treatment with this drug for this condition.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

repotrectinib 40 mg capsule, 120

15280F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	0.00	7,811.21	25.00	Augtyro [BQ]

REPOTRECTINIB

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

18244

Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be the sole PBS-subsidised systemic anti-cancer therapy for this condition, **AND**
- The condition must be non-squamous type non-small cell lung cancer (NSCLC) or not otherwise specified type NSCLC, **AND**
- Patient must have a WHO performance status of 2 or less, **AND**
- Patient must have evidence of c-ROS proto-oncogene 1 (ROS1) gene rearrangement in tumour material, defined as either: (i) 15% (or greater) positive cells by fluorescence in situ hybridisation (FISH) testing, (ii) positive next generation sequencing (NGS) testing.

The authority application must be via the Online PBS Authorities System or in writing via HPOS form upload or mail.

If the application is submitted through HPOS form upload or mail, it must include the following:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The following must be documented in the patient's medical records:

(a) evidence of c-ROS proto-oncogene 1 (ROS1) gene rearrangement in tumour material.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authorisation under this restriction should be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)

Alternatively, applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

13186

Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be the sole PBS-subsidised systemic anti-cancer therapy for this condition, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have developed disease progression while receiving PBS-subsidised treatment with this drug for this condition.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

repotrectinib 160 mg capsule, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15288P	1	3	0.00	9,822.36	25.00	Augtyro [BQ]

RIPRETINIB

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Note Special Pricing Arrangements apply.

Authority Required

12440

Metastatic or unresectable malignant gastrointestinal stromal tumour

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must not be resectable, **AND**
- The treatment must be as monotherapy, **AND**
- The condition must have progressed despite treatment with all drugs PBS-listed specifically for this PBS-indication; **OR**
- The condition must have progressed despite each of: (i) treatment with a drug PBS-listed specifically listed for this PBS-indication, (ii) an intolerance/expected intolerance to all other drugs PBS-listed for this specific PBS-indication, **AND**
- Patient must have a WHO performance status of 2 or less.

Treatment criteria:

- Patient must be undergoing PBS-subsidised treatment with this drug for the first time - retreatment/continuing treatment beyond the available repeat prescription is not permitted under this listing; see 'Continuing treatment' Treatment Phase listing to continue PBS-subsidised treatment in a patient without disease progression.

Note Currently PBS-listed drugs with the indication of: 'metastatic or unresectable malignant gastrointestinal stromal tumour' are: imatinib and sunitinib

Authority Required

12455

Metastatic or unresectable malignant gastrointestinal stromal tumour

Treatment Phase: Continuing treatment

Clinical criteria:

- The condition must not be resectable, **AND**
- Patient must have received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be as monotherapy, **AND**
- Patient must not have developed disease progression while receiving treatment with this drug for this condition.

ripretinib 50 mg tablet, 90

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12764T	1	1	0.00	22,760.36	25.00	Qinlock [ZB]

SELPERCATINIB

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)

19021

Advanced or metastatic medullary thyroid cancer

Clinical criteria:

- The condition must be unresectable with documented disease progression prior to commencing treatment with this drug, **AND**
- The condition must have evidence of activating RET variants in tumour material - this evidence has been obtained prior to commencing treatment with this drug, **AND**
- Patient must have a World Health Organisation (WHO) Eastern Cooperative Oncology Group (ECOG) performance status score of no higher than 2 at treatment initiation, **AND**

- The treatment must be the sole PBS-subsidised systemic anti-cancer therapy for this PBS indication, **AND**
- Patient must be initiating treatment with this drug; **OR**
- Patient must be continuing treatment with this drug, with an absence of further disease progression while being treated with this drug.

Medical practitioners must prescribe the appropriate quantities of appropriate strength(s) to provide sufficient drug, based on the weight of the patient, adequate for 4 weeks per dispensing, according to the specified dosage in the approved Therapeutic Goods Administration (TGA) Product Information (PI). A separate authority prescription form must be completed for each strength requested.

Selpercatinib 40 mg tablet, 56

15447B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	0.00	2,146.86	25.00	Retevmo [LY]

SELPERCATINIB

Note Pharmaceutical benefits that have the forms Selpercatinib 40 mg tablet and Selpercatinib 40 mg capsule are equivalent for the purposes of substitution.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)

16270

Locally advanced or metastatic non-small cell lung cancer

Clinical criteria:

- The condition must have evidence of rearranged during transfection (RET) gene fusion in tumour material - this evidence has been obtained prior to commencing treatment with this drug, **AND**
- Patient must have a World Health Organisation (WHO) Eastern Cooperative Oncology Group (ECOG) performance status score of no higher than 2 at treatment initiation, **AND**
- The treatment must be the sole PBS-subsidised systemic anti-cancer therapy for this PBS indication, **AND**
- Patient must be initiating treatment with this drug; **OR**
- Patient must be continuing treatment with this drug, with an absence of further disease progression while being treated with this drug.

Medical practitioners must prescribe the appropriate quantities of appropriate strength(s) to provide sufficient drug, based on the weight of the patient, adequate for 4 weeks per dispensing, according to the specified dosage in the approved Therapeutic Goods Administration (TGA) Product Information (PI). A separate authority prescription form must be completed for each strength requested.

Selpercatinib 40 mg tablet, 56

15371B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	0.00	2,146.86	25.00	[a] Retevmo [LY]

SELPERCATINIB

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)

19048

Advanced or metastatic medullary thyroid cancer

Clinical criteria:

- The condition must be unresectable with documented disease progression prior to commencing treatment with this drug, **AND**
- The condition must have evidence of activating RET variants in tumour material - this evidence has been obtained prior to commencing treatment with this drug, **AND**
- Patient must have a World Health Organisation (WHO) Eastern Cooperative Oncology Group (ECOG) performance status score of no higher than 2 at treatment initiation, **AND**
- The treatment must be the sole PBS-subsidised systemic anti-cancer therapy for this PBS indication, **AND**
- Patient must be initiating treatment with this drug; **OR**
- Patient must be continuing treatment with this drug, with an absence of further disease progression while being treated with this drug.

Medical practitioners must prescribe the appropriate quantities of appropriate strength(s) to provide sufficient drug, based on the weight of the patient, adequate for 4 weeks per dispensing, according to the specified dosage in the approved Therapeutic Goods Administration (TGA) Product Information (PI). A separate authority prescription form must be completed for each strength requested.

Medical practitioners may prescribe selpercatinib 80 mg with a quantity of up to 56 units where the dose does not exceed 120 mg twice daily (i.e., in combination with selpercatinib 40 mg). Selpercatinib 80 mg with a quantity of 112 units must be prescribed only where the dose is 160 mg twice daily to provide 28 days of treatment per dispensing. Prescribers should refer to the TGA PI for dosing and dose adjustments regimens.

Selpercatinib 80 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15494L	2	5	0.00	*8,213.36	25.00	Retevmo [LY]

SELPERCATINIB

Note Pharmaceutical benefits that have the forms Selpercatinib 80 mg tablet and Selpercatinib 80 mg capsule are equivalent for the purposes of substitution.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)

16282

Locally advanced or metastatic non-small cell lung cancer

Clinical criteria:

- The condition must have evidence of rearranged during transfection (RET) gene fusion in tumour material - this evidence has been obtained prior to commencing treatment with this drug, **AND**
- Patient must have a World Health Organisation (WHO) Eastern Cooperative Oncology Group (ECOG) performance status score of no higher than 2 at treatment initiation, **AND**
- The treatment must be the sole PBS-subsidised systemic anti-cancer therapy for this PBS indication, **AND**
- Patient must be initiating treatment with this drug; **OR**
- Patient must be continuing treatment with this drug, with an absence of further disease progression while being treated with this drug.

Medical practitioners must prescribe the appropriate quantities of appropriate strength(s) to provide sufficient drug, based on the weight of the patient, adequate for 4 weeks per dispensing, according to the specified dosage in the approved Therapeutic Goods Administration (TGA) Product Information (PI). A separate authority prescription form must be completed for each strength requested.

Medical practitioners may prescribe selpercatinib 80 mg with a quantity of up to 56 units where the dose does not exceed 120 mg twice daily (i.e., in combination with selpercatinib 40 mg). Selpercatinib 80 mg with a quantity of 112 units must be prescribed only where the dose is 160 mg twice daily to provide 28 days of treatment per dispensing. Prescribers should refer to the TGA PI for dosing and dose adjustments regimens.

Selpercatinib 80 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15416J	2	5	0.00	*8,213.36	25.00	[a] Retevmo [LY]

SORAFENIB

Authority Required (STREAMLINED)

7487

Stage IV clear cell variant renal cell carcinoma (RCC)

Treatment Phase: Continuing treatment beyond 3 months

Clinical criteria:

- Patient must have received an initial authority prescription for this drug for this condition, **AND**
- Patient must have stable or responding disease according to the Response Evaluation Criteria In Solid Tumours (RECIST), **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

A patient who has progressive disease when treated with this drug is no longer eligible for PBS-subsidised treatment with this drug.

Note Response Evaluation Criteria In Solid Tumours (RECIST) is defined as follows:

Complete response (CR) is disappearance of all target lesions.

Partial response (PR) is a 30% decrease in the sum of the longest diameter of target lesions.

Progressive disease (PD) is a 20% increase in the sum of the longest diameter of target lesions.

Stable disease (SD) is small changes that do not meet above criteria.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

sorafenib 200 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10242C	2	5	0.00	*4,222.50	25.00	Nexavar [BN]

SORAFENIB

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

8621

Stage IV clear cell variant renal cell carcinoma (RCC)

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have progressive disease according to the Response Evaluation Criteria in Solid Tumours (RECIST) following prior treatment with a tyrosine kinase inhibitor, **AND**
- Patient must have a WHO performance status of 2 or less, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Patients who have developed intolerance to a tyrosine kinase inhibitor of a severity necessitating permanent treatment withdrawal are eligible to receive PBS-subsidised treatment with this drug.

A patient who has progressive disease when treated with this drug is no longer eligible for PBS-subsidised treatment with this drug.

Note Response Evaluation Criteria In Solid Tumours (RECIST) is defined as follows:

Complete response (CR) is disappearance of all target lesions.

Partial response (PR) is a 30% decrease in the sum of the longest diameter of target lesions.

Progressive disease (PD) is a 20% increase in the sum of the longest diameter of target lesions.

Stable disease (SD) is small changes that do not meet above criteria.

sorafenib 200 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10226F	2	2	0.00	*4,222.50	25.00	Nexavar [BN]

SORAFENIB

Note Sorafenib is not PBS-subsidised for adjunctive treatment after resection, ablation or chemoembolization.

Sorafenib is not PBS-subsidised for maintenance therapy after disease progression.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)

17504

Advanced Barcelona Clinic Liver Cancer Stage B or Stage C hepatocellular carcinoma

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have a WHO performance status of 2 or less, **AND**
- Patient must have Child Pugh class A, **AND**
- The condition must be untreated with systemic therapy; **OR**
- Patient must have developed intolerance of a severity necessitating permanent treatment withdrawal, in the absence of disease progression, to any of the following: (i) a vascular endothelial growth factor (VEGF) tyrosine kinase inhibitor (TKI), (ii) atezolizumab/bevacizumab combination therapy, (iii) durvalumab/tremelimumab combination therapy.

Authority Required (STREAMLINED)

17436

Advanced Barcelona Clinic Liver Cancer Stage B or Stage C hepatocellular carcinoma

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have developed disease progression while being treated with this drug for this condition.

sorafenib 200 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9380Q	2	2	0.00	*4,222.50	25.00	Nexavar [BN]

SUNITINIB

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

17862

Metastatic or unresectable, well-differentiated malignant pancreatic neuroendocrine tumour (pNET)

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received an initial authority prescription for this drug for this condition, **AND**
- Patient must not have disease progression, **AND**
- The treatment must be as monotherapy.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

A patient who has progressive disease when treated with this drug is no longer eligible for PBS-subsidised treatment with this drug.

sunitinib 12.5 mg capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10009T NP	1	5	0.00	509.46	25.00	[a] Sunitinib Sandoz [SZ]	[a] Sutent [PF]

sunitinib 25 mg capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2842N NP	1	5	0.00	1,015.87	25.00	[a] ARX-Sunitinib [XT]	[a] Sunitinib Sandoz [SZ]
						[a] Sutent [PF]	

sunitinib 37.5 mg capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10473F NP	1	5	0.00	1,508.73	25.00	[a] ARX-Sunitinib [XT]	[a] Sunitinib Sandoz [SZ]
						[a] Sutent [PF]	

sunitinib 50 mg capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10010W NP	1	5	0.00	2,026.44	25.00	[a] ARX-Sunitinib [XT]	[a] Sunitinib Sandoz [SZ]
						[a] Sutent [PF]	

SUNITINIB

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

11878

Stage IV clear cell variant renal cell carcinoma (RCC)

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be classified as favourable to intermediate risk according to the International Metastatic Renal Cell Carcinoma Database Consortium (IMDC), **AND**
- Patient must have a WHO performance status of 2 or less, **AND**
- The treatment must be the sole PBS-subsidised tyrosine kinase inhibitor therapy for this condition.

PBS-subsidy does not apply to a patient who has progressive disease whilst on, or, who has recurrent disease following treatment with any of: (i) cabozantinib, (ii) pazopanib, (iii) sunitinib.

Note Patients who have developed intolerance to pazopanib of a severity necessitating permanent treatment withdrawal are eligible to receive PBS-subsidised sunitinib.

Note Patients who have progressive disease with sunitinib are no longer eligible for PBS-subsidised sunitinib.

sunitinib 12.5 mg capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9417P	1	1	0.00	509.46	25.00	[a] Sunitinib Sandoz [SZ]	[a] Sutent [PF]

sunitinib 25 mg capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9418Q	1	1	0.00	1,015.87	25.00	[a] ARX-Sunitinib [XT]	[a] Sunitinib Sandoz [SZ]
						[a] Sutent [PF]	

sunitinib 37.5 mg capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10504W	1	1	0.00	1,508.73	25.00	[a] ARX-Sunitinib [XT]	[a] Sunitinib Sandoz [SZ]
						[a] Sutent [PF]	

sunitinib 50 mg capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9419R	1	1	0.00	2,026.44	25.00	[a] ARX-Sunitinib [XT]	[a] Sunitinib Sandoz [SZ]
						[a] Sutent [PF]	

SUNITINIB

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

17614

Metastatic or unresectable, well-differentiated malignant pancreatic neuroendocrine tumour (pNET)

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must be symptomatic (despite somatostatin analogues); **OR**
- Patient must have disease progression, **AND**
- The treatment must be as monotherapy.

Disease progression must be documented in the patient's medical records.

Patients who have developed progressive disease with any of: (i) everolimus; (ii) cabozantinib are not eligible to receive PBS-subsidised treatment with sunitinib for this condition.

Patients who have developed intolerance with any of: (i) everolimus; (ii) cabozantinib of a severity necessitating permanent treatment withdrawal are eligible to receive PBS-subsidised sunitinib.

sunitinib 12.5 mg capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10004M	1	2	0.00	509.46	25.00	[a] Sunitinib Sandoz [SZ]	[a] Sutent [PF]

sunitinib 25 mg capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2959R	1	2	0.00	1,015.87	25.00	[a] ARX-Sunitinib [XT]	[a] Sunitinib Sandoz [SZ]
						[a] Sutent [PF]	

sunitinib 37.5 mg capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10464R	1	2	0.00	1,508.73	25.00	[a] ARX-Sunitinib [XT]	[a] Sunitinib Sandoz [SZ]
						[a] Sutent [PF]	

sunitinib 50 mg capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2837H	1	2	0.00	2,026.44	25.00	[a] ARX-Sunitinib [XT]	[a] Sunitinib Sandoz [SZ]
						[a] Sutent [PF]	

SUNITINIB

Note Response Evaluation Criteria In Solid Tumours (RECIST) is defined as follows:

Complete response (CR) is disappearance of all target lesions.

Partial response (PR) is a 30% decrease in the sum of the longest diameter of target lesions.

Progressive disease (PD) is a 20% increase in the sum of the longest diameter of target lesions.

Stable disease (SD) is small changes that do not meet above criteria.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

17856

Stage IV clear cell variant renal cell carcinoma (RCC)

Treatment Phase: Continuing treatment beyond 3 months

Clinical criteria:

- Patient must have received an initial authority prescription for this drug for this condition, **AND**
- Patient must have stable or responding disease according to the Response Evaluation Criteria In Solid Tumours (RECIST), **AND**
- The treatment must be the sole PBS-subsidised tyrosine kinase inhibitor therapy for this condition.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

A patient who has progressive disease when treated with this drug is no longer eligible for PBS-subsidised treatment with this drug.

PBS-subsidy does not apply to a patient who has progressive disease whilst on, or, who has recurrent disease following treatment with any of: (i) cabozantinib, (ii) pazopanib, (iii) sunitinib.

sunitinib 12.5 mg capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9420T NP	1	3	0.00	509.46	25.00	[a] Sunitinib Sandoz [SZ]	[a] Sutent [PF]

sunitinib 25 mg capsule, 28

9421W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	3	0.00	1,015.87	25.00	[a] ARX-Sunitinib [XT]	[a] Sunitinib Sandoz [SZ]
						[a] Sutent [PF]	

sunitinib 37.5 mg capsule, 28

10459L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	3	0.00	1,508.73	25.00	[a] ARX-Sunitinib [XT]	[a] Sunitinib Sandoz [SZ]
						[a] Sutent [PF]	

sunitinib 50 mg capsule, 28

9422X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	3	0.00	2,026.44	25.00	[a] ARX-Sunitinib [XT]	[a] Sunitinib Sandoz [SZ]
						[a] Sutent [PF]	

SUNITINIB

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authorisation under this restriction should be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)

Alternatively, applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

19250

Metastatic or unresectable malignant gastrointestinal stromal tumour

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must not be resectable, **AND**
- The treatment must be the sole PBS-subsidised systemic anti-cancer therapy for this condition, **AND**
- Patient must have a WHO performance status of 2 or less, **AND**
- Patient must have previously failed or be intolerant to imatinib mesilate.

Applications for authorisation must be made via the Online PBS Authorities System (real time assessment), or in writing via HPOS form upload or mail.

If the application is submitted through HPOS form upload or mail, it must include:

(a) details of the proposed prescription; and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Patients who have failed to respond or are intolerant to imatinib are no longer eligible to receive PBS-subsidised imatinib.

sunitinib 12.5 mg capsule, 28

9488J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	1	0.00	509.46	25.00	[a] Sunitinib Sandoz [SZ]	[a] Sutent [PF]

sunitinib 25 mg capsule, 28

9489K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	1	0.00	1,015.87	25.00	[a] ARX-Sunitinib [XT]	[a] Sunitinib Sandoz [SZ]
						[a] Sutent [PF]	

sunitinib 37.5 mg capsule, 28

10503T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	1	0.00	1,508.73	25.00	[a] ARX-Sunitinib [XT]	[a] Sunitinib Sandoz [SZ]
						[a] Sutent [PF]	

sunitinib 50 mg capsule, 28

9490L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	1	0.00	2,026.44	25.00	[a] ARX-Sunitinib [XT]	[a] Sunitinib Sandoz [SZ]

9490L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
						[a] Sutent [PF]	

SUNITINIB

Note A patient who has progressive disease when treated with this drug is no longer eligible for PBS-subsidised treatment with this drug.

Note Patients who have failed to respond or are intolerant to imatinib are no longer eligible to receive PBS subsidised imatinib after progression on this drug

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

17789

Metastatic or unresectable malignant gastrointestinal stromal tumour

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The condition must not be resectable, **AND**
- The treatment must be the sole PBS-subsidised systemic anti-cancer therapy for this condition, **AND**
- Patient must have a WHO performance status of 2 or less, **AND**
- Patient must not have developed disease progression while receiving PBS-subsidised treatment with this drug for this condition.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

sunitinib 12.5 mg capsule, 28

11266Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	1	0.00	509.46	25.00	[a] Sunitinib Sandoz [SZ]	[a] Sutent [PF]

sunitinib 25 mg capsule, 28

11253G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	1	0.00	1,015.87	25.00	[a] ARX-Sunitinib [XT]	[a] Sunitinib Sandoz [SZ]
						[a] Sutent [PF]	

sunitinib 37.5 mg capsule, 28

11256K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	1	0.00	1,508.73	25.00	[a] ARX-Sunitinib [XT]	[a] Sunitinib Sandoz [SZ]
						[a] Sutent [PF]	

sunitinib 50 mg capsule, 28

11250D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	1	0.00	2,026.44	25.00	[a] ARX-Sunitinib [XT]	[a] Sunitinib Sandoz [SZ]
						[a] Sutent [PF]	

MONOCLONAL ANTIBODIES AND ANTIBODY DRUG CONJUGATES

CD38 (Clusters of Differentiation 38) inhibitors

DARATUMUMAB

Note This drug is not PBS-subsidised for use in patients with multiple myeloma who have received two or more prior lines of therapy including a proteasome inhibitor (PI) and an immunomodulatory agent, or, who are refractory to both a PI and an immunomodulatory agent, as monotherapy.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

17491

Relapsed and/or refractory multiple myeloma

Treatment Phase: Initial treatment as second-line drug therapy for weeks 1 to 9 (administered once weekly)

Clinical criteria:

- The condition must be confirmed by a histological diagnosis, **AND**
- The treatment must be in combination with bortezomib and dexamethasone, **AND**
- Patient must have progressive disease after only one prior therapy (i.e. use must be as second-line drug therapy; use as third-line drug therapy or beyond is not PBS-subsidised).

Treatment criteria:

- Patient must be undergoing PBS-subsidised treatment with this drug once per lifetime. Meaning, patient must access this drug in one of the following situations: (i) for the first time, irrespective of whether the diagnosis has been re-classified (i.e. the diagnosis has changed between multiple myeloma/amyloidosis), or irrespective of whether the disease staging has been changed (i.e. disease has changed from untreated multiple myeloma to relapsed or refractory multiple myeloma), (ii) changing the drug's form (intravenous/subcutaneous) within the first 9 weeks of treatment for the same PBS indication.

Progressive disease is defined as at least 1 of the following:

(a) at least a 25% increase and an absolute increase of at least 5 g per L in serum M protein (monoclonal protein); or

(b) at least a 25% increase in 24-hour urinary light chain M protein excretion, and an absolute increase of at least 200 mg per 24 hours; or

(c) in oligo-secretory and non-secretory myeloma patients only, at least a 50% increase in the difference between involved free light chain and uninvolved free light chain; or

(d) at least a 25% relative increase and at least a 10% absolute increase in plasma cells in a bone marrow aspirate or on biopsy; or

(e) an increase in the size or number of lytic bone lesions (not including compression fractures); or

(f) at least a 25% increase in the size of an existing or the development of a new soft tissue plasmacytoma (determined by clinical examination or diagnostic imaging); or

(g) development of hypercalcaemia (corrected serum calcium greater than 2.65 mmol per L not attributable to any other cause).

Oligo-secretory and non-secretory patients are defined as having active disease with less than 10 g per L serum M protein.

Details of: the histological diagnosis of multiple myeloma; prior treatments including name(s) of drug(s) and date of most recent treatment cycle; the basis of the diagnosis of progressive disease or failure to respond; and which disease activity parameters will be used to assess response, must be documented in the patient's medical records.

Confirmation of eligibility for treatment with current diagnostic reports of at least one of the following must be documented in the patient's medical records:

(a) the level of serum monoclonal protein; or

(b) Bence-Jones proteinuria - the results of 24-hour urinary light chain M protein excretion; or

(c) the serum level of free kappa and lambda light chains; or

(d) bone marrow aspirate or trephine; or

(e) if present, the size and location of lytic bone lesions (not including compression fractures); or

(f) if present, the size and location of all soft tissue plasmacytomas by clinical or radiographic examination i.e. MRI or CT-scan; or

(g) if present, the level of hypercalcaemia, corrected for albumin concentration.

As these parameters must be used to determine response, results for either (a) or (b) or (c) should be documented for all patients. Where the patient has oligo-secretory or non-secretory multiple myeloma, either (c) or (d) or if relevant (e), (f) or (g) must be documented in the patient's medical records. Where the prescriber plans to assess response in patients with oligo-secretory or non-secretory multiple myeloma with free light chain assays, evidence of the oligo-secretory or non-secretory nature of the multiple myeloma (current serum M protein less than 10 g per L) must be documented in the patient's medical records.

A line of therapy is defined as 1 or more cycles of a planned treatment program. This may consist of 1 or more planned cycles of single-agent therapy or combination therapy, as well as a sequence of treatments administered in a planned manner.

A new line of therapy starts when a planned course of therapy is modified to include other treatment agents (alone or in combination) as a result of disease progression, relapse, or toxicity, with the exception to this being the need to attain a sufficient response for stem cell transplantation to proceed. A new line of therapy also starts when a planned period of observation off therapy is interrupted by a need for additional treatment for the disease.

daratumumab 1.8 g/15 mL injection, 15 mL vial

12683M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	8	0.00	6,925.33	25.00	Darzalex SC [JC]

DARATUMUMAB

Note This drug is not PBS-subsidised for use in patients with multiple myeloma who have received two or more prior lines of therapy including a proteasome inhibitor (PI) and an immunomodulatory agent, or, who are refractory to both a PI and an immunomodulatory agent, as monotherapy.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

12691

Relapsed and/or refractory multiple myeloma

Treatment Phase: Continuing treatment of second-line drug therapy from week 25 until disease progression (administered every 4 weeks)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have developed disease progression while receiving treatment with this drug for this condition.

Progressive disease is defined as at least 1 of the following:

(a) at least a 25% increase and an absolute increase of at least 5 g per L in serum M protein (monoclonal protein); or

(b) at least a 25% increase in 24-hour urinary light chain M protein excretion, and an absolute increase of at least 200 mg per 24 hours; or

(c) in oligo-secretory and non-secretory myeloma patients only, at least a 50% increase in the difference between involved free light chain and uninvolved free light chain; or

(d) at least a 25% relative increase and at least a 10% absolute increase in plasma cells in a bone marrow aspirate or on biopsy; or

(e) an increase in the size or number of lytic bone lesions (not including compression fractures); or

(f) at least a 25% increase in the size of an existing or the development of a new soft tissue plasmacytoma (determined by clinical examination or diagnostic imaging); or

(g) development of hypercalcaemia (corrected serum calcium greater than 2.65 mmol per L not attributable to any other cause).

Oligo-secretory and non-secretory patients are defined as having active disease with less than 10 g per L serum M protein.

daratumumab 1.8 g/15 mL injection, 15 mL vial

12725R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	0.00	6,925.33	25.00	Darzalex SC [JC]

DARATUMUMAB

Note This drug is not PBS-subsidised for use in patients with multiple myeloma who have received two or more prior lines of therapy including a proteasome inhibitor (PI) and an immunomodulatory agent, or, who are refractory to both a PI and an immunomodulatory agent, as monotherapy.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

12845

Relapsed and/or refractory multiple myeloma

Treatment Phase: Continuing treatment of second-line drug therapy for weeks 10 to 24 (administered every 3 weeks)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be in combination with bortezomib and dexamethasone, **AND**
- Patient must not have developed disease progression while receiving treatment with this drug for this condition.

Progressive disease is defined as at least 1 of the following:

(a) at least a 25% increase and an absolute increase of at least 5 g per L in serum M protein (monoclonal protein); or

(b) at least a 25% increase in 24-hour urinary light chain M protein excretion, and an absolute increase of at least 200 mg per 24 hours; or

(c) in oligo-secretory and non-secretory myeloma patients only, at least a 50% increase in the difference between involved free light chain and uninvolved free light chain; or

(d) at least a 25% relative increase and at least a 10% absolute increase in plasma cells in a bone marrow aspirate or on biopsy; or

(e) an increase in the size or number of lytic bone lesions (not including compression fractures); or

(f) at least a 25% increase in the size of an existing or the development of a new soft tissue plasmacytoma (determined by clinical examination or diagnostic imaging); or

(g) development of hypercalcaemia (corrected serum calcium greater than 2.65 mmol per L not attributable to any other cause).

Oligo-secretory and non-secretory patients are defined as having active disease with less than 10 g per L serum M protein.

daratumumab 1.8 g/15 mL injection, 15 mL vial

12755H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	4	0.00	6,925.33	25.00	Darzalex SC [JC]

DARATUMUMAB

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

17661

Untreated multiple myeloma

Treatment Phase: Transitioning from non-PBS to PBS-subsided treatment - Grandfather arrangements

Clinical criteria:

- Patient must have received non-PBS-subsidised treatment with this drug for this condition prior to 1 November 2025, **AND**

- Patient must have met all initial treatment PBS eligibility criteria applying to a non-grandfathered patient prior to having commenced treatment with this drug, which are: (a) the condition was newly diagnosed, (b) the condition was confirmed by a histological diagnosis, (c) the patient was/is ineligible for a stem cell transplant, (d) the treatment is being given as triple combination therapy limited only to: (i) this drug, (ii) lenalidomide, (iii) dexamethasone, (e) patient is not receiving concomitant PBS-subsidised treatment with bortezomib, carfilzomib, elotuzumab, pomalidomide, selinexor or thalidomide, **AND**
- Patient must not have developed disease progression while receiving treatment with this drug for this condition.

Treatment criteria:

- Patient must be undergoing PBS-subsidised treatment with this drug once per lifetime. Meaning, patient must access this drug in one of the following situations: (i) for the first time, irrespective of whether the diagnosis has been re-classified (i.e. the diagnosis has changed between multiple myeloma/amyloidosis), (ii) changing the drug's form (intravenous/subcutaneous) within the first 24 weeks of treatment for the same PBS indication.

Details of the histological diagnosis of multiple myeloma, record of ineligibility for stem cell transplant and confirmation of eligibility for treatment with current diagnostic reports of at least one of the following must be documented in the patient's medical records:

(a) the level of serum monoclonal protein; or

(b) Bence-Jones proteinuria - the results of 24-hour urinary light chain M protein excretion; or

(c) the serum level of free kappa and lambda light chains; or

(d) bone marrow aspirate or trephine; or

(e) if present, the size and location of lytic bone lesions (not including compression fractures); or

(f) if present, the size and location of all soft tissue plasmacytomas by clinical or radiographic examination i.e. MRI or CT-scan; or

(g) if present, the level of hypercalcaemia, corrected for albumin concentration.

As these parameters must be used to determine response, results for either (a) or (b) or (c) should be documented for all patients. Where the patient has oligo-secretory or non-secretory multiple myeloma, either (c) or (d) or if relevant (e), (f) or (g) must be documented in the patient's medical records. Where the prescriber plans to assess response in patients with oligo-secretory or non-secretory multiple myeloma with free light chain assays, evidence of the oligo-secretory or non-secretory nature of the multiple myeloma (current serum M protein less than 10 g per L) must be documented in the patient's medical records.

Progressive disease is defined as at least 1 of the following:

(a) at least a 25% increase and an absolute increase of at least 5 g per L in serum M protein (monoclonal protein); or

(b) at least a 25% increase in 24-hour urinary light chain M protein excretion, and an absolute increase of at least 200 mg per 24 hours; or

(c) in oligo-secretory and non-secretory myeloma patients only, at least a 50% increase in the difference between involved free light chain and uninvolved free light chain; or

(d) at least a 25% relative increase and at least a 10% absolute increase in plasma cells in a bone marrow aspirate or on biopsy; or

(e) an increase in the size or number of lytic bone lesions (not including compression fractures); or

(f) at least a 25% increase in the size of an existing or the development of a new soft tissue plasmacytoma (determined by clinical examination or diagnostic imaging); or

(g) development of hypercalcaemia (corrected serum calcium greater than 2.65 mmol per L not attributable to any other cause).

Oligo-secretory and non-secretory patients are defined as having active disease with less than 10 g per L serum M protein.

Note Patients may qualify for PBS-subsidised treatment under this restriction to complete 24 weeks of treatment. For continuing PBS-subsidised treatment after week 24, a 'Grandfathered' patient must qualify under the 'Continuing treatment' criteria.

Note This grandfather restriction will cease to operate from 12 months after the date specified in the clinical criteria.

daratumumab 1.8 g/15 mL injection, 15 mL vial

15071F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	15	0.00	6,925.33	25.00	Darzalex SC [JC]

DARATUMUMAB

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

17413

Untreated multiple myeloma

Treatment Phase: Continuing treatment as first line drug therapy from week 25 onwards (administered once every four weeks)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must form part of triple combination therapy limited only to: (i) this drug, (ii) lenalidomide, and (iii) dexamethasone, **AND**

- Patient must not be receiving concomitant PBS-subsidised treatment with bortezomib, carfilzomib, elotuzumab, pomalidomide, selinexor or thalidomide, **AND**
- Patient must not have developed disease progression while receiving treatment with this drug for this condition.

Progressive disease is defined as at least 1 of the following:

(a) at least a 25% increase and an absolute increase of at least 5 g per L in serum M protein (monoclonal protein); or

(b) at least a 25% increase in 24-hour urinary light chain M protein excretion, and an absolute increase of at least 200 mg per 24 hours; or

(c) in oligo-secretory and non-secretory myeloma patients only, at least a 50% increase in the difference between involved free light chain and uninvolved free light chain; or

(d) at least a 25% relative increase and at least a 10% absolute increase in plasma cells in a bone marrow aspirate or on biopsy; or

(e) an increase in the size or number of lytic bone lesions (not including compression fractures); or

(f) at least a 25% increase in the size of an existing or the development of a new soft tissue plasmacytoma (determined by clinical examination or diagnostic imaging); or

(g) development of hypercalcaemia (corrected serum calcium greater than 2.65 mmol per L not attributable to any other cause).

Oligo-secretory and non-secretory patients are defined as having active disease with less than 10 g per L serum M protein.

daratumumab 1.8 g/15 mL injection, 15 mL vial

15082T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	0.00	6,925.33	25.00	Darzalex SC [JC]

DARATUMUMAB

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

17660

Untreated multiple myeloma

Treatment Phase: Initial treatment as first-line drug therapy from week 0 to week 24

Clinical criteria:

- The condition must be newly diagnosed, **AND**
- The condition must be confirmed by a histological diagnosis, **AND**
- Patient must be ineligible for a primary stem cell transplantation, **AND**
- The treatment must form part of triple combination therapy limited only to: (i) this drug, (ii) lenalidomide, and (iii) dexamethasone, **AND**
- Patient must not be receiving concomitant PBS-subsidised treatment with bortezomib, carfilzomib, elotuzumab, pomalidomide, selinexor or thalidomide.

Treatment criteria:

- Patient must be undergoing PBS-subsidised treatment with this drug once per lifetime. Meaning, patient must access this drug in one of the following situations: (i) for the first time, irrespective of whether the diagnosis has been re-classified (i.e. the diagnosis has changed between multiple myeloma/amyloidosis), (ii) changing the drug's form (intravenous/subcutaneous) within the first 24 weeks of treatment for the same PBS indication.

Details of the histological diagnosis of multiple myeloma, record of ineligibility for stem cell transplant and confirmation of eligibility for treatment with current diagnostic reports of at least one of the following must be documented in the patient's medical records:

(a) the level of serum monoclonal protein; or

(b) Bence-Jones proteinuria - the results of 24-hour urinary light chain M protein excretion; or

(c) the serum level of free kappa and lambda light chains; or

(d) bone marrow aspirate or trephine; or

(e) if present, the size and location of lytic bone lesions (not including compression fractures); or

(f) if present, the size and location of all soft tissue plasmacytomas by clinical or radiographic examination i.e. MRI or CT-scan; or

(g) if present, the level of hypercalcaemia, corrected for albumin concentration.

As these parameters must be used to determine response, results for either (a) or (b) or (c) should be documented for all patients. Where the patient has oligo-secretory or non-secretory multiple myeloma, either (c) or (d) or if relevant (e), (f) or (g) must be documented in the patient's medical records. Where the prescriber plans to assess response in patients with oligo-secretory or non-secretory multiple myeloma with free light chain assays, evidence of the oligo-secretory or non-secretory nature of the multiple myeloma (current serum M protein less than 10 g per L) must be documented in the patient's medical records.

daratumumab 1.8 g/15 mL injection, 15 mL vial

15088D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	15	0.00	6,925.33	25.00	Darzalex SC [JC]

DARATUMUMAB

Note The intravenously administered presentation of this drug is not PBS listed for this indication at the request of the sponsor.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

13774

Newly diagnosed systemic light chain amyloidosis

Treatment Phase: Continuing treatment from week 25 onwards (administered once every four weeks)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition.

Treatment criteria:

- Must be treated by a haematologist (this does not exclude treatment via a multidisciplinary team, but the PBS authority application must be sought by the treating haematologist), **AND**
- Patient must be undergoing continuing treatment that does not extend treatment duration beyond whichever comes first: (i) disease progression, (ii) 96 cumulative weeks from the first administered dose, once in a lifetime.

daratumumab 1.8 g/15 mL injection, 15 mL vial

13199Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	0.00	6,925.33	25.00	Darzalex SC [JC]

DARATUMUMAB

Note The intravenously administered presentation of this drug is not PBS listed for this indication at the request of the sponsor.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 888 333.

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authorisation under this restriction should be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)

Alternatively, applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

PBS Authorities

GPO Box 9826

[Your capital city]

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

18406

Newly diagnosed systemic light chain amyloidosis

Treatment Phase: Initial treatment from week 0 to week 24

Clinical criteria:

- The condition must have histological evidence consistent with a diagnosis of systemic light-chain amyloidosis, **AND**
- The condition must be untreated with drug therapy, including this drug, irrespective of whether the diagnosis has been reclassified (i.e. the diagnosis changes between multiple myeloma/amyloidosis), **AND**
- Patient must have a World Health Organisation (WHO) Eastern Cooperative Oncology Group (ECOG) performance status score of no higher than 2 at treatment initiation.

Treatment criteria:

- Must be treated by a haematologist (this does not exclude treatment via a multidisciplinary team, but the PBS authority application must be sought by the treating haematologist), **AND**
- Patient must be undergoing concomitant treatment limited to each of: (i) bortezomib, (ii) cyclophosphamide, (iii) dexamethasone, at certain weeks of treatment as outlined in the drug's approved Product Information.

The authority application must be made via the Online PBS Authorities System (real time assessment), or in writing via HPOS form upload or mail, and must include:

Details of the histological evidence supporting the diagnosis of systemic light chain amyloidosis, limited to: (i) the name of pathologist/pathology provider, (ii) the site of biopsy

If the application is submitted through HPOS form upload or mail, it must include:

(i) details of the proposed prescription; and

(ii) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

daratumumab 1.8 g/15 mL injection, 15 mL vial

13202W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	15	0.00	6,925.33	25.00	Darzalex SC [JC]

HER2 (Human Epidermal Growth Factor Receptor 2) inhibitors

TRASTUZUMAB

Note Any queries concerning the arrangements to prescribe may be directed to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

10212

Early HER2 positive breast cancer

Treatment Phase: 3 weekly treatment regimen

Clinical criteria:

- Patient must have undergone surgery (adjuvant) or be preparing for surgery (neoadjuvant), **AND**
- The treatment must not be used in a patient with a left ventricular ejection fraction (LVEF) of less than 45% and/or with symptomatic heart failure, **AND**
- Patient must not receive more than 52 weeks of combined PBS-subsidised and non-PBS-subsidised therapy; **OR**
- Patient must not receive more than 52 weeks of combined trastuzumab and trastuzumab emtansine therapy if adjuvant trastuzumab emtansine therapy has been discontinued due to intolerance.

Cardiac function must be tested by echocardiography (ECHO) or multigated acquisition (MUGA), prior to initiating treatment with this drug for this condition.

trastuzumab 600 mg/5 mL injection, 5 mL vial

10682F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	0.00	1,608.11	25.00	Herceptin SC [RO]

TRASTUZUMAB

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority Required (STREAMLINED)

9353

Metastatic (Stage IV) HER2 positive breast cancer

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have evidence of human epidermal growth factor receptor 2 (HER2) gene amplification as demonstrated by in situ hybridisation (ISH) either in the primary tumour or a metastatic lesion, **AND**
- The treatment must not be in combination with nab-paclitaxel, **AND**
- The treatment must not be used in a patient with a left ventricular ejection fraction (LVEF) of less than 45% and/or with symptomatic heart failure.

Cardiac function must be tested by echocardiography (ECHO) or multigated acquisition (MUGA), prior to initiating treatment with this drug for this condition.

trastuzumab 600 mg/5 mL injection, 5 mL vial

10798H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	0	0.00	1,608.11	25.00	Herceptin SC [RO]

TRASTUZUMAB

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority Required (STREAMLINED)

9462

Metastatic (Stage IV) HER2 positive breast cancer

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must not be used in a patient with a left ventricular ejection fraction (LVEF) of less than 45% and/or with symptomatic heart failure.

trastuzumab 600 mg/5 mL injection, 5 mL vial

10803N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	0.00	1,608.11	25.00	Herceptin SC [RO]

PD-1/PD-L1 (Programmed cell death protein 1/death ligand 1) inhibitors

ATEZOLIZUMAB

Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)
10216
Stage IV (metastatic) non-small cell lung cancer (NSCLC)
Treatment Phase: Continuing first-line treatment of metastatic disease - 3 weekly treatment regimen
Treatment criteria:

- Patient must be undergoing combination treatment with bevacizumab until disease progression, unless not tolerated.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug in this line of treatment, **AND**
- Patient must have stable or responding disease.

atezolizumab 1.875 g/15 mL injection, 15 mL vial

14267X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	7	0.00	7,014.68	25.00	Tecentriq SC [RO]

ATEZOLIZUMAB

Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)
10297
Locally advanced or metastatic non-small cell lung cancer
Treatment Phase: Continuing treatment - 3 weekly treatment regimen
Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised systemic anti-cancer therapy for this condition, **AND**
- Patient must have stable or responding disease.

atezolizumab 1.875 g/15 mL injection, 15 mL vial

14288B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	7	0.00	7,014.68	25.00	Tecentriq SC [RO]

ATEZOLIZUMAB

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)
10521
Extensive-stage small cell lung cancer
Treatment Phase: Continuing treatment - 3 weekly treatment regimen
Clinical criteria:

- The treatment must be as monotherapy, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have developed disease progression while being treated with this drug for this condition.

atezolizumab 1.875 g/15 mL injection, 15 mL vial

14225Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	4	0.00	7,014.68	25.00	Tecentriq SC [RO]

ATEZOLIZUMAB

Note In the first few months after start of immunotherapy, some patients can have a transient tumour flare with subsequent disease response. When progression is suspected, this should be confirmed through a confirmatory scan, taken at least 4 weeks later.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)
18242
Locally advanced or metastatic non-small cell lung cancer
Treatment Phase: Initial treatment - 3 weekly treatment regimen
Clinical criteria:

- Patient must not have received prior treatment with a programmed cell death-1 (PD-1) inhibitor or a programmed cell death ligand-1 (PD-L1) inhibitor for non-small cell lung cancer, **AND**
- Patient must have a WHO performance status of 0 or 1, **AND**

- The treatment must be the sole PBS-subsidised systemic anti-cancer therapy for this condition, **AND**
- The condition must have progressed on or after prior platinum based chemotherapy; **OR**
- The condition must have progressed after treatment with a prior targeted therapy PBS-listed for this condition.

atezolizumab 1.875 g/15 mL injection, 15 mL vial

14247W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	0.00	7,014.68	25.00	Tecentriq SC [RO]

ATEZOLIZUMAB

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)

18257

Extensive-stage small cell lung cancer

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be previously untreated, **AND**
- Patient must not have previously received programmed cell death-1/ligand-1 (PD-1/PD-L1) inhibitor therapy for any stage of small cell lung cancer, **AND**
- Patient must have a WHO performance status of 0 or 1, **AND**
- The treatment must be in combination with etoposide and a platinum-based antineoplastic drug.

atezolizumab 1.875 g/15 mL injection, 15 mL vial

14248X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	0.00	7,014.68	25.00	Tecentriq SC [RO]

ATEZOLIZUMAB

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)

15455

Resected early stage (Stage II to IIIA) non-small cell lung cancer (NSCLC)

Treatment Phase: 1,875 mg administered once every 3 weeks

Population criteria:

- Patient must be both: (i) initiating treatment, (ii) untreated with programmed cell death-1/ligand 1 (PD-1/PD-L1) inhibitor therapy; **OR**
- Patient must be continuing existing PBS-subsidised treatment with this drug; **OR**
- Patient must be both: (i) transitioning from existing non-PBS to PBS subsidised supply of this drug, (ii) untreated with programmed cell death-1/ligand 1 (PD-1/PD-L1) inhibitor therapy at the time this drug was initiated.

Clinical criteria:

- Patient must have/have had a WHO performance status score of no greater than 1 at treatment initiation with this drug, **AND**
- The treatment must be for the purpose of adjuvant therapy following all of: (i) surgical resection, (ii) platinum-based chemotherapy, **AND**
- The condition must have/have had, at treatment commencement, an absence of each of the following gene abnormalities confirmed via tumour material sampling: (i) an activating epidermal growth factor receptor (EGFR) gene mutation, (ii) an anaplastic lymphoma kinase (ALK) gene rearrangement, **AND**
- The condition must have/have had, at treatment commencement, confirmation of programmed cell death ligand 1 (PD-L1) expression on at least 50% of tumour cells, **AND**
- The treatment must be the sole PBS-subsidised systemic anti-cancer therapy for this condition.

Treatment criteria:

- Patient must be undergoing treatment that does not occur beyond the following, whichever comes first: (i) the first instance of disease progression/recurrence, (ii) 12 months in total for this condition from the first administered dose; mark any remaining repeat prescriptions with the words 'cancelled' where (i)/(ii) has occurred.

atezolizumab 1.875 g/15 mL injection, 15 mL vial

14269B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	7	0.00	7,014.68	25.00	Tecentriq SC [RO]

ATEZOLIZUMAB

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)

10917

Advanced (unresectable) Barcelona Clinic Liver Cancer Stage B or Stage C hepatocellular carcinoma

Treatment Phase: Continuing treatment of hepatocellular carcinoma - 3 weekly treatment regimen

Treatment criteria:

- Patient must be undergoing combination treatment with bevacizumab until disease progression, unless not tolerated.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have developed disease progression while being treated with this drug for this condition.

PBS supply of this drug must be through only one of the two continuing treatment regimens at any given time

atezolizumab 1.875 g/15 mL injection, 15 mL vial

14566P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	8	0.00	7,014.68	25.00	Tecentriq SC [RO]

ATEZOLIZUMAB

Note In the first few months after start of immunotherapy, some patients can have a transient tumour flare with subsequent disease response. When progression is suspected, this should be confirmed through a confirmatory scan, taken at least 4 weeks later.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)

18326

Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Initial treatment 1

Treatment criteria:

- Patient must be undergoing combination treatment with bevacizumab and platinum-doublet chemotherapy.

Clinical criteria:

- The condition must be non-squamous type non-small cell lung cancer (NSCLC), **AND**
- Patient must not have previously been treated for this condition in the metastatic setting; **OR**
- The condition must have progressed after treatment with a prior targeted therapy PBS-listed for this condition, **AND**
- Patient must not have received prior treatment with a programmed cell death-1 (PD-1) inhibitor or a programmed cell death ligand-1 (PD-L1) inhibitor for non-small cell lung cancer, **AND**
- Patient must have a WHO performance status of 0 or 1, **AND**
- The condition must not have evidence of an activating epidermal growth factor receptor (EGFR) gene mutation or an anaplastic lymphoma kinase (ALK) gene rearrangement in tumour material.

Authority Required (STREAMLINED)

10125

Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Initial treatment 2

Treatment criteria:

- Patient must be undergoing combination treatment with bevacizumab and platinum-doublet chemotherapy.

Clinical criteria:

- The condition must be non-squamous type non-small cell lung cancer (NSCLC), **AND**
- Patient must have a WHO performance status of 0 or 1, **AND**
- Patient must have evidence of an activating epidermal growth factor receptor (EGFR) gene mutation or of an anaplastic lymphoma kinase (ALK) gene rearrangement in tumour material, **AND**
- Patient must have progressive disease following treatment with an epidermal growth factor receptor (EGFR) tyrosine kinase inhibitor (TKI) OR an anaplastic lymphoma kinase (ALK) tyrosine kinase inhibitor (TKI), **AND**
- Patient must not have received prior treatment with a programmed cell death-1 (PD-1) inhibitor or a programmed cell death ligand-1 (PD-L1) inhibitor for non-small cell lung cancer.

atezolizumab 1.875 g/15 mL injection, 15 mL vial

14266W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	0.00	7,014.68	25.00	Tecentriq SC [RO]

ATEZOLIZUMAB

Caution The safety of atezolizumab in combination with bevacizumab has not been established in patients who have incompletely treated varices, variceal bleeding within the previous 6 months or who are at high risk of bleeding. Patients should be assessed for risk of variceal bleeding prior to treatment with this combination.

Note In the first few months after start of immunotherapy, some patients can have a transient tumour flare with subsequent disease response. When progression is suspected, this should be confirmed through a confirmatory scan, taken at least 4 weeks later.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)

10939

Advanced (unresectable) Barcelona Clinic Liver Cancer Stage B or Stage C hepatocellular carcinoma

Treatment Phase: Initial treatment

Treatment criteria:

- Patient must be undergoing combination treatment with bevacizumab and atezolizumab until disease progression, unless not tolerated.

Clinical criteria:

- Patient must have a WHO performance status of 0 or 1, **AND**
- Patient must not be suitable for transarterial chemoembolisation, **AND**
- Patient must have Child Pugh class A, **AND**
- The condition must be untreated with systemic therapy; **OR**
- Patient must have developed intolerance to a vascular endothelial growth factor (VEGF) tyrosine kinase inhibitor (TKI) of a severity necessitating permanent treatment withdrawal.

atezolizumab 1.875 g/15 mL injection, 15 mL vial

14278L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	0.00	7,014.68	25.00	Tecentriq SC [RO]

Other monoclonal antibodies and antibody drug conjugates

ELRANATAMAB

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

18377

Relapsed or refractory multiple myeloma

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received treatment with this drug for this condition, **AND**
- Patient must have had progressive disease after receiving at least 3 prior lines of therapy, including each of the following therapies: (i) a proteasome inhibitor, (ii) an immunomodulatory agent, and (iii) an anti-CD38 monoclonal antibody; **OR**
- Patient must have been refractory to, at least 3 prior lines of therapy, including each of the following therapies: (i) a proteasome inhibitor, (ii) an immunomodulatory agent, (iii) an anti-CD38 monoclonal antibody, **AND**
- Patient must not have previously received treatment with another B-cell maturation antigen (BCMA) directed therapy for this condition, **AND**
- Patient must have a WHO performance status of 2 or less prior to initiating treatment with this drug for this condition, **AND**
- Patient must not have developed disease progression while receiving treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised systemic anti-cancer therapy for this condition.

Progressive disease is defined as at least 1 of the following:

(a) at least a 25% increase and an absolute increase of at least 5 g per L in serum M protein (monoclonal protein); or

(b) at least a 25% increase in 24-hour urinary light chain M protein excretion, and an absolute increase of at least 200 mg per 24 hours; or

(c) in oligo-secretory and non-secretory myeloma patients only, at least a 50% increase in the difference between involved free light chain and uninvolved free light chain; or

(d) at least a 25% relative increase and at least a 10% absolute increase in plasma cells in a bone marrow aspirate or on biopsy; or

(e) an increase in the size or number of lytic bone lesions (not including compression fractures); or

(f) at least a 25% increase in the size of an existing or the development of a new soft tissue plasmacytoma (determined by clinical examination or diagnostic imaging); or

(g) development of hypercalcaemia (corrected serum calcium greater than 2.65 mmol per L not attributable to any other cause).

Prescribers may request the number of vials in line with the dosing requirement for each stage of treatment with the intention of providing the number of vials for each 4-weeks of treatment (24-weeks of treatment including repeats). Up to 4 vials with 5 repeats may be requested for a patient undergoing treatment in weeks 2-26. Up to 2 vials with 5 repeats may be requested for a patient undergoing treatment from week 27 onwards. Requests beyond what is listed in the TGA approved product information will not be approved.

This drug is not PBS-subsidised if it is administered to an in-patient in a public hospital setting.

Elranatamab 76 mg/1.9 mL injection, 1.9 mL vial

15293X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	0.00	6,291.12	25.00	Elrexfio [PF]

ELRANATAMAB

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

18709

Relapsed or refractory multiple myeloma

Treatment Phase: Induction treatment (step-up dosing)

Clinical criteria:

- The condition must be confirmed by a histological diagnosis, **AND**
- Patient must have progressive disease after receiving at least 3 prior lines of therapy, including each of the following therapies: (i) a proteasome inhibitor, (ii) an immunomodulatory agent, and (iii) an anti-CD38 monoclonal antibody; **OR**
- Patient must be refractory to, at least 3 prior lines of therapy, including each of the following therapies: (i) a proteasome inhibitor, (ii) an immunomodulatory agent, (iii) an anti-CD38 monoclonal antibody, **AND**
- Patient must have a WHO performance status of 2 or less, **AND**
- Patient must not have previously received treatment with another B-cell maturation antigen (BCMA) directed therapy for this condition, **AND**
- The treatment must be the sole PBS-subsidised systemic anti-cancer therapy for this condition.

According to the TGA-approved Product Information, hospitalisation is recommended at minimum for 48 hours after administration of the first step-up dose, and for 24 hours after administration of the second step-up dose.

Patients who require restarting therapy due to dose delays may access step-up dosing through this induction treatment restriction.

This drug is not PBS-subsidised if it is administered to an in-patient in a public hospital setting.

Progressive disease is defined as at least 1 of the following:

(a) at least a 25% increase and an absolute increase of at least 5 g per L in serum M protein (monoclonal protein); or

(b) at least a 25% increase in 24-hour urinary light chain M protein excretion, and an absolute increase of at least 200 mg per 24 hours; or

(c) in oligo-secretory and non-secretory myeloma patients only, at least a 50% increase in the difference between involved free light chain and uninvolved free light chain; or

(d) at least a 25% relative increase and at least a 10% absolute increase in plasma cells in a bone marrow aspirate or on biopsy; or

(e) an increase in the size or number of lytic bone lesions (not including compression fractures); or

(f) at least a 25% increase in the size of an existing or the development of a new soft tissue plasmacytoma (determined by clinical examination or diagnostic imaging); or

(g) development of hypercalcaemia (corrected serum calcium greater than 2.65 mmol per L not attributable to any other cause).

Oligo-secretory and non-secretory patients are defined as having active disease with less than 10 g per L serum M protein.

Details of: the histological diagnosis of multiple myeloma; prior treatments including name(s) of drug(s) and date of most recent treatment cycle; the basis of the diagnosis of progressive disease or failure to respond; and which disease activity parameters will be used to assess response, must be documented in the patient's medical records.

Confirmation of eligibility for treatment with current diagnostic reports of at least one of the following must be documented in the patient's medical records:

(a) the level of serum monoclonal protein; or

(b) Bence-Jones proteinuria - the results of 24-hour urinary light chain M protein excretion; or

(c) the serum level of free kappa and lambda light chains; or

(d) bone marrow aspirate or trephine; or

(e) if present, the size and location of lytic bone lesions (not including compression fractures); or

(f) if present, the size and location of all soft tissue plasmacytomas by clinical or radiographic examination i.e. MRI or CT-scan; or

(g) if present, the level of hypercalcaemia, corrected for albumin concentration.

As these parameters must be used to determine response, results for either (a) or (b) or (c) should be documented for all patients. Where the patient has oligo-secretory or non-secretory multiple myeloma, either (c) or (d) or if relevant (e), (f) or (g) must be documented in the patient's medical records. Where the prescriber plans to assess response in patients with oligo-secretory or non-secretory multiple myeloma with free light chain assays, evidence of the oligo-secretory or non-secretory nature of the multiple myeloma (current serum M protein less than 10 g per L) must be documented in the patient's medical records.

Refractory disease is defined as less than or equal to a 25% response to therapy, or progression during or within 60 days after completion of therapy.

Elranatamab 44 mg/1.1 mL injection, 1.1 mL vial

15300G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	0.00	3,698.28	25.00	Elrexfio [PF]

EPCORITAMAB

Caution Careful monitoring of patients is required due to risk of developing life-threatening Cytokine Release Syndrome (CRS).

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)

16466

Relapsed or refractory diffuse large B-cell lymphoma (DLBCL)

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be discontinued in patients who experience disease progression whilst on treatment.

Treatment criteria:

- Patient must be undergoing treatment with this drug administered weekly in cycles 1 to 3 - prescribe up to 9 repeats; **OR**
- Patient must be undergoing treatment with this drug administered fortnightly in cycles 4 to 9 - prescribe up to 5 repeats; **OR**
- Patient must be undergoing treatment with this drug administered every four weeks in cycles 10 and beyond - prescribe up to 2 repeats.

Epcoritamab 48 mg/0.8 mL injection, 0.8 mL vial

14819Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	9	0.00	9,547.75	25.00	Epkinly [VE]

EPCORITAMAB

Caution Careful monitoring of patients is required due to risk of developing life-threatening Cytokine Release Syndrome (CRS).
Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.
Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority Required

19052

Relapsed or refractory diffuse large B-cell lymphoma (DLBCL)

Treatment Phase: Induction treatment

Clinical criteria:

- The condition must have relapsed, or be refractory to, at least two prior systemic therapies, **AND**
- Patient must have a WHO performance status of no higher than 2, **AND**
- Patient must have previously received treatment with chimeric antigen receptor-T (CAR-T) cell therapy for this condition; **OR**
- Patient must be currently unable to receive treatment with CAR-T cell therapy for this condition, **AND**
- Patient must not be eligible for stem cell transplantation, **AND**
- Patient must not have received prior treatment with a PBS-subsidised CD20xCD3 bispecific monoclonal antibody (unless this is for a re-priming cycle with epcoritamab due to missed or delayed dose), **AND**
- The treatment must be discontinued in patients who experience disease progression whilst on treatment.

Prior systemic therapy may include autologous stem cell transplant.

Definition of patients unable to receive treatment with CAR-T cell therapy for this condition include geographical, psychosocial, clinical ineligibility or urgency.

Note A dose of 0.16 mg to be administered on Day 1 with initial 4 mg vial. A dose of 0.8 mg to be administered on Day 8 with the repeat 4 mg vial. Refer to the epcoritamab Therapeutic Goods Administration (TGA) approved Product Information.

Epcoritamab 4 mg/0.8 mL injection, 0.8 mL vial

14792M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	0.00	851.79	25.00	Epkinly [VE]

OTHER ANTINEOPLASTIC AGENTS

Histone deacetylase (HDAC) inhibitors

VORINOSTAT

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authorisation under this restriction should be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)

Alternatively applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Authority Required

18425

Cutaneous T-cell lymphoma
Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have received systemic treatment with chemotherapy, **AND**
- Patient must demonstrate relapsed or chemotherapy-refractory disease, **AND**
- Patient must be ineligible for stem cell transplant, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

If the application is submitted through HPOS form upload or mail, it must include:
(i) details of the proposed prescription; and
(ii) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

vorinostat 100 mg capsule, 120

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11138F	1	2	0.00	4,301.11	25.00	Zolinza [MK]

VORINOSTAT

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Authority Required

13246

Cutaneous T-cell lymphoma
Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have developed disease progression while receiving PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

vorinostat 100 mg capsule, 120

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11141J	1	1	0.00	4,301.11	25.00	Zolinza [MK]

Hedgehog pathway inhibitors

SONIDEGIB

Caution Sonidegib is a category X drug and must not be given to pregnant women. Pregnancy in female patients or in the partners of male patients must be avoided during treatment and during the 20 months and 6 months period after cessation of treatment for female and male patients respectively, as according to the TGA approved Product Information.
Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority Required

18329

Metastatic or locally advanced basal cell carcinoma (BCC)
Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be inappropriate for surgery, **AND**
- The condition must be inappropriate for curative radiotherapy, **AND**
- Patient must not have received previous PBS-subsidised treatment with another hedgehog (Hh) inhibitor for this condition; **OR**
- Patient must have developed intolerance to another hedgehog (Hh) inhibitor of a severity necessitating permanent treatment withdrawal, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

The authority application must be made via the Online PBS Authorities System (real time assessment), or in writing via HPOS form upload or mail and must include:

(a) Details (date, unique identifying number/code or provider number) of the histological confirmation of BCC and whether the condition is metastatic or locally advanced; and

(b) In patients with locally advanced BCC, written confirmation from a surgically qualified clinician that surgery is inappropriate; and

(c) In patients with locally advanced BCC, written confirmation from a radiation oncologist that curative radiotherapy is inappropriate.

The assessment of the patient's response to this PBS-subsidised course of therapy must be made within the 4 weeks prior to completion of the course of treatment. If the application is made in writing, it is recommended that the application is submitted no less than 2 weeks prior to the date the next dose is due in order to ensure continuity of treatment for those patients who meet the continuation criteria.

All reports must be documented in the patient's medical records.

If the application is submitted through HPOS form upload or mail, it must include:

(i) details of the proposed prescription; and

(ii) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Inappropriate for surgery is defined as:

(i) Curative resection is unlikely, such as where BCC has recurred in the same location after two or more surgical procedures; or

(ii) Anticipated substantial morbidity or deformity from surgery or requiring complicated reconstructive surgery (e.g. removal of all or part of a facial structure, such as nose, ear, eyelid, eye; or requirement for limb amputation or free tissue transfer); or

(iii) Medical contraindication to surgery.

Inappropriate for curative radiotherapy is defined as:

(i) Hypersensitivity to radiation due to genetic syndrome such as Gorlin Syndrome; or

(ii) Limitations due to location of tumour; or

(iii) Limitations due to cumulative prior radiotherapy dose; or

(iv) Progressive disease despite prior irradiation of locally advanced BCC.

For patients with locally advanced BCC, written confirmation from a surgically qualified clinician demonstrating inappropriateness for surgery and written confirmation from a radiation oncologist demonstrating inappropriateness for curative radiotherapy should be kept in the patient's medical records.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authorisation under this restriction should be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)

Alternatively, applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18500

Metastatic or locally advanced basal cell carcinoma (BCC)

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have developed disease progression while receiving PBS-subsidised treatment with this drug for this condition, **AND**
- The condition must remain inappropriate for surgery, **AND**
- The condition must remain inappropriate for curative radiotherapy, **AND**
- Patient must not receive more than 16 weeks of treatment per continuing treatment under this restriction.

The authority application must be made via the Online PBS Authorities System (real time assessment), or in writing via HPOS form upload or mail and must include:

(a) Confirmation from the treating doctor that the disease has not progressed; and

(b) In patients with locally advanced BCC, written confirmation from a surgically qualified clinician that the condition remains inappropriate for surgery; or written confirmation from a radiation oncologist that the condition remains inappropriate for curative radiotherapy.

The assessment of the patient's response to this PBS-subsidised course of therapy must be made within the 4 weeks prior to completion of the course of treatment. If the application is made in writing, it is recommended that the application is submitted no less than 2 weeks prior to the date the next dose is due in order to ensure continuity of treatment for those patients who meet the continuation criteria.

All reports must be documented in the patient's medical records.

If the application is submitted through HPOS form upload or mail, it must include:

(i) details of the proposed prescription; and

(ii) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Inappropriate for surgery is defined as:

(i) Curative resection is unlikely, such as where BCC has recurred in the same location after two or more surgical procedures; or

(ii) Anticipated substantial morbidity or deformity from surgery or requiring complicated reconstructive surgery (e.g. removal of all or part of a facial structure, such as nose, ear, eyelid, eye; or requirement for limb amputation or free tissue transfer); or

(iii) Medical contraindication to surgery.

Inappropriate for curative radiotherapy is defined as:

(i) Hypersensitivity to radiation due to genetic syndrome such as Gorlin Syndrome; or

(ii) Limitations due to location of tumour; or

(iii) Limitations due to cumulative prior radiotherapy dose; or

(iv) Progressive disease despite prior irradiation of locally advanced BCC.

For patients with locally advanced BCC, written confirmation from a surgically qualified clinician demonstrating inappropriateness for surgery or written confirmation from a radiation oncologist demonstrating inappropriateness for curative radiotherapy should be kept in the patient's medical records.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authorisation under this restriction should be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)

Alternatively, applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

7491

Metastatic or locally advanced basal cell carcinoma (BCC)

Treatment Phase: Initial treatment or Continuing treatment – balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the Initial treatment restriction to complete maximum of 16 weeks of treatment; **OR**
- Patient must have received insufficient therapy with this drug under the Continuing treatment restriction to complete maximum of 16 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

sonidegib 200 mg capsule, 30

11304Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	0.00	7,711.33	25.00	Odomzo [RA]

VISMODEGIB

Caution Vismodegib is a category X drug and must not be given to pregnant women. Pregnancy in female patients or in the partners of male patients must be avoided during treatment and during the 24 months and 2 months period after cessation of treatment for female and male patients respectively, as according to the TGA approved Product Information.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

18251

Metastatic or locally advanced basal cell carcinoma (BCC)

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be inappropriate for surgery, **AND**
- The condition must be inappropriate for curative radiotherapy, **AND**
- Patient must not have received previous PBS-subsidised treatment with another hedgehog (Hh) inhibitor for this condition; **OR**

- Patient must have developed intolerance to another hedgehog (Hh) inhibitor of a severity necessitating permanent treatment withdrawal, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

The authority application must be made via the Online PBS Authorities System (real time assessment), or in writing via HPOS form upload or mail and must include:

(a) Details (date, unique identifying number/code or provider number) of the histological confirmation of BCC and whether the condition is metastatic or locally advanced; and

(b) In patients with locally advanced BCC, written confirmation from a surgically qualified clinician that surgery is inappropriate; and

(c) In patients with locally advanced BCC, written confirmation from a radiation oncologist that curative radiotherapy is inappropriate.

The assessment of the patient's response to this PBS-subsidised course of therapy must be made within the 4 weeks prior to completion of the course of treatment. If the application is made in writing, it is recommended that the application is submitted no less than 2 weeks prior to the date the next dose is due in order to ensure continuity of treatment for those patients who meet the continuation criteria.

All reports must be documented in the patient's medical records.

If the application is submitted through HPOS form upload or mail, it must include:

(i) details of the proposed prescription; and

(ii) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Inappropriate for surgery is defined as:

(i) Curative resection is unlikely, such as where BCC has recurred in the same location after two or more surgical procedures; or

(ii) Anticipated substantial morbidity or deformity from surgery or requiring complicated reconstructive surgery (e.g. removal of all or part of a facial structure, such as nose, ear, eyelid, eye; or requirement for limb amputation or free tissue transfer); or

(iii) Medical contraindication to surgery.

Inappropriate for curative radiotherapy is defined as:

(i) Hypersensitivity to radiation due to genetic syndrome such as Gorlin Syndrome; or

(ii) Limitations due to location of tumour; or

(iii) Limitations due to cumulative prior radiotherapy dose; or

(iv) Progressive disease despite prior irradiation of locally advanced BCC.

For patients with locally advanced BCC, written confirmation from a surgically qualified clinician demonstrating inappropriateness for surgery and written confirmation from a radiation oncologist demonstrating inappropriateness for curative radiotherapy should be kept in the patient's medical records.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authorisation under this restriction should be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)

Alternatively, applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18252

Metastatic or locally advanced basal cell carcinoma (BCC)

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have developed disease progression while receiving PBS-subsidised treatment with this drug for this condition, **AND**
- The condition must remain inappropriate for surgery, **AND**
- The condition must remain inappropriate for curative radiotherapy, **AND**
- Patient must not receive more than 16 weeks of treatment per continuing treatment under this restriction.

The authority application must be made via the Online PBS Authorities System (real time assessment), or in writing via HPOS form upload or mail and must include:

(a) Confirmation from the treating doctor that the disease has not progressed; and

(b) In patients with locally advanced BCC, written confirmation from a surgically qualified clinician that the condition remains inappropriate for surgery; or written confirmation from a radiation oncologist that the condition remains inappropriate for curative radiotherapy.

The assessment of the patient's response to this PBS-subsidised course of therapy must be made within the 4 weeks prior to completion of the course of treatment. If the application is made in writing, it is recommended that the application is submitted no less than 2 weeks prior to the date the next dose is due in order to ensure continuity of treatment for those patients who meet the continuation criteria.

All reports must be documented in the patient's medical records.

If the application is submitted through HPOS form upload or mail, it must include:

(i) details of the proposed prescription; and

(ii) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Inappropriate for surgery is defined as:

(i) Curative resection is unlikely, such as where BCC has recurred in the same location after two or more surgical procedures; or

(ii) Anticipated substantial morbidity or deformity from surgery or requiring complicated reconstructive surgery (e.g. removal of all or part of a facial structure, such as nose, ear, eyelid, eye; or requirement for limb amputation or free tissue transfer); or

(iii) Medical contraindication to surgery.

Inappropriate for curative radiotherapy is defined as:

(i) Hypersensitivity to radiation due to genetic syndrome such as Gorlin Syndrome; or

(ii) Limitations due to location of tumour; or

(iii) Limitations due to cumulative prior radiotherapy dose; or

(iv) Progressive disease despite prior irradiation of locally advanced BCC.

For patients with locally advanced BCC, written confirmation from a surgically qualified clinician demonstrating inappropriateness for surgery or written confirmation from a radiation oncologist demonstrating inappropriateness for curative radiotherapy should be kept in the patient's medical records.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authorisation under this restriction should be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)

Alternatively, applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

7491

Metastatic or locally advanced basal cell carcinoma (BCC)

Treatment Phase: Initial treatment or Continuing treatment – balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the Initial treatment restriction to complete maximum of 16 weeks of treatment; **OR**
- Patient must have received insufficient therapy with this drug under the Continuing treatment restriction to complete maximum of 16 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

vismodegib 150 mg capsule, 28

11070P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	0.00	7,206.06	25.00	Erivedge [RO]

Poly (ADP-ribose) polymerase (PARP) inhibitors

NIRAPARIB

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note Special Pricing Arrangements apply.

Authority Required

17913

High grade stage III/IV epithelial ovarian, fallopian tube or primary peritoneal cancer

Treatment Phase: Continuation of first-line maintenance therapy (genomic instability without BRCA1/2 gene mutation) in a patient requiring a daily dose of 3 tablets

Clinical criteria:

- Patient must have received previous PBS-subsidised treatment with this drug as first line maintenance therapy for this condition, **AND**
- Patient must not have developed disease progression while receiving treatment with this drug for this condition, **AND**
- The treatment must not exceed a total of 36 months of combined non-PBS-subsidised/PBS-subsidised treatment for patients who are in complete response.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

niraparib 100 mg tablet, 84

14173Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	10,038.87	25.00	Zejula [GK]

NIRAPARIB

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note Special Pricing Arrangements apply.

Authority Required

17800

High grade stage III/IV epithelial ovarian, fallopian tube or primary peritoneal cancer

Treatment Phase: Continuation of first-line maintenance therapy (BRCA1/2 gene mutation) in a patient requiring a daily dose of 3 tablets

Clinical criteria:

- The treatment must be continuing existing PBS-subsidised treatment with this drug initiated through the Treatment Phase: Initial first-line maintenance therapy (BRCA1/2 gene mutation), **AND**
- Patient must not have developed disease progression while receiving treatment with this drug for this condition, **AND**
- The treatment must not exceed a total of 36 months of combined non-PBS-subsidised/PBS-subsidised treatment for patients who are in complete response.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

niraparib 100 mg tablet, 84

14190W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	10,038.87	25.00	Zejula [GK]

NIRAPARIB

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note Special Pricing Arrangements apply.

Authority Required

17946

High grade stage III/IV epithelial ovarian, fallopian tube or primary peritoneal cancer

Treatment Phase: Continuation of first-line maintenance therapy (genomic instability without BRCA1/2 gene mutation) in a patient requiring a daily dose of up to 2 tablets

Clinical criteria:

- Patient must have received previous PBS-subsidised treatment with this drug as first line maintenance therapy for this condition, **AND**
- Patient must not have developed disease progression while receiving treatment with this drug for this condition, **AND**
- The treatment must not exceed a total of 36 months of combined non-PBS-subsidised/PBS-subsidised treatment for patients who are in complete response.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

niraparib 100 mg tablet, 56

14196E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	6,736.70	25.00	Zejula [GK]

NIRAPARIB

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note Special Pricing Arrangements apply.

Authority Required

17912

High grade stage III/IV epithelial ovarian, fallopian tube or primary peritoneal cancer

Treatment Phase: Continuation of first-line maintenance therapy (BRCA1/2 gene mutation) in a patient requiring a daily dose of up to 2 tablets

Clinical criteria:

- The treatment must be continuing existing PBS-subsidised treatment with this drug initiated through the Treatment Phase: Initial first-line maintenance therapy (BRCA1/2 gene mutation), **AND**
- Patient must not have developed disease progression while receiving treatment with this drug for this condition, **AND**
- The treatment must not exceed a total of 36 months of combined non-PBS-subsidised/PBS-subsidised treatment for patients who are in complete response.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

niraparib 100 mg tablet, 56

14206Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	6,736.70	25.00	Zejula [GK]

NIRAPARIB

Note This drug belongs to the poly (ADP-ribose) polymerase (PARP) inhibitor drug class. The restriction refers to the following PARP inhibitors: olaparib, niraparib

Note Definitions:

Class 5 - Pathogenic

Class 4 - Likely pathogenic

Tier I - variants of strong clinical significance

Tier II - variants of potential clinical significance

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note Special Pricing Arrangements apply.

Authority Required

15440

High grade stage III/IV epithelial ovarian, fallopian tube or primary peritoneal cancer

Treatment Phase: Initial first-line maintenance therapy (genomic instability without BRCA1/2 gene mutation) in a patient requiring a daily dose of up to 2 tablets

Clinical criteria:

- The condition must be associated with homologous recombination deficiency (HRD) positive status defined by genomic instability, which has been confirmed by a validated test, **AND**
- The condition must not be associated with pathogenic variants (germline mutation class 4/class 5; somatic mutation classification tier I/tier II) of the BRCA1/2 genes - this has been confirmed by a validated test, **AND**
- Patient must be in partial or complete response to the immediately preceding platinum-based chemotherapy regimen prior to commencing treatment with this drug for this condition; **OR**
- The condition must have both: (i) been in a partial/complete response to the immediately preceding platinum-based chemotherapy regimen prior to having commenced non-PBS-subsidised treatment with this drug for this condition, (ii) not progressed since the commencement of non-PBS-subsidised supply of this drug, **AND**
- Patient must not have previously received PBS-subsidised treatment with this drug for this condition.

Treatment criteria:

- Patient must be undergoing treatment with this drug class for the first time; **OR**
- Patient must be undergoing treatment with this drug class on a subsequent occasion, but only because there was an intolerance/contraindication to another drug in the same class that required permanent treatment withdrawal.

A response (complete or partial) to the platinum-based chemotherapy regimen is to be assessed using either Gynaecologic Cancer InterGroup (GCIG) or Response Evaluation Criteria in Solid Tumours (RECIST) guidelines.

Evidence of homologous recombination deficiency (genomic instability) must be derived through a test that has been validated against the Myriad MyChoice HRD assay, which uses a score of 42 or greater as the threshold for HRD (genomic instability) positivity.

Evidence that BRCA1/2 gene mutations are absent must also be derived through a validated test as described above.

niraparib 100 mg tablet, 56

14172X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	2	0.00	6,736.70	25.00	Zejula [GK]

NIRAPARIB

Note This drug belongs to the poly (ADP-ribose) polymerase (PARP) inhibitor drug class. The restriction refers to the following PARP inhibitors: olaparib, niraparib

Note Definitions:

Class 5 - Pathogenic

Class 4 - Likely pathogenic

Tier I - variants of strong clinical significance

Tier II - variants of potential clinical significance

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note Special Pricing Arrangements apply.

Authority Required

15414

High grade stage III/IV epithelial ovarian, fallopian tube or primary peritoneal cancer

Treatment Phase: Initial first-line maintenance therapy (BRCA1/2 gene mutation) in a patient requiring a daily dose of up to 2 tablets

Clinical criteria:

- The condition must be associated with a pathogenic variant (germline mutation class 4/class 5; somatic mutation classification tier I/tier II) of the BRCA1/2 gene(s) - this has been confirmed by a validated test, **AND**
- Patient must be in partial or complete response to the immediately preceding platinum-based chemotherapy regimen prior to commencing treatment with this drug for this condition, **AND**
- Patient must not have previously received PBS-subsidised treatment with this drug for this condition.

Treatment criteria:

- Patient must be undergoing treatment with this drug class for the first time; **OR**
- Patient must be undergoing treatment with this drug class on a subsequent occasion, but only because there was an intolerance/contraindication to another drug in the same class that required permanent treatment withdrawal.

A response (complete or partial) to the platinum-based chemotherapy regimen is to be assessed using either Gynaecologic Cancer InterGroup (GCIG) or Response Evaluation Criteria in Solid Tumours (RECIST) guidelines.

Evidence of a BRCA1 or BRCA2 gene mutation must be derived through germline or somatic mutation testing.

niraparib 100 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14179G	1	2	0.00	6,736.70	25.00	Zejula [GK]

NIRAPARIB

Note This drug belongs to the poly (ADP-ribose) polymerase (PARP) inhibitor drug class. The restriction refers to the following PARP inhibitors: olaparib, niraparib

Note Definitions:

Class 5 - Pathogenic

Class 4 - Likely pathogenic

Tier I - variants of strong clinical significance

Tier II - variants of potential clinical significance

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note Special Pricing Arrangements apply.

Authority Required

15441

High grade stage III/IV epithelial ovarian, fallopian tube or primary peritoneal cancer

Treatment Phase: Initial first-line maintenance therapy (BRCA1/2 gene mutation) in a patient requiring a daily dose of 3 tablets

Clinical criteria:

- The condition must be associated with a pathogenic variant (germline mutation class 4/class 5; somatic mutation classification tier I/tier II) of the BRCA1/2 gene(s) - this has been confirmed by a validated test, **AND**
- Patient must be in partial or complete response to the immediately preceding platinum-based chemotherapy regimen prior to commencing treatment with this drug for this condition, **AND**
- Patient must not have previously received PBS-subsidised treatment with this drug for this condition.

Treatment criteria:

- Patient must be undergoing treatment with this drug class for the first time; **OR**
- Patient must be undergoing treatment with this drug class on a subsequent occasion, but only because there was an intolerance/contraindication to another drug in the same class that required permanent treatment withdrawal.

A response (complete or partial) to the platinum-based chemotherapy regimen is to be assessed using either Gynaecologic Cancer InterGroup (GCIG) or Response Evaluation Criteria in Solid Tumours (RECIST) guidelines.

Evidence of a BRCA1 or BRCA2 gene mutation must be derived through germline or somatic mutation testing.

niraparib 100 mg tablet, 84

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14207R	1	2	0.00	10,038.87	25.00	Zejula [GK]

NIRAPARIB

Note This drug belongs to the poly (ADP-ribose) polymerase (PARP) inhibitor drug class. The restriction refers to the following PARP inhibitors: olaparib, niraparib

Note Definitions:

Class 5 - Pathogenic

Class 4 - Likely pathogenic

Tier I - variants of strong clinical significance

Tier II - variants of potential clinical significance

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note Special Pricing Arrangements apply.

Authority Required

15408

High grade stage III/IV epithelial ovarian, fallopian tube or primary peritoneal cancer

Treatment Phase: Initial first-line maintenance therapy (genomic instability without BRCA1/2 gene mutation) in a patient requiring a daily dose of 3 tablets

Clinical criteria:

- The condition must be associated with homologous recombination deficiency (HRD) positive status defined by genomic instability, which has been confirmed by a validated test, **AND**
- The condition must not be associated with pathogenic variants (germline mutation class 4/class 5; somatic mutation classification tier I/tier II) of the BRCA1/2 genes - this has been confirmed by a validated test, **AND**
- Patient must be in partial or complete response to the immediately preceding platinum-based chemotherapy regimen prior to commencing treatment with this drug for this condition; **OR**
- The condition must have both: (i) been in a partial/complete response to the immediately preceding platinum-based chemotherapy regimen prior to having commenced non-PBS-subsidised treatment with this drug for this condition, (ii) not progressed since the commencement of non-PBS-subsidised supply of this drug, **AND**
- Patient must not have previously received PBS-subsidised treatment with this drug for this condition.

Treatment criteria:

- Patient must be undergoing treatment with this drug class for the first time; **OR**
- Patient must be undergoing treatment with this drug class on a subsequent occasion, but only because there was an intolerance/contraindication to another drug in the same class that required permanent treatment withdrawal.

A response (complete or partial) to the platinum-based chemotherapy regimen is to be assessed using either Gynaecologic Cancer InterGroup (GCIG) or Response Evaluation Criteria in Solid Tumours (RECIST) guidelines.

Evidence of homologous recombination deficiency (genomic instability) must be derived through a test that has been validated against the Myriad MyChoice HRD assay, which uses a score of 42 or greater as the threshold for HRD (genomic instability) positivity.

Evidence that BRCA1/2 gene mutations are absent must also be derived through a validated test as described above.

niraparib 100 mg tablet, 84

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14212B	1	2	0.00	10,038.87	25.00	Zejula [GK]

OLAPARIB

Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)

17910

High grade epithelial ovarian, fallopian tube or primary peritoneal cancer

Treatment Phase: Continuation of subsequent-line maintenance therapy (BRCA1/2 gene mutation)

Clinical criteria:

- The treatment must be continuing existing PBS-subsidised treatment with this drug initiated through the Treatment Phase: Initial subsequent-line maintenance therapy (BRCA1/2 gene mutation), **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must not have developed disease progression while receiving treatment with this drug for this condition.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

A response (complete or partial) to the platinum-based chemotherapy regimen is to be assessed using either Gynaecologic Cancer InterGroup (GCIG) or Response Evaluation Criteria in Solid Tumours (RECIST) guidelines.

olaparib 100 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11503K NP	2	5	0.00	*6,754.26	25.00	Lynparza [AP]

olaparib 150 mg tablet, 56

11539H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*6,754.26	25.00	Lynparza [AP]

OLAPARIB

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note Special Pricing Arrangements apply.

Authority Required

17945

High grade stage III/IV epithelial ovarian, fallopian tube or primary peritoneal cancer

Treatment Phase: Continuation of first-line maintenance therapy (BRCA1/2 gene mutation)

Clinical criteria:

- The treatment must be continuing existing PBS-subsidised treatment with this drug initiated through the Treatment Phase: Initial first-line maintenance therapy (BRCA1/2 gene mutation), **AND**
- Patient must not have developed disease progression while receiving treatment with this drug for this condition, **AND**
- The treatment must not exceed a total of 24 months of combined non-PBS-subsidised and PBS-subsidised treatment for patients who are in complete response.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

olaparib 100 mg tablet, 56

12169L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*6,754.26	25.00	Lynparza [AP]

olaparib 150 mg tablet, 56

12161C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*6,754.26	25.00	Lynparza [AP]

OLAPARIB

Note Definitions:

Class 5 - Pathogenic

Class 4 - Likely pathogenic

Tier I - variants of strong clinical significance

Tier II - variants of potential clinical significance

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note Special Pricing Arrangements apply.

Authority Required

14761

High grade epithelial ovarian, fallopian tube or primary peritoneal cancer

Treatment Phase: Initial subsequent-line maintenance therapy (BRCA1/2 gene mutation)

Clinical criteria:

- The condition must be associated with a pathogenic variant (germline mutation class 4/class 5; somatic mutation classification tier I/tier II) of the BRCA1/2 gene(s) - this has been confirmed by a validated test, **AND**
- The condition must be platinum sensitive, **AND**
- Patient must have received at least two previous platinum-containing regimens, **AND**
- Patient must have relapsed following a previous platinum-containing regimen, **AND**
- Patient must be in partial or complete response to the immediately preceding platinum-based chemotherapy regimen, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must not have previously received PBS-subsidised treatment with this drug for this condition.

Platinum sensitivity is defined as disease progression greater than 6 months after completion of the penultimate platinum regimen.

A response (complete or partial) to the platinum-based chemotherapy regimen is to be assessed using either Gynaecologic Cancer InterGroup (GCIG) or Response Evaluation Criteria in Solid Tumours (RECIST) guidelines.

Evidence of a BRCA1 or BRCA2 gene mutation must be derived through germline or somatic mutation testing.

olaparib 100 mg tablet, 56

11522K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	2	0.00	*6,754.26	25.00	Lynparza [AP]

olaparib 150 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11528R	2	2	0.00	*6,754.26	25.00	Lynparza [AP]

OLAPARIB

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note Where the term 'novel hormonal drug' appears in this restriction, it refers to: (i) abiraterone, (ii) abiraterone and methylprednisolone, (iii) abiraterone and prednisolone, (iv) apalutamide, (v) darolutamide, (vi) enzalutamide.

Note Special Pricing Arrangements apply.

Authority Required

17796

Castration resistant metastatic carcinoma of the prostate

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have developed disease progression while receiving treatment with this drug for this condition, **AND**
- The treatment must not be subsidised in combination with: (i) chemotherapy, (ii) a novel hormonal drug.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

olaparib 100 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12921C NP	2	5	0.00	*6,754.26	25.00	Lynparza [AP]

olaparib 150 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12913P NP	2	5	0.00	*6,754.26	25.00	Lynparza [AP]

OLAPARIB

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note Where the term 'novel hormonal drug' appears in this restriction, it refers to: (i) abiraterone, (ii) abiraterone and methylprednisolone, (iii) abiraterone and prednisolone, (iv) apalutamide, (v) darolutamide, (vi) enzalutamide.

Note Special Pricing Arrangements apply.

Authority Required

12590

Castration resistant metastatic carcinoma of the prostate

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be associated with a class 4 or 5 BRCA1 or BRCA2 gene mutation, **AND**
- The treatment must not be subsidised in combination with: (i) chemotherapy, (ii) a novel hormonal drug, **AND**
- The condition must have progressed following prior treatment that included a novel hormonal drug for this condition (metastatic/non-metastatic disease), **AND**
- Patient must have a WHO performance status of 2 or less.

Treatment criteria:

- Patient must be undergoing treatment with this drug for the first time.

olaparib 100 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12932P	2	2	0.00	*6,754.26	25.00	Lynparza [AP]

olaparib 150 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12929L	2	2	0.00	*6,754.26	25.00	Lynparza [AP]

OLAPARIB

Note This drug belongs to the poly (ADP-ribose) polymerase (PARP) inhibitor drug class. The restriction refers to the following PARP inhibitors: olaparib, niraparib

Note Definitions:

Class 5 - Pathogenic

Class 4 - Likely pathogenic

Tier I - variants of strong clinical significance

Tier II - variants of potential clinical significance

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note Special Pricing Arrangements apply.

Authority Required

14741

High grade stage III/IV epithelial ovarian, fallopian tube or primary peritoneal cancer

Treatment Phase: Initial first-line maintenance therapy (BRCA1/2 gene mutation)

Clinical criteria:

- The condition must be associated with a pathogenic variant (germline mutation class 4/class 5; somatic mutation classification tier I/tier II) of the BRCA1/2 gene(s) - this has been confirmed by a validated test, **AND**
- Patient must be in partial or complete response to the immediately preceding platinum-based chemotherapy regimen prior to commencing treatment with this drug for this condition, **AND**
- Patient must not have previously received PBS-subsidised treatment with this drug for this condition.

Treatment criteria:

- Patient must be undergoing treatment with this drug class for the first time; **OR**
- Patient must be undergoing treatment with this drug class on a subsequent occasion, but only because there was an intolerance/contraindication to another drug in the same class that required permanent treatment withdrawal.

A response (complete or partial) to the platinum-based chemotherapy regimen is to be assessed using either Gynaecologic Cancer InterGroup (GCIG) or Response Evaluation Criteria in Solid Tumours (RECIST) guidelines.

Evidence of a BRCA1 or BRCA2 gene mutation must be derived through germline or somatic mutation testing.

olaparib 100 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12170M	2	2	0.00	*6,754.26	25.00	Lynparza [AP]

olaparib 150 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12157W	2	2	0.00	*6,754.26	25.00	Lynparza [AP]

OLAPARIB

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

17911

High grade stage III/IV epithelial ovarian, fallopian tube or primary peritoneal cancer

Treatment Phase: Continuation of first-line maintenance therapy (genomic instability without BRCA1/2 gene mutation)

Clinical criteria:

- Patient must have received previous PBS-subsidised treatment with this drug as first line maintenance therapy for this condition, **AND**
- Patient must not have developed disease progression while receiving treatment with this drug for this condition, **AND**
- The treatment must not exceed a total of 24 months of combined non-PBS-subsidised and PBS-subsidised treatment for patients who are in complete response.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

olaparib 100 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13782J NP	2	5	0.00	*6,754.26	25.00	Lynparza [AP]

olaparib 150 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13807Q NP	2	5	0.00	*6,754.26	25.00	Lynparza [AP]

OLAPARIB

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

17981

Early breast cancer
Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received PBS-subsidised treatment with this drug as adjuvant therapy for this condition, **AND**
- Patient must not have developed disease recurrence while receiving treatment with this drug for this condition, **AND**
- The treatment must not be a PBS-subsidised benefit beyond a total of 52 weeks of treatment (including any non-PBS-subsidised supply), **AND**
- The treatment must not in combination with any of the following: (i) abemaciclib, (ii) pembrolizumab, (iii) ribociclib.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

olaparib 100 mg tablet, 56

14216F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	6	0.00	*6,754.26	25.00	Lynparza [AP]

olaparib 150 mg tablet, 56

14215E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	6	0.00	*6,754.26	25.00	Lynparza [AP]

OLAPARIB

Note Patients may qualify for PBS-subsidised treatment under this restriction once only.
Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.
Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority Required

16780

Early breast cancer
Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be human epidermal growth factor receptor 2 (HER2) negative, **AND**
- Patient must have received neoadjuvant or adjuvant chemotherapy, **AND**
- The treatment must be adjuvant to surgical resection, **AND**
- The condition must be associated with a class 4 or 5 BRCA1 or BRCA2 gene variant, **AND**
- Patient must have received neoadjuvant chemotherapy, and residual invasive cancer is confirmed in the breast and/or resected lymph nodes (pathological complete response was not achieved); **OR**
- Patient must have received adjuvant chemotherapy for triple negative breast cancer, and has either: (a) node positive disease is present, (b) a primary tumour greater than 20 mm; **OR**
- Patient must have received adjuvant chemotherapy for hormone receptor positive breast cancer, and has at least 4 positive lymph nodes, **AND**
- The treatment must not be a PBS-subsidised benefit beyond the following, whichever comes first: (i) a total of 52 weeks of treatment (including any non-PBS-subsidised supply), (ii) disease recurrence. Mark any remaining repeat prescriptions with the word 'cancelled' where (i)/(ii) has occurred, **AND**
- The treatment must be commenced within 12 weeks of completing other therapy noting that other therapy can be any of the following therapy: (i) surgery, (ii) radiotherapy, (iii) chemotherapy, **AND**
- The treatment must not in combination with any of the following: (i) abemaciclib, (ii) pembrolizumab, (iii) ribociclib.

Retain all pathology imaging and investigative test results in the patient's medical records.
Treatment with this drug for this condition is restricted to one line of therapy at any disease staging for breast cancer (i.e. if therapy has been prescribed for early disease, subsidy under metastatic disease is no longer available).

olaparib 100 mg tablet, 56

14181J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	5	0.00	*6,754.26	25.00	Lynparza [AP]

olaparib 150 mg tablet, 56

14208T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	5	0.00	*6,754.26	25.00	Lynparza [AP]

OLAPARIB

Note This drug belongs to the poly (ADP-ribose) polymerase (PARP) inhibitor drug class. The restriction refers to the following PARP inhibitors: olaparib, niraparib
Note Definitions:

Class 5 - Pathogenic

Class 4 - Likely pathogenic

Tier I - variants of strong clinical significance

Tier II - variants of potential clinical significance

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

15141

High grade stage III/IV epithelial ovarian, fallopian tube or primary peritoneal cancer

Treatment Phase: Initial first-line maintenance therapy (genomic instability without BRCA1/2 gene mutation)

Clinical criteria:

- The condition must be associated with homologous recombination deficiency (HRD) positive status defined by genomic instability, which has been confirmed by a validated test, **AND**
- The condition must not be associated with pathogenic variants (germline mutation class 4/class 5; somatic mutation classification tier I/tier II) of the BRCA1/2 genes - this has been confirmed by a validated test, **AND**
- Patient must be in partial or complete response to the immediately preceding platinum-based chemotherapy regimen prior to commencing treatment with this drug for this condition; **OR**
- The condition must have both: (i) been in a partial/complete response to the immediately preceding platinum-based chemotherapy regimen prior to having commenced non-PBS-subsidised treatment with this drug for this condition, (ii) not progressed since the commencement of non-PBS-subsidised supply of this drug, **AND**
- Patient must not have previously received PBS-subsidised treatment with this drug for this condition.

Treatment criteria:

- Patient must be undergoing treatment with this drug class for the first time; **OR**
- Patient must be undergoing treatment with this drug class on a subsequent occasion, but only because there was an intolerance/contraindication to another drug in the same class that required permanent treatment withdrawal.

A response (complete or partial) to the platinum-based chemotherapy regimen is to be assessed using either Gynaecologic Cancer InterGroup (GCIG) or Response Evaluation Criteria in Solid Tumours (RECIST) guidelines.

Evidence of homologous recombination deficiency (genomic instability) must be derived through a test that has been validated against the Myriad MyChoice HRD assay, which uses a score of 42 or greater as the threshold for HRD (genomic instability) positivity.

Evidence that BRCA1/2 gene mutations are absent must also be derived through a validated test as described above.

olaparib 100 mg tablet, 56

13783K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	2	0.00	*6,754.26	25.00	Lynparza [AP]

olaparib 150 mg tablet, 56

13800H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	2	0.00	*6,754.26	25.00	Lynparza [AP]

OLAPARIB

Note Patients may qualify for PBS-subsidised treatment under this restriction once only.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

17909

Metastatic breast cancer

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be human epidermal growth factor receptor 2 (HER2) negative, **AND**
- The condition must be associated with a class 4 or 5 BRCA1 or BRCA2 gene variant, **AND**
- Patient must have a World Health Organisation (WHO) Eastern Cooperative Oncology Group (ECOG) performance status score of 2 or less, **AND**
- Patient must have received chemotherapy in the neoadjuvant, adjuvant or metastatic setting, **AND**
- Patient must not have received PBS-subsidised treatment with this drug in any earlier line of treatment for breast cancer, **AND**
- The condition must be triple negative breast cancer; **OR**
- The condition must be hormone-receptor positive breast cancer and the patient has either: (i) progressive disease after receiving endocrine therapy, (ii) been considered inappropriate for endocrine therapy, **AND**
- The treatment must be the sole PBS-subsidised systemic anti-cancer therapy for this PBS indication.

Treatment criteria:

- Must be treated by a medical practitioner.

Retain all pathology imaging and investigative test results in the patient's medical records. Do not submit copies of these as part of the authority application.

Treatment with this drug for this condition is restricted to one line of therapy at any disease staging for breast cancer (i.e. if therapy has been prescribed for early disease, subsidy under metastatic disease is no longer available).

Authority Required

18002

Metastatic breast cancer

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received previous PBS-subsidised treatment with this drug in the metastatic setting, **AND**
- The treatment must be the sole PBS-subsidised systemic anti-cancer therapy for this PBS indication, **AND**
- Patient must not have developed disease progression while receiving treatment with this drug for this condition.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

olaparib 100 mg tablet, 56

14689D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*6,754.26	25.00	Lynparza [AP]

olaparib 150 mg tablet, 56

14687B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*6,754.26	25.00	Lynparza [AP]

TALAZOPARIB

Note Where the term 'novel hormonal drug' appears in this restriction, it refers to: (i) abiraterone, (ii) abiraterone and methylprednisolone, (iii) abiraterone and prednisolone, (iv) apalutamide, (v) darolutamide, (vi) enzalutamide.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

17867

Castration resistant metastatic carcinoma of the prostate

Clinical criteria:

- The condition must be associated with a class 4 or 5 BRCA1 or BRCA2 gene mutation, **AND**
- Patient must not have received prior PBS-subsidised novel hormonal drug in any non-metastatic setting of prostate cancer prior to commencing treatment with this drug for this condition, **AND**
- Patient must have a World Health Organisation (WHO) Eastern Cooperative Oncology Group (ECOG) performance score no higher than 1 prior to treatment initiation, **AND**
- Patient must be undergoing concurrent treatment with enzalutamide, unless an intolerance to enzalutamide requires either a: (i) temporary cessation, (ii) permanent discontinuation, **AND**
- The treatment must not be a PBS-subsidised benefit beyond disease progression.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

Talazoparib 100 microgram capsule, 30

14685X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	3,667.48	25.00	Talzenna [PF]

talazoparib 250 microgram capsule, 30

14684W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	3,667.48	25.00	Talzenna [PF]

Talazoparib 350 microgram capsule, 30

14690E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	3,667.48	25.00	Talzenna [PF]

Talazoparib 500 microgram capsule, 30

14683T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	3,667.48	25.00	Talzenna [PF]

Isocitrate dehydrogenase (IDH) inhibitors

IVOSIDENIB

Caution Ivosidenib can cause dose-dependent prolongation of the heart rate-corrected QT (QTc) interval. At treatment initiation patients should undergo an electrocardiogram (ECG) to assess the heart rate-corrected QT (QTc) interval. Dose interruptions are recommended until QTc returns to no more than 480 msec. Monitor ECGs at least weekly for two weeks following return of QTc. Permanently discontinue ivosidenib if QTc poses life threatening ventricular arrhythmia (Grade 4).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)

16701

Locally advanced or metastatic cholangiocarcinoma

Clinical criteria:

- Patient must have a test of tumour tissue confirming the presence of an IDH1 R132 variant, **AND**
- Patient must have had systemic therapy for this condition prior to initiating treatment with this drug for this condition, **AND**
- Patient must have/have had a WHO performance status of 2 or less at treatment initiation with this drug, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must not have developed disease progression while receiving PBS-subsidised treatment with this drug for this condition.

Confirm that evidence of the presence of a pathogenic variant of the IDH1 gene is documented/retained in the patient's medical records once only with the first PBS prescription.

ivosidenib 250 mg tablet, 60

14868M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	0.00	20,252.36	25.00	Tibsovo [SE]

VORASIDENIB

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)

19016

Adult-type IDH-mutant astrocytoma or oligodendroglioma

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have a World Health Organisation (WHO) Grade 2 astrocytoma or oligodendroglioma, **AND**
- Patient must have a test of tumour tissue confirming the presence of a susceptible isocitrate dehydrogenase-1 (IDH1) variant or isocitrate dehydrogenase-2 (IDH2) variant, **AND**
- Patient must have residual or recurrent disease after at least one prior surgery (biopsy, sub-total resection, or gross total resection) for this condition, **AND**
- Patient must not be in immediate need of radiotherapy and/or chemotherapy for this condition, **AND**
- The condition must not have been previously treated with systemic anticancer therapy or radiotherapy, **AND**
- Patient must have either a: (i) Karnofsky Performance Score of at least 80%, (ii) Lansky Performance Score of at least 80%.

Confirm that evidence of the presence of a susceptible IDH1 or IDH2 variant in the tumour tissue is documented/retained in the patient's medical records once only with the first PBS prescription.

Authority Required (STREAMLINED)

19035

Adult-type IDH-mutant astrocytoma or oligodendroglioma

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have developed disease progression while receiving treatment with this drug for this condition.

Authority Required (STREAMLINED)

18999

Adult-type IDH-mutant astrocytoma or oligodendroglioma

Treatment Phase: Grandfather arrangements - Transitioning from non-PBS to PBS-subsidised treatment

Clinical criteria:

- Patient must have previously received non-PBS-subsidised treatment with this drug for this condition prior to 1 August 2026, **AND**
- Patient must have a World Health Organisation (WHO) Grade 2 astrocytoma or oligodendroglioma, **AND**
- Patient must have had a susceptible isocitrate dehydrogenase-1 (IDH1) mutation or isocitrate dehydrogenase-2 (IDH2) mutation at the time of initiation of non-PBS-subsidised treatment with this drug, **AND**

- Patient must have had an Eastern Cooperative Oncology Group (ECOG) performance status of 0 or 1, at initiation of non-PBS-subsidised treatment with this drug, **AND**
- Patient must have had residual or recurrent disease after at least one prior surgery (biopsy, sub-total resection, or gross total resection) for this condition at the time of initiation of non-PBS-subsidised treatment with this drug for this condition, **AND**
- The condition must not have been previously treated with systemic anticancer therapy prior to initiation of non-PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have developed disease progression while receiving treatment with this drug for this condition.

Confirm that evidence of the presence of a susceptible IDH1 or IDH2 variant in the tumour tissue is documented/retained in the patient's medical records once only with the first PBS prescription.

Note This grandfather restriction will cease to operate from 12 months after the date specified in the clinical criteria.

Note Patients may qualify for PBS-subsidised treatment under this restriction once only. For continuing PBS-subsidised treatment, a 'Grandfathered' patient must qualify under the 'Continuing treatment' criteria.

Vorasidenib 10 mg tablet, 30

15437L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	5	0.00	*28,947.36	25.00	Voranigo [SE]

Vorasidenib 40 mg tablet, 30

15461R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	0.00	28,724.36	25.00	Voranigo [SE]

Other antineoplastic agents

BELZUTIFAN

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

16215

Von Hippel-Lindau (VHL) disease

Treatment Phase: Initiating or recommencing treatment

Clinical criteria:

- The condition must have been diagnosed by at least one of: (i) a germline VHL alteration; (ii) at least two manifestations highly characteristic of VHL disease; (iii) at least one manifestation highly characteristic of VHL disease with a documented family history of VHL, **AND**
- The condition must be at least one of: (i) VHL-associated non-metastatic renal cell carcinoma (RCC); (ii) VHL-associated central nervous system (CNS) haemangioblastoma; (iii) VHL-associated non-metastatic pancreatic neuroendocrine tumour (pNET), **AND**
- Patient must not have tumour(s) that require immediate surgery as assessed by the treating clinician, **AND**
- Patient must be untreated with this drug for this condition; **OR**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition for a different tumour type; **OR**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition and ceased previous treatment for family planning purposes, **AND**
- Patient must have WHO performance status no higher than 1; **OR**
- The condition must be VHL-associated brainstem tumour(s), or brain herniation, which temporarily affected the patient's WHO performance status to be higher than 1, **AND**
- The treatment must be the sole PBS-subsidised therapy for VHL disease associated tumours.

Treatment criteria:

- Must be treated by a physician with expertise in the management of VHL disease associated tumours.

Patients who cease therapy for reasons other than, clinical disease progression or metastasis, may re-initiate PBS-subsidised treatment through the initiating or recommencing treatment phase.

For the purpose of administering this restriction, the highly characteristic manifestations of VHL disease include but not limited to:

(i) retinal, spinal, or cerebellar haemangioblastoma;

(ii) adrenal or extra-adrenal phaeochromocytoma;

(iii) renal cell carcinoma;

(iv) multiple renal and pancreatic cysts;

(v) endolymphatic sac tumours, papillary cystadenomas of the epididymis or broad ligament, or pancreatic neuroendocrine tumours.

Authority Required

16180

Von Hippel-Lindau (VHL) disease

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition for the same tumour type, **AND**
- Patient must not have developed VHL-associated metastatic disease, **AND**
- Patient must have demonstrated clinical improvement or stabilisation of the condition while being treated with this drug, the details of which must be kept with the patient's record, **AND**
- The treatment must be the sole PBS-subsidised therapy for VHL disease associated tumours.

Treatment criteria:

- Must be treated by a physician with expertise in the management of VHL disease associated tumours.

Patients who cease therapy for reasons other than, clinical disease progression or metastasis, may re-initiate PBS-subsidised treatment through the initiating or recommencing treatment phase.

For the purpose of administering this restriction, clinical improvement or stabilisation of the patient's condition includes but is not limited to:

(i) avoidance of surgery;

(ii) avoidance of renal replacement therapy such as dialysis or renal transplantation in patients with VHL- associated renal cell carcinoma (RCC);

(iii) experiencing clinical benefit in at least one of the VHL associated conditions, as determined by the treating clinician(s).

belzutifan 40 mg tablet, 90

14665W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	0.00	22,392.36	25.00	Welireg [MK]

HYDROXYCARBAMIDE

Restricted benefit

17848

For prescribing by certain health practitioners

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

hydroxycarbamide (hydroxyurea) 500 mg capsule, 100

3093T

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	0.00	47.65	25.00	[a] Hydrea [LM]	[a] HYDROXYCARBAMIDE MEDSURGE [DZ]

VENETOCLAX

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

12462

Acute Myeloid Leukaemia

Clinical criteria:

- The condition must be previously untreated at the time of initiation with this drug (except for essential treatment with hydroxyurea or leukapheresis), **AND**
- Patient must not be considered eligible for standard intensive remission induction chemotherapy at the time of initiation with this drug, **AND**
- The treatment must be used in combination with azacitidine (refer to Product Information for timing of azacitidine and venetoclax doses), **AND**
- Patient must not have progressive disease while receiving PBS-subsidised treatment with this drug for this condition, **AND**
- The condition must not be acute promyelocytic leukaemia.

Progressive disease monitoring via a complete blood count must be taken at the end of each cycle.

If abnormal blood counts suggest the potential for relapsed AML, a bone marrow biopsy must be performed to confirm the absence of progressive disease for the patient to be eligible for further cycles.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

venetoclax 50 mg tablet, 7

12773G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	2	0.00	*934.64	25.00	Venclexta [VE]

venetoclax 100 mg tablet, 120

12803W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	0.00	7,519.07	25.00	Venclexta [VE]

VENETOCLAX

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

11069

Chronic lymphocytic leukaemia (CLL)

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be in combination with rituximab for up to a maximum of 6 cycles, followed by monotherapy, **AND**
- The treatment must be ceased on disease progression or on completion of 24 months of PBS-subsidised treatment under this restriction with this drug for this condition, whichever comes first.

venetoclax 100 mg tablet, 120

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11639N	1	5	0.00	7,519.07	25.00	Venclexta [VE]

VENETOCLAX

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

10995

Chronic lymphocytic leukaemia (CLL) or small lymphocytic lymphoma (SLL)

Treatment Phase: Dose modification

Clinical criteria:

- The treatment must be for dose titration purposes.

venetoclax 10 mg tablet, 2

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12999E	7	0	0.00	*102.48	25.00	Venclexta [VE]

venetoclax 50 mg tablet, 7

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11648C	1	0	0.00	240.68	25.00	Venclexta [VE]

VENETOCLAX

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

18665

Chronic lymphocytic leukaemia (CLL) or small lymphocytic lymphoma (SLL)

Treatment Phase: Second and final continuing treatment prescription (treatment cycles 7 to 12 inclusive) of first-line therapy

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must cease upon disease progression; **OR**
- The treatment must cease upon completion of 12 cycles of treatment with this drug for this condition, whichever comes first, **AND**
- The treatment must be in combination with obinutuzumab (refer to Product Information for timing of obinutuzumab and venetoclax doses), **AND**
- The treatment must not be in combination with acalabrutinib.

venetoclax 100 mg tablet, 120

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12199C	1	5	0.00	7,519.07	25.00	Venclexta [VE]

VENETOCLAX

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority Required

18687

Chronic lymphocytic leukaemia (CLL) or small lymphocytic lymphoma (SLL)

Treatment Phase: First continuing treatment (treatment cycles 2 to 6 inclusive) of first-line therapy

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be in combination with obinutuzumab (refer to Product Information for timing of obinutuzumab and venetoclax doses), **AND**
- The treatment must not be in combination with acalabrutinib, **AND**
- The treatment must cease upon disease progression.

venetoclax 100 mg tablet, 120

12205J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	4	0.00	7,519.07	25.00	Venclexta [VE]

VENETOCLAX

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.
Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority Required

15907

Chronic lymphocytic leukaemia (CLL) or small lymphocytic lymphoma (SLL)

Treatment Phase: First continuing treatment (treatment cycles 5 to 9 inclusive) of first-line therapy

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be in combination with ibrutinib (refer to Product Information for timing of ibrutinib and venetoclax doses), **AND**
- The treatment must cease upon disease progression.

venetoclax 100 mg tablet, 120

14585P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	4	0.00	7,519.07	25.00	Venclexta [VE]

VENETOCLAX

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.
Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority Required

15904

Chronic lymphocytic leukaemia (CLL) or small lymphocytic lymphoma (SLL)

Treatment Phase: Second and final continuing treatment prescription (treatment cycles 10 to 15 inclusive) of first-line therapy

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be in combination with ibrutinib (refer to Product Information for timing of ibrutinib and venetoclax doses), **AND**
- The treatment must cease upon disease progression; **OR**
- The treatment must cease upon completion of 12 cycles of treatment with this drug for this condition, whichever comes first.

venetoclax 100 mg tablet, 120

14595E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	0.00	7,519.07	25.00	Venclexta [VE]

VENETOCLAX

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.
Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

18648

Chronic lymphocytic leukaemia (CLL) or small lymphocytic lymphoma (SLL)

Treatment Phase: First continuing treatment (treatment cycles 4 to 8 inclusive) of first-line therapy with acalabrutinib

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be in combination with acalabrutinib, **AND**
- The treatment must not be in combination with obinutuzumab, **AND**
- The treatment must cease upon disease progression.

venetoclax 100 mg tablet, 120

15357G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	4	0.00	7,519.07	25.00	Venclexta [VE]

VENETOCLAX

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

18667

Chronic lymphocytic leukaemia (CLL) or small lymphocytic lymphoma (SLL)

Treatment Phase: Second and final continuing treatment (treatment cycles 9 to 14 inclusive) of first-line therapy with acalabrutinib

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be in combination with acalabrutinib, **AND**
- The treatment must not be in combination with obinutuzumab, **AND**
- The treatment must not exceed 12 cycles in total with this drug, measured from the initial dose, or, must not extend beyond disease progression, whichever comes first.

venetoclax 100 mg tablet, 120

15358H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	0.00	7,519.07	25.00	Venclexta [VE]

VENETOCLAX

Note The latest International Workshop on CLL (iwCLL) provides guidance on various aspects of management of CLL/SLL. Notably, two of these are:

(1) when to treat versus when to monitor the patient without therapy - see 'Indications for treatment' section; and

(2) recognising progressive disease - see 'Definition of response, relapse, and refractory disease' section.

See the following literature reference for details:

Hallek, M et al. iwCLL guidelines for diagnosis, indications for treatment, response assessment, and supportive management of CLL. *Blood* vol. 131, 25 (2018): 2745-2760.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

14776

Chronic lymphocytic leukaemia (CLL)

Treatment Phase: Dose titration for relapsed/refractory disease

Clinical criteria:

- The condition must have relapsed or be refractory to at least one prior therapy, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- The treatment must only be prescribed for a patient with active disease in accordance with the International Workshop on CLL (iwCLL) guidance (latest version) in relation to when to prescribe drug treatment for this condition.

Treatment criteria:

- Patient must not be undergoing retreatment with this drug where any of: (i) prior treatment of CLL/SLL with this same drug was unable to prevent disease progression; (ii) 24 months of PBS-subsidised treatment has been administered with this drug for this condition.

venetoclax 10 mg tablet [14] (&) venetoclax 50 mg tablet [7] (&) venetoclax 100 mg tablet [7] (&) venetoclax 100 mg tablet [14], 1 pack

11630D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	0	0.00	1,707.53	25.00	Venclexta [VE]

VENETOCLAX

Note The latest International Workshop on CLL (iwCLL) provides guidance on various aspects of management of CLL/SLL. Notably, two of these are:

(1) when to treat versus when to monitor the patient without therapy - see 'Indications for treatment' section; and

(2) recognising progressive disease - see 'Definition of response, relapse, and refractory disease' section.

See the following literature reference for details:

Hallek, M et al. iwCLL guidelines for diagnosis, indications for treatment, response assessment, and supportive management of CLL. *Blood* vol. 131, 25 (2018): 2745-2760.

Note A patient may only qualify for PBS-subsidised treatment under this restriction once in a lifetime.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

18683

Chronic lymphocytic leukaemia (CLL) or small lymphocytic lymphoma (SLL)

Treatment Phase: Initial treatment in first-line therapy - Dose titration (weeks 1 to 4 of a 5-week ramp-up schedule)

Clinical criteria:

- The condition must be untreated with drug treatment at the time of the first dose of this drug; **OR**
- Patient must have developed an intolerance of a severity necessitating permanent treatment withdrawal following use of another drug PBS indicated as first-line drug treatment of CLL/SLL, **AND**
- The treatment must only be prescribed for a patient with active disease in accordance with the International Workshop on CLL (iwCLL) guidance (latest version) in relation to when to prescribe drug treatment for this condition, **AND**
- The treatment must be in combination with obinutuzumab (refer to Product Information for timing of obinutuzumab and venetoclax doses), **AND**
- The treatment must not be in combination with acalabrutinib.

venetoclax 10 mg tablet [14] (&) venetoclax 50 mg tablet [7] (&) venetoclax 100 mg tablet [7] (&) venetoclax 100 mg tablet [14], 1 pack

12188L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	0	0.00	1,707.53	25.00	Venclexta [VE]

VENETOCLAX

Note The latest International Workshop on CLL (iwCLL) provides guidance on various aspects of management of CLL/SLL. Notably, two of these are:

(1) when to treat versus when to monitor the patient without therapy - see 'Indications for treatment' section; and

(2) recognising progressive disease - see 'Definition of response, relapse, and refractory disease' section.

See the following literature reference for details:

Hallek, M et al. iwCLL guidelines for diagnosis, indications for treatment, response assessment, and supportive management of CLL. *Blood* vol. 131, 25 (2018): 2745-2760.

Note A patient may only qualify for PBS-subsidised treatment under this restriction once in a lifetime.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

15905

Chronic lymphocytic leukaemia (CLL) or small lymphocytic lymphoma (SLL)

Treatment Phase: Initial treatment in first-line therapy with ibrutinib - Dose titration (cycle 4)

Clinical criteria:

- The condition must be untreated with venetoclax at the time of the first dose of this drug, **AND**
- The treatment must only be prescribed for a patient with active disease in accordance with the International Workshop on CLL (iwCLL) guidance (latest version) in relation to when to prescribe drug treatment for this condition, **AND**
- The treatment must be in combination with ibrutinib (refer to Product Information for timing of ibrutinib and venetoclax doses).

venetoclax 10 mg tablet [14] (&) venetoclax 50 mg tablet [7] (&) venetoclax 100 mg tablet [7] (&) venetoclax 100 mg tablet [14], 1 pack

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14584N	‡1	0	0.00	1,707.53	25.00	Venclexta [VE]

VENETOCLAX

Note The latest International Workshop on CLL (iwCLL) provides guidance on various aspects of management of CLL/SLL. Notably, two of these are:

(1) when to treat versus when to monitor the patient without therapy - see 'Indications for treatment' section; and

(2) recognising progressive disease - see 'Definition of response, relapse, and refractory disease' section.

See the following literature reference for details:

Hallek, M et al. iwCLL guidelines for diagnosis, indications for treatment, response assessment, and supportive management of CLL. *Blood* vol. 131, 25 (2018): 2745-2760.

Note A patient may only qualify for PBS-subsidised treatment under this restriction once in a lifetime.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

18666

Chronic lymphocytic leukaemia (CLL) or small lymphocytic lymphoma (SLL)

Treatment Phase: Initial treatment in first-line therapy with acalabrutinib - Dose titration (cycle 3)

Clinical criteria:

- The condition must be untreated with venetoclax at the time of the first dose of this drug; **OR**
- Patient must have developed an intolerance of a severity necessitating permanent treatment withdrawal following use of another drug PBS indicated as first-line drug treatment of CLL/SLL, **AND**
- The treatment must only be prescribed for a patient with active disease in accordance with the International Workshop on CLL (iwCLL) guidance (latest version) in relation to when to prescribe drug treatment for this condition, **AND**
- The treatment must be in combination with acalabrutinib, **AND**
- The treatment must not be in combination with obinutuzumab.

venetoclax 10 mg tablet [14] (&) venetoclax 50 mg tablet [7] (&) venetoclax 100 mg tablet [7] (&) venetoclax 100 mg tablet [14], 1 pack

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15361L	‡1	0	0.00	1,707.53	25.00	Venclexta [VE]

ENDOCRINE THERAPY

HORMONES AND RELATED AGENTS

Progestogens

MEDROXYPROGESTERONE

Restricted benefit

17880

Breast cancer

Clinical criteria:

- The condition must be hormone receptor positive.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

Restricted benefit

17881

Endometrial cancer

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

medroxyprogesterone acetate 100 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2725K NP	1	2	0.00	85.11	25.00	Provera [PF]

medroxyprogesterone acetate 200 mg tablet, 60

2316X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	2	0.00	95.05	25.00	Provera [PF]

medroxyprogesterone acetate 250 mg tablet, 60

2727M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	2	0.00	97.50	25.00	Provera [PF]

MEDROXYPROGESTERONE

Restricted benefit

17958

Breast cancer

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must be hormone receptor positive.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

Restricted benefit

17923

Endometrial cancer

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

medroxyprogesterone acetate 100 mg tablet, 100

14067J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	2	0.00	*157.94	25.00	Provera [PF]

medroxyprogesterone acetate 200 mg tablet, 60

13881N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	2	0.00	*178.80	25.00	Provera [PF]

medroxyprogesterone acetate 250 mg tablet, 60

13961T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	2	0.00	*183.96	25.00	Provera [PF]

Gonadotropin releasing hormone analogues

GOSERELIN

Restricted benefit

17811

Carcinoma of the prostate

Clinical criteria:

- The condition must be locally advanced (stage C); **OR**
- The condition must be metastatic (stage D).

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

goserelin 10.8 mg implant, 1

8093Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	1	0.00	694.32	25.00	Zoladex 10.8 Implant [AP]

GOSERELIN

Restricted benefit

17811

Carcinoma of the prostate

Clinical criteria:

- The condition must be locally advanced (stage C); **OR**

- The condition must be metastatic (stage D).

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

Restricted benefit

18025

Endometriosis

Clinical criteria:

- The condition must be visually proven, **AND**
- The treatment must be for the short-term (up to 6 months).

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

Note Only 1 course of not more than 6 months' therapy will be authorised.

Restricted benefit

17880

Breast cancer

Clinical criteria:

- The condition must be hormone receptor positive.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

Restricted benefit

17956

Anticipated premature ovarian failure

Clinical criteria:

- Patient must be receiving treatment with an alkylating agent for a malignancy or an autoimmune disorder that has a high risk of causing premature ovarian failure, **AND**
- Patient must not receive more than 6 months' of treatment for this condition in a lifetime.

Population criteria:

- Patient must be pre-menopausal.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

goserelin 3.6 mg implant, 1

1454M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	207.94	25.00	Zoladex Implant [AP]

GOSERELIN (&) BICALUTAMIDE

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Restricted benefit

17814

Carcinoma of the prostate

Clinical criteria:

- The condition must be metastatic (stage D), **AND**
- Patient must require a combination of an antiandrogen and a GnRH (LH-RH) agonist.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

goserelin 3.6 mg implant [1] (&) bicalutamide 50 mg tablet [28], 1 pack

9064C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	5	0.00	402.48	25.00	ZolaCos CP 3.6/50 [AP]

goserelin 10.8 mg implant [1 implant] (&) bicalutamide 50 mg tablet [28], 1 pack

9065D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	0	0.00	1,029.35	25.00	ZolaCos CP 10.8/50(28) [AP]

goserelin 10.8 mg implant [1 implant] (&) bicalutamide 50 mg tablet [84], 1 pack

9066E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	1	0.00	1,316.27	25.00	ZolaCos CP 10.8/50(84) [AP]

LEUPRORELIN

Restricted benefit

17812

Locally advanced (stage C) or metastatic (stage D) carcinoma of the prostate

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

leuprorelin acetate 7.5 mg modified release injection [1 syringe] (&) inert substance diluent [1 syringe], 1 pack

8707G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	264.04	25.00	Eligard 1 month [MF]

leuprorelin acetate 7.5 mg modified release injection [1 chamber] (&) inert substance diluent [1 mL chamber], 1 dual chamber syringe

8875D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	264.04	25.00	Lucrin Depot 7.5mg PDS [VE]

leuprorelin acetate 22.5 mg modified release injection [1 syringe] (&) inert substance diluent [1 syringe], 1 pack

8708H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	1	0.00	694.32	25.00	Eligard 3 month [MF]

leuprorelin acetate 22.5 mg modified release injection [1 chamber] (&) inert substance diluent [1.5 mL chamber], 1 dual chamber syringe

8876E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	1	0.00	694.32	25.00	Lucrin Depot 3 Month PDS [VE]

leuprorelin acetate 30 mg modified release injection [1 syringe] (&) inert substance diluent [1 syringe], 1 pack

8709J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	1	0.00	922.22	25.00	Eligard 4 month [MF]

leuprorelin acetate 30 mg modified release injection [1 chamber] (&) inert substance diluent [1.5 mL chamber], 1 dual chamber syringe

8877F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	1	0.00	922.22	25.00	Lucrin Depot 4 Month PDS [VE]

leuprorelin acetate 45 mg modified release injection [1 syringe] (&) inert substance diluent [1 syringe], 1 pack

8859G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	0	0.00	1,371.62	25.00	Eligard 6 month [MF]

leuprorelin acetate 45 mg modified release injection [1 chamber] (&) inert substance diluent [1.5 mL chamber], 1 dual chamber syringe

11943N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	0	0.00	1,371.62	25.00	Lucrin Depot 6-Month [VE]

LEUPRORELIN

Restricted benefit

12351

Central precocious puberty

Treatment Phase: Continuing treatment with this drug, or, switching gonadotropin releasing hormone analogue therapy

Treatment criteria:

- Must be treated by a medical practitioner identifying as one of: (i) a paediatric endocrinologist, (ii) an endocrinologist specialising in paediatrics; **OR**
- Must be treated by a medical practitioner who has consulted at least one of the above mentioned specialist types, with agreement reached that the patient should be treated with this pharmaceutical benefit on this occasion, **AND**
- Patient must be undergoing continuing treatment with a gonadotropin releasing hormone analogue initiated through the PBS for this PBS indication.

leuprorelin acetate 30 mg modified release injection [1 chamber] (&) inert substance diluent [1.5 mL chamber], 1 dual chamber syringe

11944P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	1	0.00	693.50	25.00	Lucrin Depot Paediatric 30 mg PDS [VE]

LEUPRORELIN

Restricted benefit

13624

Central precocious puberty

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by a paediatric endocrinologist; **OR**
- Must be treated by an endocrinologist specialising in paediatrics.

Population criteria:

- Patient must be of an age that is prior to their 10th birthday if female; **OR**
- Patient must be of an age that is prior to their 11th birthday if male
- Patient must have had onset of signs/symptoms of central precocious puberty prior to their 8th birthday if female; **OR**
- Patient must have had onset of signs/symptoms of central precocious puberty prior to their 9th birthday if male.

leuprorelin acetate 30 mg modified release injection [1 chamber] (&) inert substance diluent [1.5 mL chamber], 1 dual chamber syringe

11960L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	1	0.00	693.50	25.00	Lucrin Depot Paediatric 30 mg PDS [VE]

LEUPRORELIN

Restricted benefit

13624

Central precocious puberty

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by a paediatric endocrinologist; **OR**
- Must be treated by an endocrinologist specialising in paediatrics.

Population criteria:

- Patient must be of an age that is prior to their 10th birthday if female; **OR**
- Patient must be of an age that is prior to their 11th birthday if male
- Patient must have had onset of signs/symptoms of central precocious puberty prior to their 8th birthday if female; **OR**
- Patient must have had onset of signs/symptoms of central precocious puberty prior to their 9th birthday if male.

Restricted benefit

12351

Central precocious puberty

Treatment Phase: Continuing treatment with this drug, or, switching gonadotropin releasing hormone analogue therapy

Treatment criteria:

- Must be treated by a medical practitioner identifying as one of: (i) a paediatric endocrinologist, (ii) an endocrinologist specialising in paediatrics; **OR**
- Must be treated by a medical practitioner who has consulted at least one of the above mentioned specialist types, with agreement reached that the patient should be treated with this pharmaceutical benefit on this occasion, **AND**
- Patient must be undergoing continuing treatment with a gonadotropin releasing hormone analogue initiated through the PBS for this PBS indication.

leuprorelin acetate 45 mg modified release injection [1 syringe] (&) inert substance diluent [1 syringe], 1 pack

13187C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	0	0.00	1,371.62	25.00	Eligard 6 month [MF]

LEUPRORELIN (&) BICALUTAMIDE

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Restricted benefit

17814

Carcinoma of the prostate

Clinical criteria:

- The condition must be metastatic (stage D), **AND**
- Patient must require a combination of an antiandrogen and a GnRH (LH-RH) agonist.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

leuprorelin acetate 7.5 mg modified release injection [1 syringe] (&) inert substance diluent [1 syringe] (&) bicalutamide 50 mg tablet [28], 1 pack

10962Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	5	0.00	406.41	25.00	Bi ELIGARD CP [MF]

leuprorelin acetate 22.5 mg modified release injection [1 syringe] (&) inert substance diluent [1 syringe] (&) bicalutamide 50 mg tablet [28], 1 pack

10963B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	0	0.00	959.95	25.00	Bi ELIGARD CP [MF]

leuprorelin acetate 22.5 mg modified release injection [1 syringe] (&) inert substance diluent [1 syringe] (&) bicalutamide 50 mg tablet [84], 1 pack

10969H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	1	0.00	1,098.67	25.00	Bi ELIGARD CP [MF]

TRIPTORELIN

Note The listing of this medicine is not for use in gender dysphoria in minors.

triptorelin 3.75 mg injection [1 vial] (&) inert substance diluent [2 mL ampoule], 1 pack

9378N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	207.94	25.00	Diphereline [IS]

TRIPTORELIN

Restricted benefit

17812

Locally advanced (stage C) or metastatic (stage D) carcinoma of the prostate

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

triptorelin 11.25 mg injection [1 vial] (&) inert substance diluent [2 mL ampoule], 1 pack

9379P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	1	0.00	694.41	25.00	Diphereline [IS]

TRIPTORELIN

Restricted benefit

17812

Locally advanced (stage C) or metastatic (stage D) carcinoma of the prostate

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

Restricted benefit

12387

Central precocious puberty

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by a paediatric endocrinologist; **OR**
- Must be treated by an endocrinologist specialising in paediatrics.

Population criteria:

- Patient must be of an age that is prior to their 12th birthday if female; **OR**
- Patient must be of an age that is prior to their 13th birthday if male
- Patient must have had onset of signs/symptoms of central precocious puberty prior to their 9th birthday if female; **OR**
- Patient must have had onset of signs/symptoms of central precocious puberty prior to their 10th birthday if male.

Restricted benefit

12351

Central precocious puberty

Treatment Phase: Continuing treatment with this drug, or, switching gonadotropin releasing hormone analogue therapy

Treatment criteria:

- Must be treated by a medical practitioner identifying as one of: (i) a paediatric endocrinologist, (ii) an endocrinologist specialising in paediatrics; **OR**

- Must be treated by a medical practitioner who has consulted at least one of the above mentioned specialist types, with agreement reached that the patient should be treated with this pharmaceutical benefit on this occasion, **AND**
- Patient must be undergoing continuing treatment with a gonadotropin releasing hormone analogue initiated through the PBS for this PBS indication.

triptorelin 22.5 mg injection [1 vial] (&) inert substance diluent [2 mL ampoule], 1 pack

5297T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	0	0.00	1,371.68	25.00	Diphereline [IS]

HORMONE ANTAGONISTS AND RELATED AGENTS

Anti-estrogens

FULVESTRANT

Authority Required (STREAMLINED)

17918

Locally advanced or metastatic breast cancer

Clinical criteria:

- The condition must be hormone receptor positive, **AND**
- The condition must be human epidermal growth factor receptor 2 (HER2) negative, **AND**
- The condition must be inoperable.

Population criteria:

- Patient must not be premenopausal.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

A patient who has progressive disease when treated with this drug is no longer eligible for PBS-subsidised treatment with this drug.

fulvestrant 250 mg/5 mL injection, 2 x 5 mL syringes

12300J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	156.77	25.00	[a] FULVESTRANT ACCORD [OC]	[a] FULVESTRANT-AFT [AE]
						[a] FULVESTRANT EVER PHARMA [IT]	[a] Fulvestrant Sandoz [SZ]
						[a] Fulvestrant SXP [XN]	

TAMOXIFEN

Note For item codes 2110C and 1880Y, pharmaceutical benefits that have the form tablet 20 mg (base) are equivalent for the purposes of substitution.

Restricted benefit

5522

Breast cancer

Clinical criteria:

- The condition must be hormone receptor positive.

tamoxifen 20 mg tablet, 30

1880Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	7.80	*31.44	25.00	[a] Nolvadex-D [AP]

TAMOXIFEN

Note For item codes 13960R and 13997Q, pharmaceutical benefits that have the form tablet 20 mg (base) are equivalent for the purposes of substitution.

Restricted benefit

14895

Breast cancer

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must be hormone receptor positive.

tamoxifen 20 mg tablet, 30

13960R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	4	5	15.60	*48.52	25.00	[a] Nolvadex-D [AP]

TAMOXIFEN

Note This pharmaceutical benefit is not PBS-subsidised for primary prevention of breast cancer.

Note For item codes 2110C and 1880Y, pharmaceutical benefits that have the form tablet 20 mg (base) are equivalent for the purposes of substitution.

Restricted benefit

5522

Breast cancer

Clinical criteria:

- The condition must be hormone receptor positive.

tamoxifen 20 mg tablet, 60

2110C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	23.54	25.00	[a] Genox 20 [AF]	[a] GenRx Tamoxifen [GX]
						[a] Tamosin [OX]	[a] Tamoxifen Sandoz [SZ]

TAMOXIFEN

Note This pharmaceutical benefit is not PBS-subsidised for primary prevention of breast cancer.

Note For item codes 13960R and 13997Q, pharmaceutical benefits that have the form tablet 20 mg (base) are equivalent for the purposes of substitution.

Restricted benefit

14895

Breast cancer

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must be hormone receptor positive.

tamoxifen 20 mg tablet, 60

13997Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*32.72	25.00	[a] Genox 20 [AF]	[a] GenRx Tamoxifen [GX]
						[a] Tamosin [OX]	[a] Tamoxifen Sandoz [SZ]

TAMOXIFEN

Note A moderate risk of developing breast cancer is if the lifetime breast cancer risk is 1.5 to 3 times the population average. A high risk of developing breast cancer is if the lifetime breast cancer risk is more than 3 times the population average.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Restricted benefit

16579

Reduction of breast cancer risk

Clinical criteria:

- Patient must have a moderate or high risk of developing breast cancer, **AND**
- The treatment must not exceed a dose of 20 mg per day, **AND**
- The treatment must not exceed a lifetime maximum of 5 years for this condition.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

tamoxifen 20 mg tablet, 30

10911G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	19.00	20.54	[a] Genox 20 [AF]	
			[B]3.90	22.90	20.54	[a] Nolvadex-D [AP]	

TAMOXIFEN

Note A moderate risk of developing breast cancer is if the lifetime breast cancer risk is 1.5 to 3 times the population average. A high risk of developing breast cancer is if the lifetime breast cancer risk is more than 3 times the population average.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Restricted benefit

16664

Reduction of breast cancer risk

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have a moderate or high risk of developing breast cancer, **AND**
- The treatment must not exceed a dose of 20 mg per day, **AND**

- The treatment must not exceed a lifetime maximum of 5 years for this condition.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

tamoxifen 20 mg tablet, 30

13906X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*23.64	25.00	[a] Genox 20 [AF]	
			[B]7.80	*31.44	25.00	[a] Nolvadex-D [AP]	

Anti-androgens

APALUTAMIDE

Note Where the term 'novel hormonal drug' appears in this restriction, it refers to: (i) abiraterone, (ii) abiraterone and methylprednisolone, (iii) abiraterone and prednisolone, (iv) apalutamide, (v) darolutamide, (vi) enzalutamide.

Note Special Pricing Arrangements apply.

Authority Required

17875

Castration resistant non-metastatic carcinoma of the prostate

Clinical criteria:

- The condition must have evidence of an absence of distant metastases on the most recently performed conventional medical imaging used to evaluate the condition, **AND**
- The condition must be associated with a prostate-specific antigen level that was observed to have at least doubled in value in a time period of within 10 months anytime prior to first commencing treatment with this drug, **AND**
- Patient must have a World Health Organisation (WHO) Eastern Cooperative Oncology Group (ECOG) performance status score no higher than 1 prior to treatment initiation, **AND**
- Patient must not receive PBS-subsidised treatment with this drug if progressive disease develops while on this drug, **AND**
- Patient must only receive subsidy for one novel hormonal drug per lifetime for prostate cancer (regardless of whether a drug was subsidised under a metastatic/non-metastatic indication); **OR**
- Patient must only receive subsidy for a subsequent novel hormonal drug where there has been a severe intolerance to another novel hormonal drug leading to permanent treatment cessation.

Treatment criteria:

- Patient must be undergoing concurrent treatment with androgen deprivation therapy, **AND**
- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

Prescribing instructions:

Retain the results of all investigative imaging and prostate-specific antigen (PSA) level measurements on the patient's medical records - do not submit copies of these with this authority application.

The PSA level doubling time must be based on at least three PSA levels obtained within a time period of 10 months any time prior to first commencing a novel hormonal drug for this condition. The third reading is to demonstrate that the doubling was durable and must be at least 1 week apart from the second reading.

apalutamide 60 mg tablet, 120

12992T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	3,756.73	25.00	Erlyand [JC]

APALUTAMIDE

Note Where the term 'novel hormonal drug' appears in this restriction, it refers to: (i) abiraterone, (ii) abiraterone and methylprednisolone, (iii) abiraterone and prednisolone, (iv) apalutamide, (v) darolutamide, (vi) enzalutamide.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

17877

Metastatic castration sensitive carcinoma of the prostate

Clinical criteria:

- The treatment must be/have been initiated within 6 months of treatment initiation with androgen deprivation therapy, **AND**
- Patient must only receive subsidy for one novel hormonal drug per lifetime for prostate cancer (regardless of whether a drug was subsidised under a metastatic/non-metastatic indication); **OR**
- Patient must only receive subsidy for a subsequent novel hormonal drug where there has been a severe intolerance to another novel hormonal drug leading to permanent treatment cessation, **AND**

- Patient must not receive PBS-subsidised treatment with this drug if progressive disease develops while on this drug.

Treatment criteria:

- Patient must be undergoing concurrent androgen deprivation therapy, **AND**
- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

apalutamide 60 mg tablet, 120

13288J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	3,756.73	25.00	Erlyand [JC]

BICALUTAMIDE

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

5729

Metastatic (stage D) carcinoma of the prostate

Clinical criteria:

- The treatment must be in combination with GnRH (LH-RH) analogue therapy.

bicalutamide 50 mg tablet, 28

8094B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	52.27	25.00	[a] APO-Bicalutamide [TX]	[a] Bicalox [ZS]
						[a] Calutex [AS]	[a] Cosamide 50 [AF]
						[a] Cosudex [AP]	

CYPROTERONE

cyproterone acetate 50 mg tablet, 50

1270W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*73.92	25.00	[a] ANTERONE 50 [RW]	[a] Cyproterone Sandoz [HX]
			[B]1.90	*75.82	25.00	[a] Androcur [GH]	

cyproterone acetate 100 mg tablet, 50

8019C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	60.74	25.00	[a] ANTERONE 100 [RW]	[a] Cyproterone Sandoz [HX]
			[B]1.17	61.91	25.00	[a] Androcur-100 [GH]	

CYPROTERONE

Restricted benefit

14238

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

cyproterone acetate 50 mg tablet, 50

14023C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	4	5	0.00	*134.44	25.00	[a] ANTERONE 50 [RW]	[a] Cyproterone Sandoz [HX]
			[B]4.00	*138.44	25.00	[a] Androcur [GH]	

cyproterone acetate 100 mg tablet, 50

14022B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*107.12	25.00	[a] ANTERONE 100 [RW]	[a] Cyproterone Sandoz [HX]
			[B]2.34	*109.46	25.00	[a] Androcur-100 [GH]	

DAROLUTAMIDE

Note Where the term 'novel hormonal drug' appears in this restriction, it refers to: (i) abiraterone, (ii) abiraterone and methylprednisolone, (iii) abiraterone and prednisolone, (iv) apalutamide, (v) darolutamide, (vi) enzalutamide.
Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.
Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority Required

17875

Castration resistant non-metastatic carcinoma of the prostate

Clinical criteria:

- The condition must have evidence of an absence of distant metastases on the most recently performed conventional medical imaging used to evaluate the condition, **AND**
- The condition must be associated with a prostate-specific antigen level that was observed to have at least doubled in value in a time period of within 10 months anytime prior to first commencing treatment with this drug, **AND**
- Patient must have a World Health Organisation (WHO) Eastern Cooperative Oncology Group (ECOG) performance status score no higher than 1 prior to treatment initiation, **AND**
- Patient must not receive PBS-subsidised treatment with this drug if progressive disease develops while on this drug, **AND**
- Patient must only receive subsidy for one novel hormonal drug per lifetime for prostate cancer (regardless of whether a drug was subsidised under a metastatic/non-metastatic indication); **OR**
- Patient must only receive subsidy for a subsequent novel hormonal drug where there has been a severe intolerance to another novel hormonal drug leading to permanent treatment cessation.

Treatment criteria:

- Patient must be undergoing concurrent treatment with androgen deprivation therapy, **AND**
- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

Prescribing instructions:

Retain the results of all investigative imaging and prostate-specific antigen (PSA) level measurements on the patient's medical records - do not submit copies of these with this authority application.

The PSA level doubling time must be based on at least three PSA levels obtained within a time period of 10 months any time prior to first commencing a novel hormonal drug for this condition. The third reading is to demonstrate that the doubling was durable and must be at least 1 week apart from the second reading.

darolutamide 300 mg tablet, 112

12684N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	3,575.51	25.00	Nubeqa [BN]

DAROLUTAMIDE

Note Where the term 'novel hormonal drug' appears in this restriction, it refers to: (i) abiraterone, (ii) abiraterone and methylprednisolone, (iii) abiraterone and prednisolone, (iv) apalutamide, (v) darolutamide, (vi) enzalutamide.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

17877

Metastatic castration sensitive carcinoma of the prostate

Clinical criteria:

- The treatment must be/have been initiated within 6 months of treatment initiation with androgen deprivation therapy, **AND**
- Patient must only receive subsidy for one novel hormonal drug per lifetime for prostate cancer (regardless of whether a drug was subsidised under a metastatic/non-metastatic indication); **OR**
- Patient must only receive subsidy for a subsequent novel hormonal drug where there has been a severe intolerance to another novel hormonal drug leading to permanent treatment cessation, **AND**
- Patient must not receive PBS-subsidised treatment with this drug if progressive disease develops while on this drug.

Treatment criteria:

- Patient must be undergoing concurrent androgen deprivation therapy, **AND**
- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

darolutamide 300 mg tablet, 112

13769Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	3,575.51	25.00	Nubeqa [BN]

ENZALUTAMIDE

Note Care must be taken to comply with the provisions of State/Territory law when prescribing this drug.

Note Where the term 'novel hormonal drug' appears in this restriction, it refers to: (i) abiraterone, (ii) abiraterone and methylprednisolone, (iii) abiraterone and prednisolone, (iv) apalutamide, (v) darolutamide, (vi) enzalutamide.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

17953

Castration resistant metastatic carcinoma of the prostate

Clinical criteria:

- The treatment must not be used in combination with chemotherapy, **AND**
- Patient must have a WHO performance status of 2 or less, **AND**
- Patient must not receive PBS-subsidised treatment with this drug if progressive disease develops while on this drug, **AND**
- Patient must only receive subsidy for one novel hormonal drug per lifetime for prostate cancer (regardless of whether a drug was subsidised under a metastatic/non-metastatic indication); **OR**
- Patient must only receive subsidy for a subsequent novel hormonal drug where there has been a severe intolerance to another novel hormonal drug leading to permanent treatment cessation; **OR**
- Patient must have been receiving PBS-subsidised treatment with abiraterone or abiraterone plus methylprednisolone for castration resistant metastatic prostate cancer prior to being associated with a class 4 or 5 BRCA1 or BRCA2 gene mutation.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

enzalutamide 40 mg capsule, 112

10174L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	2	0.00	3,346.00	25.00	Xtandi [LL]

ENZALUTAMIDE

Note Care must be taken to comply with the provisions of State/Territory law when prescribing this drug.

Note Where the term 'novel hormonal drug' appears in this restriction, it refers to: (i) abiraterone, (ii) abiraterone and methylprednisolone, (iii) abiraterone and prednisolone, (iv) apalutamide, (v) darolutamide, (vi) enzalutamide.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

17875

Castration resistant non-metastatic carcinoma of the prostate

Clinical criteria:

- The condition must have evidence of an absence of distant metastases on the most recently performed conventional medical imaging used to evaluate the condition, **AND**
- The condition must be associated with a prostate-specific antigen level that was observed to have at least doubled in value in a time period of within 10 months anytime prior to first commencing treatment with this drug, **AND**
- Patient must have a World Health Organisation (WHO) Eastern Cooperative Oncology Group (ECOG) performance status score no higher than 1 prior to treatment initiation, **AND**
- Patient must not receive PBS-subsidised treatment with this drug if progressive disease develops while on this drug, **AND**
- Patient must only receive subsidy for one novel hormonal drug per lifetime for prostate cancer (regardless of whether a drug was subsidised under a metastatic/non-metastatic indication); **OR**
- Patient must only receive subsidy for a subsequent novel hormonal drug where there has been a severe intolerance to another novel hormonal drug leading to permanent treatment cessation.

Treatment criteria:

- Patient must be undergoing concurrent treatment with androgen deprivation therapy, **AND**
- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

Prescribing instructions:

Retain the results of all investigative imaging and prostate-specific antigen (PSA) level measurements on the patient's medical records - do not submit copies of these with this authority application.

The PSA level doubling time must be based on at least three PSA levels obtained within a time period of 10 months any time prior to first commencing a novel hormonal drug for this condition. The third reading is to demonstrate that the doubling was durable and must be at least 1 week apart from the second reading.

enzalutamide 40 mg capsule, 112

13118K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	3,346.00	25.00	Xtandi [LL]

ENZALUTAMIDE

Note Care must be taken to comply with the provisions of State/Territory law when prescribing this drug.

Note Where the term 'novel hormonal drug' appears in this restriction, it refers to: (i) abiraterone, (ii) abiraterone and methylprednisolone, (iii) abiraterone and prednisolone, (iv) apalutamide, (v) darolutamide, (vi) enzalutamide.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

19061

Hormone sensitive carcinoma of the prostate

Clinical criteria:

- The treatment must be for metastatic disease initiated within 6 months of treatment initiation with androgen deprivation therapy unless contraindicated to androgen deprivation therapy; **OR**
- The treatment must be for non-metastatic disease where a baseline PSA doubling time (PSADT) of 9 months or less was observed, and the patient has undergone: (i) radical prostatectomy, (ii) radiation therapy, (iii) neither of the above as both therapies were contraindicated, **AND**
- Patient must not receive PBS-subsidised treatment with this drug if progressive disease develops while on this drug, **AND**
- Patient must only receive subsidy for one novel hormonal drug per lifetime for prostate cancer (i.e. subsidy cannot occur across different treatment settings); **OR**
- Patient must only receive subsidy for a subsequent novel hormonal drug where there has been a severe intolerance to another novel hormonal drug leading to permanent treatment cessation, **AND**
- Patient must be undergoing concurrent androgen deprivation therapy unless contraindicated.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

The following applies to patients who are being treated for non-metastatic disease:

(a) patients should cease treatment after 36 weeks if PSA is less than 0.2 ng/mL unless continued treatment is clinically indicated and the patient remains free of metastases;

(b) patients who ceased treatment after meeting the suspension criteria (PSA less than 0.2 ng/mL after 36 weeks) should resume treatment if PSA levels increase to greater than or equal to 2.0 ng/mL for patients who had undergone radical prostatectomy, or greater than or equal to 5.0 ng/mL for those without prior prostatectomy, provided there is no evidence of metastatic disease.

enzalutamide 40 mg capsule, 112

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13353T NP	1	5	0.00	3,346.00	25.00	Xtandi [LL]

FLUTAMIDE

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

5729

Metastatic (stage D) carcinoma of the prostate

Clinical criteria:

- The treatment must be in combination with GnRH (LH-RH) analogue therapy.

flutamide 250 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1417N NP	1	5	0.00	171.60	25.00	Flutamin [AF]

Aromatase inhibitors

ANASTROZOLE

Note This drug is not PBS-subsidised for primary prevention of breast cancer.

Note This drug is not PBS-subsidised for adjuvant hormonal treatment of early breast cancer where the total duration of this drug (or any other aromatase inhibitor) treatment extends beyond 5 years.

Restricted benefit

5522

Breast cancer

Clinical criteria:

- The condition must be hormone receptor positive.

anastrozole 1 mg tablet, 30

8179L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	20.77	22.31	[a] Anastrozole GH [GQ]	[a] Anastrozole Sandoz [SZ]
						[a] ANASTROZOLE-WGR [WG]	[a] APO-Anastrozole [TX]
						[a] Arianna 1 [AF]	

ANASTROZOLE

Note This drug is not PBS-subsidised for primary prevention of breast cancer.

Note This drug is not PBS-subsidised for adjuvant hormonal treatment of early breast cancer where the total duration of this drug (or any other aromatase inhibitor) treatment extends beyond 5 years.

Restricted benefit

14895

Breast cancer

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must be hormone receptor positive.

anastrozole 1 mg tablet, 30

13858J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*27.18	25.00	[a] Anastrozole GH [GQ]	[a] Anastrozole Sandoz [SZ]
						[a] ANASTROZOLE-WGR [WG]	[a] APO-Anastrozole [TX]
						[a] Arianna 1 [AF]	

EXEMESTANE

Restricted benefit

17919

Metastatic (Stage IV) breast cancer

Clinical criteria:

- The condition must be hormone receptor positive, **AND**
- The condition must be human epidermal growth factor receptor 2 (HER2) negative, **AND**
- Patient must be receiving PBS-subsidised everolimus concomitantly for this condition.

Population criteria:

- Patient must not be pre-menopausal.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

exemestane 25 mg tablet, 30

10103R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	51.06	25.00	[a] APO-Exemestane [TX]	[a] Exemestane GH [GQ]
						[a] Exemestane Sandoz [SZ]	[a] EXEMESTANE-WGR [WG]
			[B]2.65	53.71	25.00	[a] Aromasin [PF]	

EXEMESTANE

Restricted benefit

18037

Metastatic (Stage IV) breast cancer

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must be hormone receptor positive, **AND**
- The condition must be human epidermal growth factor receptor 2 (HER2) negative, **AND**
- Patient must be receiving PBS-subsidised everolimus concomitantly for this condition.

Population criteria:

- Patient must not be pre-menopausal.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

exemestane 25 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14036R							
NP	2	5	0.00	*87.76	25.00	[a] APO-Exemestane [TX]	[a] Exemestane GH [GQ]
						[a] Exemestane Sandoz [SZ]	[a] EXEMESTANE-WGR [WG]
			[B]5.30	93.06	25.00	[a] Aromasin [PF]	

EXEMESTANE

Note This drug is not PBS-subsidised for primary prevention of breast cancer.

Note This drug is not PBS-subsidised for adjuvant hormonal treatment of early breast cancer extended beyond 5 years, i.e. a patient who has received 2 years of tamoxifen therapy may only receive 3 years of PBS-subsidised treatment with exemestane.

Restricted benefit

5522

Breast cancer

Clinical criteria:

- The condition must be hormone receptor positive.

exemestane 25 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8506Q							
NP	1	5	0.00	51.06	25.00	[a] APO-Exemestane [TX]	[a] Exemestane GH [GQ]
						[a] Exemestane Sandoz [SZ]	[a] EXEMESTANE-WGR [WG]
			[B]2.65	53.71	25.00	[a] Aromasin [PF]	

EXEMESTANE

Note This drug is not PBS-subsidised for primary prevention of breast cancer.

Note This drug is not PBS-subsidised for adjuvant hormonal treatment of early breast cancer extended beyond 5 years, i.e. a patient who has received 2 years of tamoxifen therapy may only receive 3 years of PBS-subsidised treatment with exemestane.

Restricted benefit

14895

Breast cancer

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must be hormone receptor positive.

exemestane 25 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13857H							
NP	2	5	0.00	*87.76	25.00	[a] APO-Exemestane [TX]	[a] Exemestane GH [GQ]
						[a] Exemestane Sandoz [SZ]	[a] EXEMESTANE-WGR [WG]
			[B]5.30	93.06	25.00	[a] Aromasin [PF]	

LETROZOLE

Note This drug is not PBS-subsidised for primary prevention of breast cancer.

Note This drug is not PBS-subsidised for adjuvant hormonal treatment of early breast cancer where the total duration of this drug (or any other aromatase inhibitor) treatment extends beyond 5 years.

Restricted benefit

5522

Breast cancer

Clinical criteria:

- The condition must be hormone receptor positive.

letrozole 2.5 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8245Y							
NP	1	5	0.00	22.23	23.77	[a] ARX-LETROZOLE [XT]	[a] Femolet [AF]
						[a] Gynotril [ZS]	[a] Letrozole GH [HQ]
						[a] Letrozole Sandoz [SZ]	[a] LETROZOLE-WGR [WG]
						[a] Pharmacor Letrozole 2.5 [CR]	
			[B]7.28	29.51	23.77	[a] Femara 2.5 mg [NV]	

LETROZOLE

Note This drug is not PBS-subsidised for primary prevention of breast cancer.

Note This drug is not PBS-subsidised for adjuvant hormonal treatment of early breast cancer where the total duration of this drug (or any other aromatase inhibitor) treatment extends beyond 5 years.

Restricted benefit

14895
Breast cancer
Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must be hormone receptor positive.

letrozole 2.5 mg tablet, 30

13939P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*30.10	25.00	[a] ARX-LETROZOLE [XT]	[a] Femolet [AF]
						[a] Gynotril [ZS]	[a] Letrozole GH [HQ]
						[a] Letrozole Sandoz [SZ]	[a] LETROZOLE-WGR [WG]
						[a] Pharmacor Letrozole 2.5 [CR]	
			[B]14.56	44.66	25.00	[a] Femara 2.5 mg [NV]	

Other hormone antagonists and related agents

ABIRATERONE

Caution The bioavailability on a mg to mg basis of abiraterone combination product and abiraterone single drug product is not equivalent. When changing between abiraterone products, exercise caution in explaining correct dosing directions to the patient.

Note Where the term 'novel hormonal drug' appears in this restriction, it refers to: (i) abiraterone, (ii) abiraterone and methylprednisolone, (iii) abiraterone and prednisolone, (iv) apalutamide, (v) darolutamide, (vi) enzalutamide.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Authority Required
17873
Castration resistant metastatic carcinoma of the prostate
Clinical criteria:

- The treatment must be used in combination with a corticosteroid, **AND**
- The treatment must not be used in combination with chemotherapy, **AND**
- Patient must have a WHO performance status of 2 or less, **AND**
- The treatment must not be a PBS benefit where disease progression occurs whilst being treated with any of: (i) a combination treatment containing the individual drugs in one pharmaceutical benefit, (ii) the individual drugs obtained as separate pharmaceutical benefits, **AND**
- Patient must only receive subsidy for one novel hormonal drug per lifetime for prostate cancer (regardless of whether a drug was subsidised under a metastatic/non-metastatic indication); **OR**
- Patient must only receive subsidy for a subsequent novel hormonal drug where there has been a severe intolerance to another novel hormonal drug leading to permanent treatment cessation.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

abiraterone acetate 250 mg tablet, 120

2698B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	2	0.00	681.14	25.00	[a] Abiraterone Dr.Reddy's [RZ]	[a] Abiraterone MedTas [TN]
						[a] Abiraterone Sandoz [SZ]	[a] Abiraterone-Teva [TB]
						[a] ABIRATERONE VIATRIS [AF]	[a] ARX-ABIRATERONE [XT]
						[a] ZYRON [NB]	[a] Zytiga [JC]

abiraterone acetate 500 mg tablet, 60

11206T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	2	0.00	681.14	25.00	[a] Abiraterone Dr.Reddy's [RZ]	[a] Abiraterone MedTas [TN]
						[a] Abiraterone Sandoz [SZ]	[a] Abiraterone-Teva [TB]
						[a] ABIRATERONE VIATRIS [AF]	[a] ARX-ABIRATERONE [XT]
						[a] ZYRON [NB]	[a] Zytiga [JC]

ABIRATERONE (&) METHYLPREDNISOLONE

Caution The bioavailability on a mg to mg basis of abiraterone combination product Yonsa MPred to ANDRIGA-10 or abiraterone single drug product is not equivalent. When changing between abiraterone products, exercise caution in explaining correct dosing directions to the patient.

Note Where the term 'novel hormonal drug' appears in this restriction, it refers to: (i) abiraterone, (ii) abiraterone and methylprednisolone, (iii) abiraterone and prednisolone, (iv) apalutamide, (v) darolutamide, (vi) enzalutamide.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Authority Required

17939

Castration resistant metastatic carcinoma of the prostate

Clinical criteria:

- The treatment must not be used in combination with chemotherapy, **AND**
- Patient must have a WHO performance status of 2 or less, **AND**
- The treatment must not be a PBS benefit where disease progression occurs whilst being treated with any of: (i) a combination treatment containing the individual drugs in one pharmaceutical benefit, (ii) the individual drugs obtained as separate pharmaceutical benefits, **AND**
- Patient must only receive subsidy for one novel hormonal drug per lifetime for prostate cancer (regardless of whether a drug was subsidised under a metastatic/non-metastatic indication); **OR**
- Patient must only receive subsidy for a subsequent novel hormonal drug where there has been a severe intolerance to another novel hormonal drug leading to permanent treatment cessation.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

abiraterone acetate 125 mg tablet [120] (&) methylprednisolone 4 mg tablet [60], 1 pack

13263C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	2	0.00	682.85	25.00	Yonsa Mpred [RA]

ABIRATERONE (&) METHYLPREDNISOLONE

Caution The bioavailability on a mg to mg basis of abiraterone combination product Yonsa MPred to ANDRIGA-10 or abiraterone single drug product is not equivalent. When changing between abiraterone products, exercise caution in explaining correct dosing directions to the patient.

Note Where the term 'novel hormonal drug' appears in this restriction, it refers to: (i) abiraterone, (ii) abiraterone and methylprednisolone, (iii) abiraterone and prednisolone, (iv) apalutamide, (v) darolutamide, (vi) enzalutamide.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

17877

Metastatic castration sensitive carcinoma of the prostate

Clinical criteria:

- The treatment must be/have been initiated within 6 months of treatment initiation with androgen deprivation therapy, **AND**
- Patient must only receive subsidy for one novel hormonal drug per lifetime for prostate cancer (regardless of whether a drug was subsidised under a metastatic/non-metastatic indication); **OR**
- Patient must only receive subsidy for a subsequent novel hormonal drug where there has been a severe intolerance to another novel hormonal drug leading to permanent treatment cessation, **AND**
- Patient must not receive PBS-subsidised treatment with this drug if progressive disease develops while on this drug.

Treatment criteria:

- Patient must be undergoing concurrent androgen deprivation therapy, **AND**
- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

abiraterone acetate 125 mg tablet [120] (&) methylprednisolone 4 mg tablet [30], 1 pack

14078Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	5	0.00	570.97	25.00	Yonsa Mpred [RA]

ABIRATERONE (&) PREDNISOLONE

Caution The bioavailability on a mg to mg basis of abiraterone combination product Yonsa MPred to ANDRIGA-10 or abiraterone single drug product is not equivalent. When changing between abiraterone products, exercise caution in explaining correct dosing directions to the patient.

Note Where the term 'novel hormonal drug' appears in this restriction, it refers to: (i) abiraterone, (ii) abiraterone and methylprednisolone, (iii) abiraterone and prednisolone, (iv) apalutamide, (v) darolutamide, (vi) enzalutamide.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

17939
Castration resistant metastatic carcinoma of the prostate
Clinical criteria:
- The treatment must not be used in combination with chemotherapy, **AND**
- Patient must have a WHO performance status of 2 or less, **AND**
- The treatment must not be a PBS benefit where disease progression occurs whilst being treated with any of: (i) a combination treatment containing the individual drugs in one pharmaceutical benefit, (ii) the individual drugs obtained as separate pharmaceutical benefits, **AND**
- Patient must only receive subsidy for one novel hormonal drug per lifetime for prostate cancer (regardless of whether a drug was subsidised under a metastatic/non-metastatic indication); **OR**
- Patient must only receive subsidy for a subsequent novel hormonal drug where there has been a severe intolerance to another novel hormonal drug leading to permanent treatment cessation.

Treatment criteria:
- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

abiraterone acetate 500 mg tablet [56] (&) prednisolone 5 mg tablet [56], 112

15209L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	2	0.00	638.97	25.00	ANDRIGA-10 [KT]

DEGARELIX

Restricted benefit
17809
Locally advanced (equivalent to stage C) or metastatic (equivalent to stage D) carcinoma of the prostate
Treatment criteria:
- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

degarelix 80 mg injection [1 vial] (&) inert substance diluent [1 syringe], 1 pack

2784M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	354.03	25.00	Firmagon 80mg [FP]

DEGARELIX

Note No applications for increased maximum quantities and/or repeats will be authorised for the 120 mg powder for injection.

Restricted benefit
17809
Locally advanced (equivalent to stage C) or metastatic (equivalent to stage D) carcinoma of the prostate
Treatment criteria:
- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

degarelix 120 mg injection [2 vials] (&) inert substance diluent [2 syringes], 1 pack

2785N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	0	0.00	370.16	25.00	Firmagon 120mg [FP]

IMMUNOSTIMULANTS

IMMUNOSTIMULANTS

Interferons

INTERFERON BETA-1B

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)
16321
Multiple sclerosis
Treatment Phase: Initial treatment
Clinical criteria:
- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by magnetic resonance imaging of the brain and/or spinal cord; **OR**
- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis, with written certification provided by a radiologist that a magnetic resonance imaging scan is contraindicated because of the risk of physical (not psychological) injury to the patient, **AND**

- Patient must have experienced at least 2 documented attacks of neurological dysfunction, believed to be due to multiple sclerosis, in the preceding 2 years of commencing a PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must be ambulatory (without assistance or support).

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner in consultation with a specialist physician.

Where applicable, the date of the magnetic resonance imaging scan must be recorded in the patient's medical records.

Authority Required (STREAMLINED)

16297

Multiple sclerosis

Treatment Phase: Continuing treatment

Clinical criteria:

- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not show continuing progression of disability while on treatment with this drug, **AND**
- Patient must have demonstrated compliance with, and an ability to tolerate this therapy.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner in consultation with a specialist physician.

interferon beta-1b 8 million units (250 microgram) injection [15 vials] (&) inert substance diluent [15 x 1.2 mL syringes], 1 pack

8101J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	741.82	25.00	Betaferon [BN]

PEGINTERFERON ALFA-2A

Note Pharmaceutical benefits that have the brand Pegasys (Ireland) can be substituted for Pegasys in the case of a shortage.

peginterferon alfa-2a 135 microgram/0.5 mL injection, 4 x 0.5 mL syringes

11416W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	916.84	25.00	[a] Pegasys [XO]

peginterferon alfa-2a 135 microgram/0.5 mL injection, 4 x 0.5 mL syringes

15045W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	1,296.83	25.00	[a] Pegasys (Ireland) [XO]

peginterferon alfa-2a 180 microgram/0.5 mL injection, 4 x 0.5 mL syringes

11037X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	1,060.29	25.00	[a] Pegasys [XO]

peginterferon alfa-2a 180 microgram/0.5 mL injection, 4 x 0.5 mL syringes

14992C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	1,353.48	25.00	[a] Pegasys (Ireland) [XO]

PEGINTERFERON BETA-1A

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

16321

Multiple sclerosis

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by magnetic resonance imaging of the brain and/or spinal cord; **OR**
- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis, with written certification provided by a radiologist that a magnetic resonance imaging scan is contraindicated because of the risk of physical (not psychological) injury to the patient, **AND**
- Patient must have experienced at least 2 documented attacks of neurological dysfunction, believed to be due to multiple sclerosis, in the preceding 2 years of commencing a PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must be ambulatory (without assistance or support).

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner in consultation with a specialist physician.

Where applicable, the date of the magnetic resonance imaging scan must be recorded in the patient's medical records.

peginterferon beta-1a 63 microgram/0.5 mL injection [0.5 mL pen device] (&) peginterferon beta-1a 94 microgram/0.5 mL injection [0.5 mL pen device], 1 pack

10218T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	0	0.00	617.69	25.00	Plegridy [BD]

peginterferon beta-1a 125 microgram/0.5 mL injection, 2 x 0.5 mL pen devices

10212L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	4	0.00	617.69	25.00	Plegridy [BD]

PEGINTERFERON BETA-1A

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

16297

Multiple sclerosis

Treatment Phase: Continuing treatment

Clinical criteria:

- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not show continuing progression of disability while on treatment with this drug, **AND**
- Patient must have demonstrated compliance with, and an ability to tolerate this therapy.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner in consultation with a specialist physician.

peginterferon beta-1a 125 microgram/0.5 mL injection, 2 x 0.5 mL pen devices

10220X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	617.69	25.00	Plegridy [BD]

Other immunostimulants

GLATIRAMER ACETATE

Note Pharmaceutical benefits that have the form glatiramer acetate 40 mg/mL syringes and pharmaceutical benefits that have the form glatiramer acetate 40 mg/mL pen devices are equivalent for the purposes of substitution.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

16321

Multiple sclerosis

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by magnetic resonance imaging of the brain and/or spinal cord; **OR**
- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis, with written certification provided by a radiologist that a magnetic resonance imaging scan is contraindicated because of the risk of physical (not psychological) injury to the patient, **AND**
- Patient must have experienced at least 2 documented attacks of neurological dysfunction, believed to be due to multiple sclerosis, in the preceding 2 years of commencing a PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must be ambulatory (without assistance or support).

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner in consultation with a specialist physician.

Where applicable, the date of the magnetic resonance imaging scan must be recorded in the patient's medical records.

Authority Required (STREAMLINED)

16297

Multiple sclerosis

Treatment Phase: Continuing treatment

Clinical criteria:

- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not show continuing progression of disability while on treatment with this drug, **AND**
- Patient must have demonstrated compliance with, and an ability to tolerate this therapy.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner in consultation with a specialist physician.

glatiramer acetate 40 mg/mL injection, 12 x 1 mL syringes

10416F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	547.80	25.00	[a] Copaxone [TB]	[a] Glatira [JU]

glatiramer acetate 40 mg/mL injection, 12 x 1 mL pen devices

13110B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	582.08	25.00	[a] Copaxone [TB]

MYCOBACTERIUM BOVIS BCG DANISH STRAIN

Restricted benefit

5540

Primary and relapsing superficial urothelial carcinoma of the bladder

Mycobacterium bovis BCG Danish strain 30 mg injection, 4 vials

12931N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡3	1	0.00	*1,816.35	25.00	VesiCulture [LM]

MYCOBACTERIUM BOVIS BCG TICE STRAIN

Restricted benefit

5540

Primary and relapsing superficial urothelial carcinoma of the bladder

Mycobacterium bovis BCG Tice strain 500 million CFU injection, 3 vials

1131M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	1	0.00	446.86	25.00	OncoTICE [MK]

IMMUNOSUPPRESSANTS

IMMUNOSUPPRESSANTS

Selective immunosuppressants

ABATACEPT

Note PBS AUTHORITY APPLICATIONS FOR SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) subsidy of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to all PBS benefits with the specific PBS indication of: 'severe active rheumatoid arthritis'.

Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

Only one biological medicine is to be PBS-subsidised at any one time for rheumatoid arthritis.

Upon 5 inadequate responses to biological medicines with the specific PBS indication of 'severe active rheumatoid arthritis', further subsidy is to cease. Where a particular biological medicine has provided an inadequate response, it must not be subsidised again.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

(1) Selecting the correct 'Treatment phase' listing to apply under

Initiating subsidy:

(i) Apply through 'Initial 1 treatment' where a patient has received no prior PBS-subsidised biological medicine treatment; or

(ii) Apply through 'Initial 2 treatment' where one of the following occurs: (a) PBS-subsidised treatment has at least been initiated through any Initial 1 listing, but the prescribed biological medicine is changing, (b) there has been a break in biological medicine of less than 24 months, but resumption of treatment is with the same biological medicine last prescribed, (c) there has been a break in biological medicine of less than 24 months and resumption of treatment is with a different biological medicine to that last prescribed, (d) treatment with rituximab has occurred within the past 24 months and is the most recent therapy prescribed leading up to this authority application, irrespective of the length in time elapsed between the 2 non-rituximab bDMARDs administered before and after rituximab.

Initial 2 does not require markers of inflammation/joint count to be re-established - those recorded in the first Initial 1 application can remain as baseline measures. Prerequisite DMARD treatments need not be re-proven to be inadequate.

The prescribed biological medicine may be changed at any time, regardless of whether the current prescribed biological medicine has been obtained through Initial treatment or Continuing treatment. However, the change in biological medicine cannot be back to the same biological medicine where that medicine has provided an inadequate response.

(iii) Apply through 'Initial 3 treatment' where treatment is recommencing following a break in PBS-subsidised therapy of at least 24 months. Initial 3 requires current markers of inflammation/joint count to be re-established. Prerequisite DMARD treatments need not be re-proven to be inadequate. PBS-subsidised therapy in this instance can include rituximab where prescribed as the most recent treatment - the 24 month break in therapy is from the second dose of the prior rituximab course.

Response assessment to any course of PBS-subsidised biological therapy must follow a minimum of 12 weeks of therapy. Applications made on the same day for Initial treatment and Continuing treatment clearly do reflect this requirement.

Where a response assessment is not conducted with a 'Continuing treatment' application, the biological medicine will be assumed to have failed, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. Authority applications for patients who experienced adverse reaction necessitating permanent treatment withdrawal should be submitted through 'Initial 2 treatment' or 'Initial 3 treatment'. Indicate where the adverse reaction has occurred in the authority application.

Continuing subsidy:

Apply under a 'Continuing treatment' phase listing only where treatment has initiated through an 'Initial treatment' listing and measures of disease control (i.e. ESR/CRP/joint count) demonstrate response following at least 12 weeks of treatment. Continuing treatment should never precede Initial treatment where the same biological medicine is being prescribed.

The description of 'Continuing treatment' means 'Continuing treatment of severe rheumatoid arthritis with the same biological medicine'. Where treatment of severe rheumatoid arthritis is continuing with a different biological medicine, 'Continuing treatment' is not to be interpreted as meaning 'Continuing treatment of severe rheumatoid arthritis with a different biological medicine' - see 'Initial 2 treatment' where continuing treatment is with a different biological medicine.

'Continuing treatment' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Where continuing treatment is divided into 'First continuing' and 'Subsequent continuing', the next authority application following immediately after any 'Initial treatment' authority application is to be through 'First continuing'. Following this, the next authority application is to occur under the 'Subsequent continuing' treatment phase. Assuming the drug continues to provide an adequate response, 'Subsequent continuing' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Balance of Supply listings:

Maximum quantities and the number of repeats stated in a PBS-listing are values that prescribers may seek up to, but are not obligated to prescribe. From time to time, there may be particular reasons why a prescriber may elect not to request the full maximum quantity listed, or, the full number of repeat prescriptions. Where this occurs, the intent of Balance of Supply treatment phase listings is to circumvent the need for another written-only authority application to be completed, as a written-only authority application may not be practical in terms of providing timely access to continued treatment.

Apply under a 'Balance of Supply' treatment phase (where available) when either the full maximum quantity or repeat prescriptions available under a particular treatment phase, was not requested and where the biological medicine has had insufficient time to demonstrate an adequate response. Where the preceding supply has been adequate to provide at least 12 weeks of treatment and has resulted in an adequate response, it may be more practical to access further treatment under 'Continuing treatment'.

(2) Baseline measurements to determine response.

Determination of response to treatment must be based on baseline measurements of the joint count, ESR and/or CRP provided with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements demonstrating elevation of both joint count and markers of inflammation any time that an initial treatment authority application is provided and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.

Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.

Applications under the Initial 3 treatment restriction for recommencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

14604

Severe active rheumatoid arthritis

Treatment Phase: Subsequent continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition under the First continuing treatment restriction; **OR**
- Patient must have received this drug under this treatment phase as their most recent course of PBS-subsidised biological medicine, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction, **AND**
- The treatment must be given concomitantly with methotrexate at a dose of at least 7.5 mg weekly.

Population criteria:

- Patient must be at least 18 years of age.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The assessment of response to treatment must be documented in the patient's medical records and must be no more than 4 weeks old at the time of the authority application.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

If the requirement for concomitant treatment with methotrexate cannot be met because of a contraindication and/or severe intolerance, details must be documented in the patient's medical records.

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

abatacept 125 mg/mL injection, 4 x 1 mL syringes

13726K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	0.00	928.93	25.00	Orencia [BQ]

abatacept 125 mg/mL injection, 4 x 1 mL pen devices

13727L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	0.00	928.93	25.00	Orencia ClickJect [BQ]

ABATACEPT

Note PBS AUTHORITY APPLICATIONS FOR SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) subsidy of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to all PBS benefits with the specific PBS indication of: 'severe active rheumatoid arthritis'.

Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

Only one biological medicine is to be PBS-subsidised at any one time for rheumatoid arthritis.

Upon 5 inadequate responses to biological medicines with the specific PBS indication of 'severe active rheumatoid arthritis', further subsidy is to cease. Where a particular biological medicine has provided an inadequate response, it must not be subsidised again.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

(1) Selecting the correct 'Treatment phase' listing to apply under

Initiating subsidy:

(i) Apply through 'Initial 1 treatment' where a patient has received no prior PBS-subsidised biological medicine treatment; or

(ii) Apply through 'Initial 2 treatment' where one of the following occurs: (a) PBS-subsidised treatment has at least been initiated through any Initial 1 listing, but the prescribed biological medicine is changing, (b) there has been a break in biological medicine of less than 24 months, but resumption of treatment is with the same biological medicine last prescribed, (c) there has been a break in biological medicine of less than 24 months and resumption of treatment is with a different biological medicine to that last prescribed, (d) treatment with rituximab has occurred within the past 24 months and is the most recent therapy prescribed leading up to this authority application, irrespective of the length in time elapsed between the 2 non-rituximab bDMARDs administered before and after rituximab.

Initial 2 does not require markers of inflammation/joint count to be re-established - those recorded in the first Initial 1 application can remain as baseline measures. Prerequisite DMARD treatments need not be re-proven to be inadequate.

The prescribed biological medicine may be changed at any time, regardless of whether the current prescribed biological medicine has been obtained through Initial treatment or Continuing treatment. However, the change in biological medicine cannot be back to the same biological medicine where that medicine has provided an inadequate response.

(iii) Apply through 'Initial 3 treatment' where treatment is recommencing following a break in PBS-subsidised therapy of at least 24 months. Initial 3 requires current markers of inflammation/joint count to be re-established. Prerequisite DMARD treatments need not be re-proven to be inadequate. PBS-subsidised therapy in this instance can include rituximab where

prescribed as the most recent treatment - the 24 month break in therapy is from the second dose of the prior rituximab course.

Response assessment to any course of PBS-subsidised biological therapy must follow a minimum of 12 weeks of therapy. Applications made on the same day for Initial treatment and Continuing treatment clearly do reflect this requirement.

Where a response assessment is not conducted with a 'Continuing treatment' application, the biological medicine will be assumed to have failed, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. Authority applications for patients who experienced adverse reaction necessitating permanent treatment withdrawal should be submitted through 'Initial 2 treatment' or 'Initial 3 treatment'. Indicate where the adverse reaction has occurred in the authority application.

Continuing subsidy:

Apply under a 'Continuing treatment' phase listing only where treatment has initiated through an 'Initial treatment' listing and measures of disease control (i.e. ESR/CRP/joint count) demonstrate response following at least 12 weeks of treatment. Continuing treatment should never precede Initial treatment where the same biological medicine is being prescribed.

The description of 'Continuing treatment' means 'Continuing treatment of severe rheumatoid arthritis with the same biological medicine'. Where treatment of severe rheumatoid arthritis is continuing with a different biological medicine, 'Continuing treatment' is not to be interpreted as meaning 'Continuing treatment of severe rheumatoid arthritis with a different biological medicine' - see 'Initial 2 treatment' where continuing treatment is with a different biological medicine.

'Continuing treatment' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Where continuing treatment is divided into 'First continuing' and 'Subsequent continuing', the next authority application following immediately after any 'Initial treatment' authority application is to be through 'First continuing'. Following this, the next authority application is to occur under the 'Subsequent continuing' treatment phase. Assuming the drug continues to provide an adequate response, 'Subsequent continuing' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Balance of Supply listings:

Maximum quantities and the number of repeats stated in a PBS-listing are values that prescribers may seek up to, but are not obligated to prescribe. From time to time, there may be particular reasons why a prescriber may elect not to request the full maximum quantity listed, or, the full number of repeat prescriptions. Where this occurs, the intent of Balance of Supply treatment phase listings is to circumvent the need for another written-only authority application to be completed, as a written-only authority application may not be practical in terms of providing timely access to continued treatment.

Apply under a 'Balance of Supply' treatment phase (where available) when either the full maximum quantity or repeat prescriptions available under a particular treatment phase, was not requested and where the biological medicine has had insufficient time to demonstrate an adequate response. Where the preceding supply has been adequate to provide at least 12 weeks of treatment and has resulted in an adequate response, it may be more practical to access further treatment under 'Continuing treatment'.

(2) Baseline measurements to determine response.

Determination of response to treatment must be based on baseline measurements of the joint count, ESR and/or CRP provided with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements demonstrating elevation of both joint count and markers of inflammation any time that an initial treatment authority application is provided and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.

Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.

Applications under the Initial 3 treatment restriction for recommencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

18560

Severe active rheumatoid arthritis

Treatment Phase: First continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction, **AND**
- The treatment must be given concomitantly with methotrexate at a dose of at least 7.5 mg weekly.

Population criteria:

- Patient must be at least 18 years of age.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

14507

Severe active rheumatoid arthritis

Treatment Phase: First continuing treatment - balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

abatacept 125 mg/mL injection, 4 x 1 mL syringes

1221G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	0.00	928.93	25.00	Orencia [BQ]

abatacept 125 mg/mL injection, 4 x 1 mL pen devices

11684Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	0.00	928.93	25.00	Orencia ClickJect [BQ]

ABATACEPT

Note PBS AUTHORITY APPLICATIONS FOR SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) subsidy of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to all PBS benefits with the specific PBS indication of: 'severe active rheumatoid arthritis'.

Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

Only one biological medicine is to be PBS-subsidised at any one time for rheumatoid arthritis.

Upon 5 inadequate responses to biological medicines with the specific PBS indication of 'severe active rheumatoid arthritis', further subsidy is to cease. Where a particular biological medicine has provided an inadequate response, it must not be subsidised again.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

(1) Selecting the correct 'Treatment phase' listing to apply under

Initiating subsidy:

(i) Apply through 'Initial 1 treatment' where a patient has received no prior PBS-subsidised biological medicine treatment; or

(ii) Apply through 'Initial 2 treatment' where one of the following occurs: (a) PBS-subsidised treatment has at least been initiated through any Initial 1 listing, but the prescribed biological medicine is changing, (b) there has been a break in biological medicine of less than 24 months, but resumption of treatment is with the same biological medicine last prescribed, (c) there has been a break in biological medicine of less than 24 months and resumption of treatment is with a different biological medicine to that last prescribed, (d) treatment with rituximab has occurred within the past 24 months and is the most recent therapy prescribed leading up to this authority application, irrespective of the length in time elapsed between the 2 non-rituximab bDMARDs administered before and after rituximab.

Initial 2 does not require markers of inflammation/joint count to be re-established - those recorded in the first Initial 1 application can remain as baseline measures. Prerequisite DMARD treatments need not be re-proven to be inadequate.

The prescribed biological medicine may be changed at any time, regardless of whether the current prescribed biological medicine has been obtained through Initial treatment or Continuing treatment. However, the change in biological medicine cannot be back to the same biological medicine where that medicine has provided an inadequate response.

(iii) Apply through 'Initial 3 treatment' where treatment is recommencing following a break in PBS-subsidised therapy of at least 24 months. Initial 3 requires current markers of inflammation/joint count to be re-established. Prerequisite DMARD treatments need not be re-proven to be inadequate. PBS-subsidised therapy in this instance can include rituximab where prescribed as the most recent treatment - the 24 month break in therapy is from the second dose of the prior rituximab course.

Response assessment to any course of PBS-subsidised biological therapy must follow a minimum of 12 weeks of therapy. Applications made on the same day for Initial treatment and Continuing treatment clearly do reflect this requirement.

Where a response assessment is not conducted with a 'Continuing treatment' application, the biological medicine will be assumed to have failed, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. Authority applications for patients who experienced adverse reaction necessitating permanent treatment withdrawal should be submitted through 'Initial 2 treatment' or 'Initial 3 treatment'. Indicate where the adverse reaction has occurred in the authority application.

Continuing subsidy:

Apply under a 'Continuing treatment' phase listing only where treatment has initiated through an 'Initial treatment' listing and measures of disease control (i.e. ESR/CRP/joint count) demonstrate response following at least 12 weeks of treatment. Continuing treatment should never precede Initial treatment where the same biological medicine is being prescribed.

The description of 'Continuing treatment' means 'Continuing treatment of severe rheumatoid arthritis with the same biological medicine'. Where treatment of severe rheumatoid arthritis is continuing with a different biological medicine, 'Continuing treatment' is not to be interpreted as meaning 'Continuing treatment of severe rheumatoid arthritis with a different biological medicine' - see 'Initial 2 treatment' where continuing treatment is with a different biological medicine.

'Continuing treatment' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Where continuing treatment is divided into 'First continuing' and 'Subsequent continuing', the next authority application following immediately after any 'Initial treatment' authority application is to be through 'First continuing'. Following this, the next authority application is to occur under the 'Subsequent continuing' treatment phase. Assuming the drug continues to provide an adequate response, 'Subsequent continuing' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Balance of Supply listings:

Maximum quantities and the number of repeats stated in a PBS-listing are values that prescribers may seek up to, but are not obligated to prescribe. From time to time, there may be particular reasons why a prescriber may elect not to request the full maximum quantity listed, or, the full number of repeat prescriptions. Where this occurs, the intent of Balance of Supply treatment phase listings is to circumvent the need for another written-only authority application to be completed, as a written-only authority application may not be practical in terms of providing timely access to continued treatment.

Apply under a 'Balance of Supply' treatment phase (where available) when either the full maximum quantity or repeat prescriptions available under a particular treatment phase, was not requested and where the biological medicine has had insufficient time to demonstrate an adequate response. Where the preceding supply has been adequate to provide at least 12 weeks of treatment and has resulted in an adequate response, it may be more practical to access further treatment under 'Continuing treatment'.

(2) Baseline measurements to determine response.

Determination of response to treatment must be based on baseline measurements of the joint count, ESR and/or CRP provided with the first authority application for a biological medicine. However, prescribers may provide new baseline

measurements demonstrating elevation of both joint count and markers of inflammation any time that an initial treatment authority application is provided and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.

Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.

Applications under the Initial 3 treatment restriction for recommencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

18633

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with disease modifying anti-rheumatic drugs (DMARDs) which must include at least 3 months continuous treatment with at least 2 DMARDs, one of which must be methotrexate at a dose of at least 20 mg weekly plus one of the following: (i) hydroxychloroquine at a dose of at least 200 mg daily; (ii) leflunomide at a dose of at least 10 mg daily; (iii) sulfasalazine at a dose of at least 2 g daily; **OR**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with DMARDs which, if methotrexate is contraindicated according to the Therapeutic Goods Administration (TGA)-approved Product Information/cannot be tolerated at a 20 mg weekly dose, must include at least 3 months continuous treatment with at least 2 of the following DMARDs: (i) hydroxychloroquine at a dose of at least 200 mg daily; (ii) leflunomide at a dose of at least 10 mg daily; (iii) sulfasalazine at a dose of at least 2 g daily; **OR**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 3 months of continuous treatment with a DMARD where 2 of: (i) hydroxychloroquine, (ii) leflunomide, (iii) sulfasalazine, are contraindicated according to the relevant TGA-approved Product Information/cannot be tolerated at the doses specified above in addition to having a contraindication or intolerance to methotrexate: the remaining tolerated DMARD must be trialled at a minimum dose as mentioned above; **OR**
- Patient must have a contraindication/severe intolerance to each of: (i) methotrexate, (ii) hydroxychloroquine, (iii) leflunomide, (iv) sulfasalazine; in such cases, provide details for each of the contraindications/severe intolerances claimed in the authority application, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction, **AND**
- The treatment must be given concomitantly with methotrexate at a dose of at least 7.5 mg weekly.

Population criteria:

- Patient must be at least 18 years of age.

If methotrexate is contraindicated according to the TGA-approved product information or cannot be tolerated at a 20 mg weekly dose, the application must include details of the contraindication or intolerance including severity to methotrexate. The maximum tolerated dose of methotrexate must be documented in the application, if applicable.

The application must include details of the DMARDs trialled, their doses and duration of treatment, and all relevant contraindications and/or intolerances including severity.

The requirement to trial at least 2 DMARDs for periods of at least 3 months each can be met using single agents sequentially or by using one or more combinations of DMARDs, however the time on treatment must be at least 6 months.

If the requirement to trial 6 months of intensive DMARD therapy with at least 2 DMARDs cannot be met because of contraindications and/or intolerances of a severity necessitating permanent treatment withdrawal to all of the DMARDs specified above, details of the contraindication or intolerance including severity and dose for each DMARD must be provided in the authority application.

The following criteria indicate failure to achieve an adequate response to DMARD treatment and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour and/or a C-reactive protein (CRP) level greater than 15 mg per L; AND either

(a) a total active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The joint count and ESR and/or CRP must be determined at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. All measures must be no more than 4 weeks old at the time of initial application.

If the requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

At the time of authority application, medical practitioners should request the appropriate number of vials to provide sufficient drug, based on the weight of the patient, for a single infusion.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Initial treatment with an I.V. loading dose: Two completed authority prescriptions must be submitted with the initial application. One prescription must be for the I.V. loading dose for sufficient vials for one dose based on the patient's weight with no repeats. The second prescription must be written for the subcutaneous formulation, with a maximum quantity of 4 and up to 3 repeats.

Initial treatment with no loading dose: One completed authority prescription must be submitted with the initial application. The prescription must be written with a maximum quantity of 4 and up to 3 repeats.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18635

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition; **OR**
- Patient must have received prior PBS-subsidised treatment with a biological medicine under the paediatric Severe active juvenile idiopathic arthritis/Systemic juvenile idiopathic arthritis indication, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed/ceased to respond to PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction, **AND**
- The treatment must be given concomitantly with methotrexate at a dose of at least 7.5 mg weekly.

Population criteria:

- Patient must be at least 18 years of age.

Patients who have received PBS-subsidised treatment for paediatric Severe active juvenile idiopathic arthritis or Systemic juvenile idiopathic arthritis where the condition has progressed to Rheumatoid arthritis may receive treatment through this restriction using existing baseline scores.

Where a patient is changing from a biosimilar medicine for the treatment of this condition, the prescriber must provide baseline disease severity indicators with this application, in addition to the response assessment outlined below.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

An application for a patient who is either changing treatment from another biological medicine to this drug or recommencing therapy with this drug after a treatment break of less than 24 months, must be accompanied with details of the evidence of a response to the patient's most recent course of PBS-subsidised biological medicine, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Initial treatment with an I.V. loading dose: Two completed authority prescriptions must be submitted with the initial application. One prescription must be for the I.V. loading dose for sufficient vials for one dose based on the patient's weight with no repeats. The second prescription must be written for the subcutaneous formulation, with a maximum quantity of 4 and up to 3 repeats.

Initial treatment with no loading dose: One completed authority prescription must be submitted with the initial application. The prescription must be written with a maximum quantity of 4 and up to 3 repeats.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

A patient who has demonstrated a response to a course of rituximab must have a PBS-subsidised biological therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18596

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 24 months or more from the most recent PBS-subsidised biological medicine for this condition, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed/ceased to respond to PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; **OR**

- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either: (a) a total active joint count of at least 20 active (swollen and tender) joints; (b) at least 4 active major joints, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction, **AND**
- The treatment must be given concomitantly with methotrexate at a dose of at least 7.5 mg weekly.

Population criteria:

- Patient must be at least 18 years of age.

Major joints are defined as (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count and ESR and/or CRP must be no more than 4 weeks old at the time of initial application.

If the requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Initial treatment with an I.V. loading dose: Two completed authority prescriptions must be submitted with the initial application. One prescription must be for the I.V. loading dose for sufficient vials for one dose based on the patient's weight with no repeats. The second prescription must be written for the subcutaneous formulation, with a maximum quantity of 4 and up to 3 repeats.

Initial treatment with no loading dose: One completed authority prescription must be submitted with the initial application. The prescription must be written with a maximum quantity of 4 and up to 3 repeats.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18584

Severe active rheumatoid arthritis

Treatment Phase: Balance of supply - Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months) to complete 16 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

abatacept 125 mg/mL injection, 4 x 1 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1220F	1	3	0.00	928.93	25.00	Orencia [BQ]

abatacept 125 mg/mL injection, 4 x 1 mL pen devices

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11693K	1	3	0.00	928.93	25.00	Orencia ClickJect [BQ]

APREMILAST

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)

17351

Severe chronic plaque psoriasis

Clinical criteria:

- Patient must not have achieved adequate response after at least 6 weeks of treatment with methotrexate prior to initiating treatment with this drug; **OR**
- Patient must have a contraindication to methotrexate according to the Therapeutic Goods Administration (TGA) approved Product Information; **OR**
- Patient must have demonstrated severe intolerance of, or toxicity due to, methotrexate, **AND**
- The condition must have caused significant interference with quality of life, **AND**
- Patient must not be undergoing concurrent PBS-subsidised treatment for psoriasis with each of: (i) a biological medicine, (ii) ciclosporin, (iii) deucravacitinib.

Treatment criteria:

- Must be treated by a medical practitioner who is either: (i) a dermatologist, (ii) a rheumatologist, (iii) general physician; **OR**
- Must be treated by a medical practitioner in consultation with one of the above specialist types who is either an accredited: (i) dermatology registrar, (ii) rheumatology registrar; **OR**
- Must be treated by a prescriber who is not any of the above, but where there is agreement to continue treatment (not initiate treatment) with one of the above practitioner types.

Population criteria:

- Patient must be at least 18 years of age.

For patients who do not demonstrate an adequate response to apremilast, a Psoriasis Area and Severity Index (PASI) assessment must be completed, preferably while on treatment, but no longer than 4 weeks following the cessation of treatment. This assessment will be required for patients who transition to 'biological medicines' for the treatment of 'severe chronic plaque psoriasis'.

This assessment must be documented in the patient's medical records.

apremilast 10 mg tablet [4] (&) apremilast 20 mg tablet [4] (&) apremilast 30 mg tablet [19], 27

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12218C NP	‡1	0	0.00	253.76	25.00	Otezla [AN]

apremilast 30 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12223H NP	1	5	0.00	604.42	25.00	Otezla [AN]

CLADRIBINE

Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

16345

Relapsing remitting multiple sclerosis

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be diagnosed by a neurologist, **AND**
- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by magnetic resonance imaging of the brain and/or spinal cord; **OR**
- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis, with written certification provided by a radiologist that a magnetic resonance imaging scan is contraindicated because of the risk of physical (not psychological) injury to the patient, **AND**
- The treatment must be the sole PBS-subsidised disease modifying therapy for this condition, **AND**

- Patient must have experienced at least 2 documented attacks of neurological dysfunction, believed to be due to multiple sclerosis, in the preceding 2 years of commencing a PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must be ambulatory (without assistance or support).

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner in consultation with a specialist physician.

Where applicable, the date of the magnetic resonance imaging scan must be recorded in the patient's medical records.

The prescriber should write authority prescriptions for the appropriate combination of packs (1, 4 or 6 tablets) to provide sufficient drug for a treatment week based on the weight of the patient in accordance with the TGA approved Product Information. Separate authority prescriptions may be required where the dose for treatment week 5 is different to the dose for treatment week 1.

Authority Required (STREAMLINED)

16299

Relapsing remitting multiple sclerosis

Treatment Phase: Continuing treatment

Clinical criteria:

- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by magnetic resonance imaging of the brain and/or spinal cord, **AND**
- The treatment must be the sole PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not show continuing progression of disability while on treatment with this drug, **AND**
- Patient must have demonstrated compliance with, and an ability to tolerate, this therapy.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner in consultation with a specialist physician.

The prescriber should request authority approval for the appropriate combination of packs (1, 4 or 6 tablets) to provide sufficient drug for a treatment week based on the weight of the patient in accordance with the TGA approved Product Information. Separate authority prescriptions may be required where the dose for treatment week 5 is different to the dose for treatment week 1.

cladribine 10 mg tablet, 1

11603Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	1	0.00	1,234.83	25.00	[a] CLADRITAB [JG]	[a] Mavenclad [SG]

cladribine 10 mg tablet, 4

11604R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	1	0.00	*9,308.26	25.00	[a] CLADRITAB [JG]	[a] Mavenclad [SG]

cladribine 10 mg tablet, 6

11611D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	1	0.00	6,997.04	25.00	[a] CLADRITAB [JG]	[a] Mavenclad [SG]

MYCOPHENOLATE

Caution Where prescribed by a non-specialist prescriber, consult with a specialist medical practitioner on matters of diagnosis, choice of immunosuppressant and monitoring of immunosuppression in the patient.

mycophenolate 180 mg enteric tablet, 120

2150E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	88.35	25.00	[a] Mycophenolic Acid ARX [XT]	[a] Myfortic [NV]

mycophenolate mofetil 250 mg capsule, 100

8649F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	3	5	0.00	*74.46	25.00	[a] APO-Mycophenolate [TX]	[a] Mycophenolate Sandoz [SZ]
						[a] Pharmacor Mycophenolate 250 [CR]	

mycophenolate 360 mg enteric tablet, 120

2193K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	152.35	25.00	[a] Mycophenolic Acid ARX [XT]	[a] MYCOTEX [CR]
						[a] Myfortic [NV]	

mycophenolate mofetil 500 mg tablet, 50

8650G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	3	5	0.00	*74.37	25.00	[a] ARX-MYCOPHENOLATE [XT]	[a] Ceptolate [AF]
						[a] Mycophenolate GH [GQ]	[a] Mycophenolate Sandoz [SZ]

8650G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
						[a] Pharmacor Mycophenolate 500 [CR]	

mycophenolate mofetil 1 g/5 mL powder for oral liquid, 165 mL

8651H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	‡1	5	0.00	216.42	25.00	[a] CellCept [RO]	[a] Pharmacor Mycophenolate [CR]

MYCOPHENOLATE

Caution Where prescribed by a non-specialist prescriber, consult with a specialist medical practitioner on matters of diagnosis, choice of immunosuppressant and monitoring of immunosuppression in the patient.

Restricted benefit

14238

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

mycophenolate 180 mg enteric tablet, 120

13856G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*164.74	25.00	[a] Mycophenolic Acid ARX [XT]	[a] Myfortic [NV]

mycophenolate mofetil 250 mg capsule, 100

13884R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	6	5	0.00	*135.54	25.00	[a] APO-Mycophenolate [TX]	[a] Mycophenolate Sandoz [SZ]
						[a] Pharmacor Mycophenolate 250 [CR]	

mycophenolate 360 mg enteric tablet, 120

13938N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*295.34	25.00	[a] Mycophenolic Acid ARX [XT]	[a] MYCOTEX [CR]
						[a] Myfortic [NV]	

mycophenolate mofetil 500 mg tablet, 50

14000W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	6	5	0.00	*135.36	25.00	[a] ARX-MYCOPHENOLATE [XT]	[a] Ceptolate [AF]
						[a] Mycophenolate GH [GQ]	[a] Mycophenolate Sandoz [SZ]
						[a] Pharmacor Mycophenolate 500 [CR]	

mycophenolate mofetil 1 g/5 mL powder for oral liquid, 165 mL

14071N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	‡2	5	0.00	*420.23	25.00	[a] CellCept [RO]	[a] Pharmacor Mycophenolate [CR]

Tumor necrosis factor alpha (TNF-alpha) inhibitors

ADALIMUMAB

Note The assessment for Juvenile Spondyloarthritis Disease Activity Index score is available at: https://pmc.ncbi.nlm.nih.gov/articles/PMC4245319/table/T2/.

Note Biosimilar prescribing policy

Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Pharmaceutical benefits that have the form adalimumab 20 mg/0.2 mL syringes and pharmaceutical benefits that have the form adalimumab 20 mg/0.4 mL syringes are equivalent for the purposes of substitution

Note Pharmaceutical benefits that have a pack size of 1 may be substituted for pharmaceutical benefits that have a pack size of 2, in combinations equivalent to the maximum quantity number of units.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

17715

Enthesitis/spondylitis related juvenile idiopathic arthritis

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have a diagnosis of enthesitis/spondylitis related juvenile idiopathic arthritis defined by at least one of the following: (i) peripheral arthritis and enthesitis, (ii) inflammatory sacroiliitis on Magnetic Resonance Imaging (MRI) plus at least 3 months of inflammatory back pain, (iii) arthritis or enthesitis plus at least 2 of: (a) sacroiliac joint tenderness, (b) inflammatory back pain, (c) presence of HLA-B27 antigen, (d) acute (symptomatic) anterior uveitis, (e) history of spondyloarthritis in a first-degree relative, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition; **OR**
- Patient must have had a break in treatment of at least 2 years from the most recently prescribed PBS-subsidised biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response for axial disease (sacroiliitis and/or spondylitis), following treatment with at least 2 non-steroidal anti-inflammatory drugs (NSAIDs) whilst completing an appropriate exercise program, for a total period of 3 months; **OR**
- Patient must have failed to achieve an adequate response for peripheral disease (arthritis and/or enthesitis) following treatment with at least 2 NSAIDs, and either: (i) methotrexate at a dose of 15 mg per square metre (maximum 20 mg) weekly, (ii) sulfasalazine at a dose of 20 mg/kg (maximum 1 g) twice daily, whilst completing an appropriate exercise program, for a total period of 3 months, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a paediatric rheumatologist; **OR**
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

Population criteria:

- Patient must be under 18 years of age.

If the NSAID dose is less than the maximum recommended dose in the relevant TGA-approved Product Information, details must be documented in the patient's medical records.

If treatment with methotrexate, sulfasalazine or NSAIDs is contraindicated according to the relevant TGA-approved Product Information, details must be documented in the patient's medical records.

If intolerance to methotrexate, sulfasalazine or NSAID treatment develops during the relevant period of use which is of a severity to necessitate permanent treatment withdrawal, details of the toxicity must be documented in the patient's medical records.

The following criteria indicate failure to achieve an adequate response and must be demonstrated at the time of the initial application:

(a) a Juvenile Spondyloarthritis Disease Activity Index score greater than 2; or

(b) persistent symptoms of axial spondylitis or sacroiliitis with prior confirmatory Magnetic Resonance Imaging (MRI) assessed by a clinician experienced with juvenile spondyloarthropathy.

The following must be provided at the time of application and documented in the patient's medical records:

(1) details of prior treatment including dose and duration of treatment; and

(i) if applicable, the baseline Juvenile Spondyloarthritis Disease Activity Index score; or

(ii) if applicable, details (name of the report provider, date of the report and unique identifying number/code that links report to the individual patient) of the MRI demonstrating inflammatory spondylitis or sacroiliitis; or

(iii) if applicable, details (name of the report provider, date of the report and unique identifying number/code that links report to the individual patient) demonstrating the presence of HLA-B27.

The Juvenile Spondyloarthritis Disease Activity Index score must be assessed preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug, they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition until 2 years have elapsed. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Authority Required

17731

Enthesitis/spondylitis related juvenile idiopathic arthritis

Treatment Phase: Initial treatment - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial treatment restriction to complete 16 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a paediatric rheumatologist; **OR**
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

adalimumab 20 mg/0.2 mL injection, 2 x 0.2 mL syringes

15148G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	0.00	606.96	25.00	[a] Humira [VE]	[a] Yuflyma [EW]

adalimumab 20 mg/0.4 mL injection, 0.4 mL syringe

15155P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	3	0.00	*606.96	25.00	[a] Amgevita [XT]

ADALIMUMAB

Note TREATMENT OF PATIENTS WITH MODERATE TO SEVERE HIDRADENITIS SUPPURATIVA

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed for patient with the indication of moderate to severe hidradenitis suppurativa.

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Moderate to Severe Hidradenitis Suppurativa.

Treatment cycles:

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who has been receiving PBS-subsidised adalimumab or secukinumab prior to 1 December 2025 is considered to start their first cycle as of 1 December 2025.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Where treatment has resulted in an inadequate response on 3 occasions, a treatment cycle is considered to have been completed, and there must be a 5-year break in PBS subsidy from all medicines with the PBS indication 'moderate to severe hidradenitis suppurativa' before starting a new treatment cycle.

Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle, and where a break in therapy of less than 5 years has occurred, a further course of treatment with another biological medicine may be commenced within the same treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Prescribing under the correct 'Treatment phase' listing for the authority application:

(1) Initial treatment.

Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for moderate to severe hidradenitis suppurativa.

(2) Continuing treatment.

Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to proceed initial treatment. An authority application for continuing treatment is not to be made on the same day as initial treatment.

(3) Changing/swapping therapy.

Apply under the 'Initial 2' treatment listing. Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to prior antibiotic use. A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot change to a particular biological medicine if it has failed to provide the patient with an adequate response as defined in the restriction within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this initial 2 treatment authority application.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurement of abscess and inflammatory nodule (AN) count submitted with the first authority application for a biological medicine. To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under the 'Initial 3' treatment listing. Prior antibiotic courses need not be re-trialled.

Note Biosimilar prescribing policy

Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authorisation under this restriction should be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)

Alternatively applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826
HOBART TAS 7001

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Authority Required

17679

Moderate to severe hidradenitis suppurativa

Treatment Phase: Initial treatment - Initial 1 (new patient)

Clinical criteria:

- Patient must have, at the time of application, a Hurley stage II or III grading with an abscess and inflammatory nodule (AN) count greater than or equal to 3, **AND**
- Patient must have failed to achieve an adequate response to 2 courses of different antibiotics each for 3 months prior to initiation of PBS subsidised treatment with this drug for this condition; **OR**
- Patient must have had an adverse reaction to an antibiotic of a severity necessitating permanent treatment withdrawal resulting in the patient being unable to complete treatment with 2 different courses of antibiotics each for 3 months prior to initiation of PBS-subsidised treatment with this drug for this condition; **OR**
- Patient must be contraindicated to treatment with an antibiotic due to an allergic reaction of a severity necessitating permanent treatment withdrawal resulting in the patient being unable to complete treatment with 2 different courses of antibiotics each for 3 months prior to initiation of PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a dermatologist.

Assessment of disease severity must be no more than 4 weeks old at the time of application.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

At the time of authority application the prescriber must request the first 4 weeks of treatment under this restriction; and weeks 5 to 16 of treatment under Initial 1 (new patient) or Initial 2 (recommencement of treatment) - balance of supply

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(i) the Hurley stage grading; and

(ii) the AN count; and

(iii) the name of the antibiotic/s received for two separate courses each of three months; or

(iv) confirmation that the adverse reaction or allergy to an antibiotic necessitated permanent treatment withdrawal resulting in the patient being unable to complete a three month course of antibiotics.

The name of the one course of antibiotics of three months duration must be provided. Where the patient is unable to be treated with any courses of antibiotics the prescriber must confirm that the patient has a history of adverse reaction or allergy necessitating permanent treatment withdrawal to two different antibiotics.

If the application is submitted through HPOS form upload or mail, it must include:

(i) details of the proposed prescription(s); and

(ii) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Authority Required

17587

Moderate to severe hidradenitis suppurativa

Treatment Phase: Initial treatment - Initial 2 (Change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have had 3 treatment failures within this treatment cycle to PBS-subsidised biological medicines for this condition, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a dermatologist.

Assessment of disease severity must be no more than 4 weeks old at the time of application.

A response to treatment is defined as:

Achieving Hidradenitis Suppurativa Clinical Response (HiSCR) of a 50% reduction in AN count compared to baseline with no increase in abscesses or draining fistulae.

An application for a patient who has received PBS-subsidised treatment with this drug, has not experienced treatment failure, and wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

At the time of authority application the prescriber must request the first 4 weeks of treatment under this restriction; and weeks 5 to 16 of treatment under Initial 1 (new patient), Initial 2 (Change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(i) the Hurley stage grading; and

(ii) the AN count.

If the application is submitted through HPOS form upload or mail, it must include:

(i) details of the proposed prescription(s); and

(ii) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Authority Required

17617

Moderate to severe hidradenitis suppurativa

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have, at the time of application, a Hurley stage II or III grading with an abscess and inflammatory nodule (AN) count greater than or equal to 3, **AND**
- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a dermatologist.

Assessment of disease severity must be no more than 4 weeks old at the time of application.

A response to treatment is defined as:

Achieving Hidradenitis Suppurativa Clinical Response (HiSCR) of a 50% reduction in AN count compared to baseline with no increase in abscesses or draining fistulae.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

At the time of authority application the prescriber must request the first 4 weeks of treatment under this restriction; and weeks 5 to 16 of treatment under Initial 1 (new patient), Initial 2 (Change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(i) the Hurley stage grading; and

(ii) the AN count.

If the application is submitted through HPOS form upload or mail, it must include:

(i) details of the proposed prescription(s); and

(ii) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

12454L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3	0	0.00	*1,299.09	25.00	[a] Hadlima [RF]	[a] Humira [VE]
					[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

12356H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3	0	0.00	*1,299.09	25.00	[a] Abrilada [PF]	[a] Amgevita [XT]
					[a] Hadlima [RF]	[a] Hyrimoz [SZ]

ADALIMUMAB

Note TREATMENT OF PAEDIATRIC PATIENTS WITH REFRACTORY CROHN DISEASE

The following information applies to the prescribing of targeted therapies under the Pharmaceutical Benefits Scheme (PBS) for paediatric patients with adalimumab for 'severe Crohn disease' and infliximab for 'moderate to severe Crohn disease'. For PBS administration, the term targeted therapy includes biological and targeted synthetic disease modifying anti-rheumatic drugs.

A patient is eligible for PBS-subsidised treatment with only one targeted therapy at any one time.

Treatment cycle:

A treatment cycle begins when an authority application is approved under an Initial 1, Initial 2 patients who are accessing PBS-subsidised treatment for the first time or Initial 3 type restriction. Treatment must not continue with the same targeted therapy if it has not provided an adequate response as defined in the continuing treatment phase. A patient may trial different targeted therapies within a cycle; however, if 3 trials of a targeted therapy do not provide an adequate response, the treatment cycle ends and a 12-month PBS exclusion period applies. A paediatric patient cannot trial and not demonstrate an adequate response, or cease to respond to, the same PBS-subsidised targeted therapy more than twice.

The 12-month break is measured from the date of the last PBS approval for a targeted therapy in the most recent cycle to the date of first initial treatment application under the next treatment cycle.

If a new targeted therapy with a different pharmacological mechanism of action becomes available on the PBS during a 12-month break, a patient may be prescribed the newly listed targeted therapy through the Initial 2 treatment phase, if they have never received that medicine previously. If the newly listed targeted therapy does not provide an adequate response, the treatment cycle ends and the 12-month break recommences. This will not be considered a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Treatment Phases:

Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and 14 weeks for infliximab.

Initial 1 - use when the patient has never received a PBS-subsidised targeted therapy for these indications. Inadequate response to conventional therapy must be demonstrated where required.

Initial 2 - use when:

- an alternative targeted therapy is being prescribed for these indications; or
- the patient has previously been treated with this targeted therapy; or
- treatment is resuming after a break of less than 12 months

Patients applying through this treatment phase do not have to requalify with respect to the indices of disease severity (i.e. Paediatric Crohn Disease Activity Index (PCDAI) Score, confirmation of Crohn disease). Inadequate response to conventional therapy does not need to be redemonstrated.

Initial 3 - use when treatment is resuming after a break in PBS-subsidised treatment of at least 12 months. Patients applying through this treatment phase must requalify with respect to the indices of disease severity (i.e. Paediatric Crohn Disease Activity Index (PCDAI) Score, confirmation of Crohn disease). Re-trial of conventional therapies is not required.

Continuing treatment - use when a patient has demonstrated an adequate response to the preceding supply. Patients are eligible for up to 24 weeks of treatment per continuing prescription. Continuing treatment authority scripts must not be written on the same day as Initial treatment authority applications.

Balance of supply - use when the full amount of the preceding supply was not provided. This phase provides the remaining quantity that could have been obtained under the preceding authority approval or where additional time is required for an adequate response to be determined.

Baseline measurements to determine response - a response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements provided in the first authority application for a targeted therapy. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is made within a treatment cycle and eligibility for continuing treatment must be assessed according to these revised baseline measurements.

Recency of assessments:

Where possible, all related assessment documentation (including the Paediatric Crohn Disease Activity Index calculations, pathology tests and diagnostic imaging studies) should be within 4 weeks of the date of authority application but no longer than 4 weeks following cessation of the most recent treatment.

Note Biosimilar prescribing policy

Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for targeted therapies, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note At the time of authority application, medical practitioners must request the appropriate number of doses to provide sufficient drug for 16 weeks of treatment.

An appropriate amount of drug may require prescribing a combination of strengths. A separate authority prescription must be completed for each strength requested.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note Authority applications for increased quantities may be approved by Services Australia to provide sufficient doses for the relevant treatment phase.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

18968

Severe Crohn disease

Treatment Phase: Initial 1 (new patient)

Clinical criteria:

- Patient must have confirmed diagnosis of Crohn disease, defined by standard clinical, endoscopic and/or imaging features including histological evidence, **AND**
- Patient must not have achieved an adequate response to 2 of the following 3 conventional prior therapies including: (i) a tapered course of steroids, starting at a dose of at least 1 mg per kg or 40 mg (whichever is the lesser) prednisolone (or equivalent), over a 6 week period; (ii) an 8 week course of enteral nutrition; or (iii) immunosuppressive therapy with a thiopurine at a clinically optimised dose, or, methotrexate at a dose of at least 10 mg per square metre weekly for 3 or more months; **OR**
- Patient must have a documented contraindication to each of prednisolone (or equivalent), a thiopurine, and methotrexate; **OR**
- Patient must have features of high-risk or complicated Crohn disease defined as those with any of the following: (i) perianal disease, (ii) stricturing or penetrating behaviour, (iii) severe delayed growth (growth velocity at least 2 standard deviations below the mean for age and sex, or a drop of at least 1 major centile band), **AND**
- Patient must have, at the time of application, disease severity considered to be severe as demonstrated by a Paediatric Crohn Disease Activity Index (PCDAI) Score greater than or equal to 40; **OR**
- Patient must have extensive intestinal inflammation of the small intestine as evidenced by radiological imaging, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a gastroenterologist; **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology]; **OR**
- Must be treated by a paediatrician; **OR**
- Must be treated by a specialist paediatric gastroenterologist.

Population criteria:

- Patient must be aged 6 to 17 years inclusive.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) if applicable, details of prior systemic drug therapy [dosage, date of commencement and duration of therapy]; and

(b) current PCDAI score and the date of assessment; or

(c) details (date, unique identifying number/code or provider number) of the pathology or diagnostic imaging test(s) used to assess response to therapy for patients with extensive small intestine disease.

For patients assessed as having extensive intestinal inflammation of the small intestines, such evidence of intestinal inflammation includes:

(i) blood: higher than normal platelet count, or, an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour, or, a C-reactive protein (CRP) level greater than 15 mg per L; or

(ii) faeces: higher than normal lactoferrin or calprotectin level; or

(iii) diagnostic imaging: demonstration of increased uptake of intravenous contrast with thickening of the bowel wall or mesenteric lymphadenopathy or fat streaking in the mesentery.

If treatment with any of the specified prior conventional drugs is contraindicated according to the relevant contraindications or precautions in the TGA-approved Product Information, please provide details at the time of application. Patients must attempt to trial alternate conventional therapies that are not contraindicated.

If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, details of this toxicity must be provided at the time of application.

Where a response assessment is not conducted, the patient will be deemed to have not responded to treatment with this drug. A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as treatment failure.

Authority Required

18966

Severe Crohn disease

Treatment Phase: Initial 2 (change or recommencement of treatment after a break in targeted therapy of less than 12 months)

Clinical criteria:

- Patient must have a documented history of severe Crohn disease, **AND**
- Patient must have received prior PBS-subsidised treatment with a targeted therapy for this condition in this treatment cycle; **OR**
- Patient must have been eligible for prior PBS-subsidised treatment with a targeted therapy for this condition in this treatment cycle, **AND**
- Patient must not have previously received this drug for this condition in this treatment cycle; **OR**
- Patient must have previously received this drug for this condition and demonstrated/maintained an adequate clinical response; **OR**
- Patient must have: (i) received this drug in this treatment cycle, (ii) not demonstrated/maintained an adequate response to this drug once in this treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction per authority application.

Treatment criteria:

- Must be treated by a gastroenterologist; **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology]; **OR**
- Must be treated by a paediatrician; **OR**
- Must be treated by a specialist paediatric gastroenterologist.

Population criteria:

- Patient must be aged 6 to 17 years inclusive.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) if applicable, the PCDAI score and the date of assessment; or

(b) if applicable, details (date, unique identifying number/code or provider number) of the pathology or diagnostic imaging test(s) used to assess response to therapy for patients with extensive small intestine disease.

If a patient was eligible for prior PBS-subsidised treatment with a targeted therapy for this condition but did not receive PBS-subsidised treatment at the time, the application must provide a declaration that the patient met all 'Initial 1' clinical and treatment criteria when targeted therapy treatment commenced. The following information must also be provided at the time of application:

(a) the baseline PCDAI score and the date of assessment; or

(b) details (date, unique identifying number/code or provider number) of the pathology or diagnostic imaging test(s) used to assess response to therapy for patients with extensive small intestine disease.

Where a response assessment is not conducted, the patient will be deemed to have not responded to treatment with this drug. A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as treatment failure.

Authority Required

18967

Severe Crohn disease

Treatment Phase: Initial 3 (recommencement of treatment after a break in targeted therapy of more than 12 months)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a targeted therapy for this condition, **AND**
- Patient must have had a break in treatment of 12 months or more from the most recently approved PBS-subsidised targeted therapy for this condition, **AND**
- Patient must have confirmed diagnosis of Crohn disease, defined by standard clinical, endoscopic and/or imaging features including histological evidence, **AND**
- Patient must have disease severity considered to be severe as demonstrated by a Paediatric Crohn Disease Activity Index (PCDAI) Score greater than or equal to 40 while off treatment with targeted therapy; **OR**
- Patient must have a documented history and radiological evidence of intestinal inflammation if the patient has extensive small intestinal disease while off treatment with targeted therapy, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction per authority application.

Treatment criteria:

- Must be treated by a gastroenterologist; **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology]; **OR**
- Must be treated by a paediatrician; **OR**
- Must be treated by a specialist paediatric gastroenterologist.

Population criteria:

- Patient must be aged 6 to 17 years inclusive.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) current PCDAI score and the date of assessment; or

(b) details (date, unique identifying number/code or provider number) of the pathology or diagnostic imaging test(s) used to assess response to therapy for patients with extensive small intestine disease.

For patients assessed as having extensive intestinal inflammation of the small intestines, such evidence of intestinal inflammation includes:

(i) blood: higher than normal platelet count, or, an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour, or, a C-reactive protein (CRP) level greater than 15 mg per L; or

(ii) faeces: higher than normal lactoferrin or calprotectin level; or

(iii) diagnostic imaging: demonstration of increased uptake of intravenous contrast with thickening of the bowel wall or mesenteric lymphadenopathy or fat streaking in the mesentery.

Where a response assessment is not conducted, the patient will be deemed to have not responded to treatment with this drug. A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as treatment failure.

adalimumab 80 mg/0.8 mL injection, 0.8 mL syringe

12409D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3	0	0.00	*2,042.73	25.00	[a] Humira [VE]	[a] Yuflyma [EW]

adalimumab 80 mg/0.8 mL injection, 0.8 mL pen device

12426B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	3	0	0.00	*2,042.73	25.00	[a] Humira [VE]	[a] Hyrimoz [SZ]
						[a] Yuflyma [EW]	

ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed for adult patients with the indication of ankylosing spondylitis (AS).

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Ankylosing spondylitis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

Treatment cycles:

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who has been receiving PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab and secukinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Where treatment has resulted in an inadequate response on 3 occasions a treatment cycle is considered to have been completed and there must be a 5-year break in PBS subsidy from all medicines with the PBS indication: 'Ankylosing spondylitis' before starting a new treatment cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle and where a break in therapy of less than 5 years has occurred, a further course of treatment may be commenced within the same treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Prescribing under the correct 'Treatment phase' listing for the authority application:

(1) Initial treatment.

Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for ankylosing spondylitis.

(2) Continuing treatment.

Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to proceed initial treatment. An authority application for continuing treatment is not to be made on the same day as initial treatment.

(3) Changing therapy.

Apply under the 'Initial 2' treatment listing. Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to prior NSAID therapy and exercise program requirements. Where a patient is changing from a biosimilar medicine the prescriber must submit baseline indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI). A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot change to a particular biological medicine if it has failed to provide the patient with an adequate response within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this initial 2 treatment authority application.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological medicine. To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under the 'Initial 3' treatment listing. Prior NSAID and exercise therapies need not be re-trialled.

Note Biosimilar prescribing policy

Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

14670

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Clinical criteria:

- The condition must be either radiologically (plain X-ray) confirmed: (i) Grade II bilateral sacroiliitis; (ii) Grade III unilateral sacroiliitis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have at least 2 of the following: (i) low back pain and stiffness for 3 or more months that is relieved by exercise but not by rest; (ii) limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by a score of at least 1 on each of the lumbar flexion and lumbar side flexion measurements of the Bath Ankylosing Spondylitis Metrology Index (BASMI); (iii) limitation of chest expansion relative to normal values for age and gender, **AND**
- Patient must have failed to achieve an adequate response following treatment with at least 2 non-steroidal anti-inflammatory drugs (NSAIDs), whilst completing an appropriate exercise program, for a total period of 3 months, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

Details of the NSAIDs trialled, their doses and duration of treatment must be provided at the time of application.

If the NSAID dose is less than the maximum recommended dose in the relevant TGA-approved Product Information, the reason a higher dose cannot be used must be provided.

If treatment with NSAIDs is contraindicated according to the relevant TGA-approved Product Information, details of the contraindication must be provided.

If intolerance to NSAID treatment develops during the relevant period of use which is of a severity to necessitate permanent treatment withdrawal, details of the nature and severity of this intolerance must be provided.

All relevant details must be documented in the patient's medical records.

The following criteria indicate failure to achieve an adequate response and must be demonstrated at the time of the initial application:

(a) a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 4 on a 0-10 scale; and

(b) an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 10 mg per L.

The baseline BASDAI score and ESR or CRP level must be determined at the completion of the 3 month NSAID and exercise trial, but prior to ceasing NSAID treatment. All measurements must be no more than 4 weeks old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the reason this criterion cannot be satisfied must be provided at the time of application.

The following must be provided at the time of application:

(i) details (name of the radiology report provider, date of the radiology report and unique identifying number/code that links report to the individual patient) of the radiological report confirming Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis; and

(ii) a baseline BASDAI score; and

(iii) details of the completed Exercise Program Self Certification Form (commencement and finish date); and

(iv) baseline ESR and/or CRP level.

All supporting evidence, including the completed Exercise Program Self Certification Form must be kept in the patient's medical records.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Details of the toxicities, including severity, which will be accepted for the purposes of administering this restriction can be found on the Services Australia website at www.servicesaustralia.gov.au

Note For details on the appropriate minimum exercise program that will be accepted for the purposes of administering this restriction, please refer to the Services Australia website at www.servicesaustralia.gov.au

Authority Required

14673

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed/ceased to respond to PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

An application for a patient who is either changing treatment from another biological medicine to this drug or recommencing therapy with this drug after a treatment break of less than 5 years, must be accompanied with details of the evidence of a response to the patient's most recent course of PBS-subsidised biological medicine within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a patient is changing from PBS-subsidised treatment with a biosimilar medicine for this condition, the prescriber must submit baseline disease severity indicators with this application, in addition to the response assessment outlined below.

An adequate response is defined as an improvement from baseline of at least 2 units (on a scale of 0-10) in the BASDAI score combined with at least 1 of the following:

(a) an ESR measurement no greater than 25 mm per hour; or

(b) a CRP measurement no greater than 10 mg per L; or

(c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and used to assess all future responses to treatment.

The assessment of response to treatment must be documented in the patient's medical records.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Authority Required

14672

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must be either radiologically (plain X-ray) confirmed: (i) Grade II bilateral sacroiliitis; (ii) Grade III unilateral sacroiliitis, **AND**
- Patient must have at least 2 of the following: (i) low back pain and stiffness for 3 or more months that is relieved by exercise but not by rest; (ii) limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by a score of at least 1 on each of the lumbar flexion and lumbar side flexion measurements of the Bath Ankylosing Spondylitis Metrology Index (BASMI); (iii) limitation of chest expansion relative to normal values for age and gender, **AND**
- Patient must have a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 4 on a 0-10 scale that is no more than 4 weeks old at the time of application, **AND**
- Patient must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour that is no more than 4 weeks old at the time of application; **OR**
- Patient must have a C-reactive protein (CRP) level greater than 10 mg per L that is no more than 4 weeks old at the time of application; **OR**
- Patient must have a clinical reason as to why demonstration of an elevated ESR or CRP cannot be met and the application must state the reason, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The following must be provided at the time of application and documented in the patient's medical records:

(i) details (name of the radiology report provider, date of the radiology report and unique identifying number/code that links report to the individual patient) of the radiological report confirming Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis; and

(ii) a baseline BASDAI score; and

(iii) a baseline ESR and/or CRP level.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

13763J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	3	0.00	495.79	25.00	[a] Hadlima [RF]	[a] Hyrimoz [SZ]
						[a] Yuflyma [EW]	

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

13744J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	3	0.00	439.27	25.00	[a] Amgevita [XT]	[a] Hadlima [RF]
						[a] Hyrimoz [SZ]	

ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed for adult patients with the indication of ankylosing spondylitis (AS).

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Ankylosing spondylitis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

Treatment cycles:

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who has been receiving PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab and secukinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Where treatment has resulted in an inadequate response on 3 occasions a treatment cycle is considered to have been completed and there must be a 5-year break in PBS subsidy from all medicines with the PBS indication: 'Ankylosing spondylitis' before starting a new treatment cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle and where a break in therapy of less than 5 years has occurred, a further course of treatment may be commenced within the same treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Prescribing under the correct 'Treatment phase' listing for the authority application:

(1) Initial treatment.

Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for ankylosing spondylitis.

(2) Continuing treatment.

Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to proceed initial treatment. An authority application for continuing treatment is not to be made on the same day as initial treatment.

(3) Changing therapy.

Apply under the 'Initial 2' treatment listing. Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to prior NSAID therapy and exercise program requirements. Where a patient is changing from a biosimilar medicine the prescriber must submit baseline indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI). A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot change to a particular biological medicine if it has failed to provide the patient with an adequate response within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this initial 2 treatment authority application.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological medicine. To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under the 'Initial 3' treatment listing. Prior NSAID and exercise therapies need not be re-trialled.

Note Biosimilar prescribing policy

Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

14670

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Clinical criteria:

- The condition must be either radiologically (plain X-ray) confirmed: (i) Grade II bilateral sacroiliitis; (ii) Grade III unilateral sacroiliitis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have at least 2 of the following: (i) low back pain and stiffness for 3 or more months that is relieved by exercise but not by rest; (ii) limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by a score of at least 1 on each of the lumbar flexion and lumbar side flexion measurements of the Bath Ankylosing Spondylitis Metrology Index (BASMI); (iii) limitation of chest expansion relative to normal values for age and gender, **AND**
- Patient must have failed to achieve an adequate response following treatment with at least 2 non-steroidal anti-inflammatory drugs (NSAIDs), whilst completing an appropriate exercise program, for a total period of 3 months, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

Details of the NSAIDs trialled, their doses and duration of treatment must be provided at the time of application.

If the NSAID dose is less than the maximum recommended dose in the relevant TGA-approved Product Information, the reason a higher dose cannot be used must be provided.

If treatment with NSAIDs is contraindicated according to the relevant TGA-approved Product Information, details of the contraindication must be provided.

If intolerance to NSAID treatment develops during the relevant period of use which is of a severity to necessitate permanent treatment withdrawal, details of the nature and severity of this intolerance must be provided.

All relevant details must be documented in the patient's medical records.

The following criteria indicate failure to achieve an adequate response and must be demonstrated at the time of the initial application:

(a) a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 4 on a 0-10 scale; and

(b) an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 10 mg per L.

The baseline BASDAI score and ESR or CRP level must be determined at the completion of the 3 month NSAID and exercise trial, but prior to ceasing NSAID treatment. All measurements must be no more than 4 weeks old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the reason this criterion cannot be satisfied must be provided at the time of application.

The following must be provided at the time of application:

(i) details (name of the radiology report provider, date of the radiology report and unique identifying number/code that links report to the individual patient) of the radiological report confirming Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis; and

(ii) a baseline BASDAI score; and

(iii) details of the completed Exercise Program Self Certification Form (commencement and finish date); and

(iv) baseline ESR and/or CRP level.

All supporting evidence, including the completed Exercise Program Self Certification Form must be kept in the patient's medical records.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Details of the toxicities, including severity, which will be accepted for the purposes of administering this restriction can be found on the Services Australia website at www.servicesaustralia.gov.au

Note For details on the appropriate minimum exercise program that will be accepted for the purposes of administering this restriction, please refer to the Services Australia website at www.servicesaustralia.gov.au

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Authority Required

14673

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed/ceased to respond to PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

An application for a patient who is either changing treatment from another biological medicine to this drug or recommencing therapy with this drug after a treatment break of less than 5 years, must be accompanied with details of the evidence of a response to the patient's most recent course of PBS-subsidised biological medicine within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a patient is changing from PBS-subsidised treatment with a biosimilar medicine for this condition, the prescriber must submit baseline disease severity indicators with this application, in addition to the response assessment outlined below.

An adequate response is defined as an improvement from baseline of at least 2 units (on a scale of 0-10) in the BASDAI score combined with at least 1 of the following:

(a) an ESR measurement no greater than 25 mm per hour; or

(b) a CRP measurement no greater than 10 mg per L; or

(c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and used to assess all future responses to treatment.

The assessment of response to treatment must be documented in the patient's medical records.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Authority Required

14672

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must be either radiologically (plain X-ray) confirmed: (i) Grade II bilateral sacroiliitis; (ii) Grade III unilateral sacroiliitis, **AND**

- Patient must have at least 2 of the following: (i) low back pain and stiffness for 3 or more months that is relieved by exercise but not by rest; (ii) limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by a score of at least 1 on each of the lumbar flexion and lumbar side flexion measurements of the Bath Ankylosing Spondylitis Metrology Index (BASMI); (iii) limitation of chest expansion relative to normal values for age and gender, **AND**
- Patient must have a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 4 on a 0-10 scale that is no more than 4 weeks old at the time of application, **AND**
- Patient must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour that is no more than 4 weeks old at the time of application; **OR**
- Patient must have a C-reactive protein (CRP) level greater than 10 mg per L that is no more than 4 weeks old at the time of application; **OR**
- Patient must have a clinical reason as to why demonstration of an elevated ESR or CRP cannot be met and the application must state the reason, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The following must be provided at the time of application and documented in the patient's medical records:

(i) details (name of the radiology report provider, date of the radiology report and unique identifying number/code that links report to the individual patient) of the radiological report confirming Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis; and

(ii) a baseline BASDAI score; and

(iii) a baseline ESR and/or CRP level.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

13764K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	0.00	439.27	25.00	[a] Hadlima [RF]	[a] Hyrimoz [SZ]
					[a] Yuflyma [EW]	

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

13754X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	0.00	439.27	25.00	[a] Abrilada [PF]	[a] Amgevita [XT]
					[a] Hadlima [RF]	[a] Hyrimoz [SZ]

ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE PSORIATIC ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) listed for adult patients with severe psoriatic arthritis.

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Severe Psoriatic Arthritis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

A patient is eligible for PBS-subsidised treatment with only 1 of the biological medicines at any one time.

Under these arrangements, within a single treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib or ustekinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe psoriatic arthritis.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or,

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or,

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than the 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements. An authority application must be made under the 'Initial 2' treatment phase.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.

However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response to the PBS-subsidised treatment.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment restriction according to the criteria of the relevant restriction and index of disease severity. The application must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note Biosimilar prescribing policy

Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

13650

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response to methotrexate at a dose of at least 20 mg weekly for a minimum period of 3 months, **AND**
- Patient must have failed to achieve an adequate response to sulfasalazine at a dose of at least 2 g per day for a minimum period of 3 months; **OR**
- Patient must have failed to achieve an adequate response to leflunomide at a dose of up to 20 mg daily for a minimum period of 3 months, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Where treatment with methotrexate, sulfasalazine or leflunomide is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.

Where intolerance to treatment with methotrexate, sulfasalazine or leflunomide developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

The following initiation criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; and

either

(a) an active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

16414

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

13694

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have had a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; **OR**
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either (a) a total active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active major joints, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Major joints are defined as (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count and ESR and/or CRP must be no more than 4 weeks old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

9064

Severe psoriatic arthritis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**

- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

12378L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	0.00	495.79	25.00	[a] Hadlima [RF]	[a] Humira [VE]
					[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

9033K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	0.00	439.27	25.00	[a] Amgevita [XT]	[a] Hadlima [RF]
					[a] Hyrimoz [SZ]	

ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed for adult patients with the indication of ankylosing spondylitis (AS).

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Ankylosing spondylitis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

Treatment cycles:

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who has been receiving PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab and secukinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Where treatment has resulted in an inadequate response on 3 occasions a treatment cycle is considered to have been completed and there must be a 5-year break in PBS subsidy from all medicines with the PBS indication: 'Ankylosing spondylitis' before starting a new treatment cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle and where a break in therapy of less than 5 years has occurred, a further course of treatment may be commenced within the same treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Prescribing under the correct 'Treatment phase' listing for the authority application:

(1) Initial treatment.

Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for ankylosing spondylitis.

(2) Continuing treatment.

Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to proceed initial treatment. An authority application for continuing treatment is not to be made on the same day as initial treatment.

(3) Changing therapy.

Apply under the 'Initial 2' treatment listing. Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to prior NSAID therapy and exercise program requirements. Where a patient is changing from a biosimilar medicine the prescriber must submit baseline indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI). A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot change to a particular biological medicine if it has failed to provide the patient with an adequate response within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this initial 2 treatment authority application.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological medicine. To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under the 'Initial 3' treatment listing. Prior NSAID and exercise therapies need not be re-trialled.

Note Biosimilar prescribing policy

Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

14670

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Clinical criteria:

- The condition must be either radiologically (plain X-ray) confirmed: (i) Grade II bilateral sacroiliitis; (ii) Grade III unilateral sacroiliitis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have at least 2 of the following: (i) low back pain and stiffness for 3 or more months that is relieved by exercise but not by rest; (ii) limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by a score of at least 1 on each of the lumbar flexion and lumbar side flexion measurements of the Bath Ankylosing Spondylitis Metrology Index (BASMI); (iii) limitation of chest expansion relative to normal values for age and gender, **AND**
- Patient must have failed to achieve an adequate response following treatment with at least 2 non-steroidal anti-inflammatory drugs (NSAIDs), whilst completing an appropriate exercise program, for a total period of 3 months, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The application must include details of the NSAIDs trialled, their doses and duration of treatment.

If the NSAID dose is less than the maximum recommended dose in the relevant TGA-approved Product Information, the application must include the reason a higher dose cannot be used.

If treatment with NSAIDs is contraindicated according to the relevant TGA-approved Product Information, the application must provide details of the contraindication.

If intolerance to NSAID treatment develops during the relevant period of use which is of a severity to necessitate permanent treatment withdrawal, the application must provide details of the nature and severity of this intolerance.

The following criteria indicate failure to achieve an adequate response and must be demonstrated at the time of the initial application:

(a) a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 4 on a 0-10 scale; and

(b) an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 10 mg per L.

The baseline BASDAI score and ESR or CRP level must be determined at the completion of the 3 month NSAID and exercise trial, but prior to ceasing NSAID treatment. All measurements must be no more than 4 weeks old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reason this criterion cannot be satisfied.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The following must be provided at the time of application and documented in the patient's medical records:

(i) details (name of the radiology report provider, date of the radiology report and unique identifying number/code that links report to the individual patient) of the radiological report confirming Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis; and

(ii) a baseline BASDAI score; and

(iii) a completed Exercise Program Self Certification Form included in the supporting information form; and

(iv) baseline ESR and/or CRP level.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Details of the toxicities, including severity, which will be accepted for the purposes of administering this restriction can be found on the Services Australia website at www.servicesaustralia.gov.au

Note For details on the appropriate minimum exercise program that will be accepted for the purposes of administering this restriction, please refer to the Services Australia website at www.servicesaustralia.gov.au

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

14655

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed/ceased to respond to PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for a patient who is either changing treatment from another biological medicine to this drug or recommencing therapy with this drug after a treatment break of less than 5 years, must be accompanied with details of the evidence of a response to the patient's most recent course of PBS-subsidised biological medicine within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a patient is changing from PBS-subsidised treatment with a biosimilar medicine for this condition, the prescriber must submit baseline disease severity indicators with this application, in addition to the response assessment outlined below.

An adequate response is defined as an improvement from baseline of at least 2 units (on a scale of 0-10) in the BASDAI score combined with at least 1 of the following:

(a) an ESR measurement no greater than 25 mm per hour; or

(b) a CRP measurement no greater than 10 mg per L; or

(c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and used to assess all future responses to treatment.

The assessment of response to treatment must be documented in the patient's medical records.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826
HOBART TAS 7001

Authority Required

14662

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of at least 5 years from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must be either radiologically (plain X-ray) confirmed: (i) Grade II bilateral sacroiliitis; (ii) Grade III unilateral sacroiliitis, **AND**
- Patient must have at least 2 of the following: (i) low back pain and stiffness for 3 or more months that is relieved by exercise but not by rest; (ii) limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by a score of at least 1 on each of the lumbar flexion and lumbar side flexion measurements of the Bath Ankylosing Spondylitis Metrology Index (BASMI); (iii) limitation of chest expansion relative to normal values for age and gender, **AND**
- Patient must have a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 4 on a 0-10 scale that is no more than 4 weeks old at the time of application, **AND**
- Patient must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour that is no more than 4 weeks old at the time of application; **OR**
- Patient must have a C-reactive protein (CRP) level greater than 10 mg per L that is no more than 4 weeks old at the time of application; **OR**
- Patient must have a clinical reason as to why demonstration of an elevated ESR or CRP cannot be met and the application must state the reason, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The following must be provided at the time of application and documented in the patient's medical records:

(i) details (name of the radiology report provider, date of the radiology report and unique identifying number/code that links report to the individual patient) of the radiological report confirming Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis; and

(ii) a baseline BASDAI score; and

(iii) a baseline ESR and/or CRP level.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

12174

Ankylosing spondylitis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

12442W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	0.00	495.79	25.00	[a] Hadlima [RF]	[a] Humira [VE]
					[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

9077R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	0.00	439.27	25.00	[a] Amgevita [XT]	[a] Hadlima [RF]
					[a] Hyrimoz [SZ]	

ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE PSORIATIC ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) listed for adult patients with severe psoriatic arthritis.

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Severe Psoriatic Arthritis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

A patient is eligible for PBS-subsidised treatment with only 1 of the biological medicines at any one time.

Under these arrangements, within a single treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib or ustekinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe psoriatic arthritis.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or,

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or,

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than the 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements. An authority application must be made under the 'Initial 2' treatment phase.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.

However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response to the PBS-subsidised treatment.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment restriction according to the criteria of the relevant restriction and index of disease severity. The application must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note Biosimilar prescribing policy

Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

13650

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response to methotrexate at a dose of at least 20 mg weekly for a minimum period of 3 months, **AND**
- Patient must have failed to achieve an adequate response to sulfasalazine at a dose of at least 2 g per day for a minimum period of 3 months; **OR**
- Patient must have failed to achieve an adequate response to leflunomide at a dose of up to 20 mg daily for a minimum period of 3 months, **AND**

- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Where treatment with methotrexate, sulfasalazine or leflunomide is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.

Where intolerance to treatment with methotrexate, sulfasalazine or leflunomide developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

The following initiation criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; and

either

(a) an active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

16414

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

13694

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have had a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; **OR**
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either (a) a total active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active major joints, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Major joints are defined as (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count and ESR and/or CRP must be no more than 4 weeks old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

9064

Severe psoriatic arthritis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

12362P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	0.00	439.27	25.00	[a] Hadlima [RF]	[a] Humira [VE]
					[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

9101B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	0.00	439.27	25.00	[a] Abrilada [PF]	[a] Amgevita [XT]
					[a] Hadlima [RF]	[a] Hyrimoz [SZ]

ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed for adult patients with the indication of ankylosing spondylitis (AS).

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Ankylosing spondylitis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

Treatment cycles:

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who has been receiving PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab and secukinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Where treatment has resulted in an inadequate response on 3 occasions a treatment cycle is considered to have been completed and there must be a 5-year break in PBS subsidy from all medicines with the PBS indication: 'Ankylosing spondylitis' before starting a new treatment cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle and where a break in therapy of less than 5 years has occurred, a further course of treatment may be commenced within the same treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Prescribing under the correct 'Treatment phase' listing for the authority application:

(1) Initial treatment.

Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for ankylosing spondylitis.

(2) Continuing treatment.

Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to proceed initial treatment. An authority application for continuing treatment is not to be made on the same day as initial treatment.

(3) Changing therapy.

Apply under the 'Initial 2' treatment listing. Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to prior NSAID therapy and exercise program requirements. Where a patient is changing from a biosimilar medicine the prescriber must submit baseline indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI). A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot change to a particular biological medicine if it has failed to provide the patient with an adequate response within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this initial 2 treatment authority application.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological medicine. To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under the 'Initial 3' treatment listing. Prior NSAID and exercise therapies need not be re-trialled.

Note Biosimilar prescribing policy

Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

14670

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Clinical criteria:

- The condition must be either radiologically (plain X-ray) confirmed: (i) Grade II bilateral sacroiliitis; (ii) Grade III unilateral sacroiliitis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have at least 2 of the following: (i) low back pain and stiffness for 3 or more months that is relieved by exercise but not by rest; (ii) limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by

a score of at least 1 on each of the lumbar flexion and lumbar side flexion measurements of the Bath Ankylosing Spondylitis Metrology Index (BASMI); (iii) limitation of chest expansion relative to normal values for age and gender, **AND**

- Patient must have failed to achieve an adequate response following treatment with at least 2 non-steroidal anti-inflammatory drugs (NSAIDs), whilst completing an appropriate exercise program, for a total period of 3 months, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The application must include details of the NSAIDs trialled, their doses and duration of treatment.

If the NSAID dose is less than the maximum recommended dose in the relevant TGA-approved Product Information, the application must include the reason a higher dose cannot be used.

If treatment with NSAIDs is contraindicated according to the relevant TGA-approved Product Information, the application must provide details of the contraindication.

If intolerance to NSAID treatment develops during the relevant period of use which is of a severity to necessitate permanent treatment withdrawal, the application must provide details of the nature and severity of this intolerance.

The following criteria indicate failure to achieve an adequate response and must be demonstrated at the time of the initial application:

(a) a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 4 on a 0-10 scale; and

(b) an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 10 mg per L.

The baseline BASDAI score and ESR or CRP level must be determined at the completion of the 3 month NSAID and exercise trial, but prior to ceasing NSAID treatment. All measurements must be no more than 4 weeks old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reason this criterion cannot be satisfied.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The following must be provided at the time of application and documented in the patient's medical records:

(i) details (name of the radiology report provider, date of the radiology report and unique identifying number/code that links report to the individual patient) of the radiological report confirming Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis; and

(ii) a baseline BASDAI score; and

(iii) a completed Exercise Program Self Certification Form included in the supporting information form; and

(iv) baseline ESR and/or CRP level.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Details of the toxicities, including severity, which will be accepted for the purposes of administering this restriction can be found on the Services Australia website at www.servicesaustralia.gov.au

Note For details on the appropriate minimum exercise program that will be accepted for the purposes of administering this restriction, please refer to the Services Australia website at www.servicesaustralia.gov.au

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

14655

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed/ceased to respond to PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for a patient who is either changing treatment from another biological medicine to this drug or recommencing therapy with this drug after a treatment break of less than 5 years, must be accompanied with details of the evidence of a response to the patient's most recent course of PBS-subsidised biological medicine within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a patient is changing from PBS-subsidised treatment with a biosimilar medicine for this condition, the prescriber must submit baseline disease severity indicators with this application, in addition to the response assessment outlined below.

An adequate response is defined as an improvement from baseline of at least 2 units (on a scale of 0-10) in the BASDAI score combined with at least 1 of the following:

(a) an ESR measurement no greater than 25 mm per hour; or

(b) a CRP measurement no greater than 10 mg per L; or

(c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and used to assess all future responses to treatment.

The assessment of response to treatment must be documented in the patient's medical records.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

14662

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of at least 5 years from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must be either radiologically (plain X-ray) confirmed: (i) Grade II bilateral sacroiliitis; (ii) Grade III unilateral sacroiliitis, **AND**
- Patient must have at least 2 of the following: (i) low back pain and stiffness for 3 or more months that is relieved by exercise but not by rest; (ii) limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by a score of at least 1 on each of the lumbar flexion and lumbar side flexion measurements of the Bath Ankylosing

Spondylitis Metrology Index (BASMI); (iii) limitation of chest expansion relative to normal values for age and gender, **AND**

- Patient must have a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 4 on a 0-10 scale that is no more than 4 weeks old at the time of application, **AND**
- Patient must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour that is no more than 4 weeks old at the time of application; **OR**
- Patient must have a C-reactive protein (CRP) level greater than 10 mg per L that is no more than 4 weeks old at the time of application; **OR**
- Patient must have a clinical reason as to why demonstration of an elevated ESR or CRP cannot be met and the application must state the reason, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The following must be provided at the time of application and documented in the patient's medical records:

(i) details (name of the radiology report provider, date of the radiology report and unique identifying number/code that links report to the individual patient) of the radiological report confirming Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis; and

(ii) a baseline BASDAI score; and

(iii) a baseline ESR and/or CRP level.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

12174

Ankylosing spondylitis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

12376J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	0.00	439.27	25.00	[a] Hadlima [RF]	[a] Humira [VE]
					[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

9103D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	0.00	439.27	25.00	[a] Abrilada [PF]	[a] Amgevita [XT]
					[a] Hadlima [RF]	[a] Hyrimoz [SZ]

ADALIMUMAB

Note SEVERE CROHN DISEASE - TREATMENT PHASES AND CYCLES

The following information applies to the prescribing of targeted therapies under the Pharmaceutical Benefits Scheme (PBS) for benefits with a stated indication of: 'Severe Crohn disease'. For PBS administration, the term targeted therapy includes biological and targeted synthetic disease modifying anti-rheumatic drugs.

A patient is eligible for PBS-subsidised treatment with only one targeted therapy at any one time.

Treatment cycle:

A treatment cycle begins when an authority application is approved under an Initial 1, Initial 2 patients who are accessing PBS-subsidised treatment for the first time, Initial 3 or transitioning from non-PBS-subsidised therapy that was commenced as a paediatric patient type restriction. Treatment must not continue with the same targeted therapy if it has not provided an adequate response as defined in the continuing treatment phase. A patient may trial different targeted therapies within a cycle; however, if all available targeted therapies have been trialled and have not provided an adequate response, the treatment cycle ends and a 12-month PBS exclusion period applies.

The 12-month break is measured from the date of the last PBS approval for a targeted therapy in the most recent cycle to the date of first initial treatment application under the next treatment cycle.

If a new targeted therapy with a different pharmacological mechanism of action becomes available on the PBS during a 12-month break, a patient may be prescribed the newly listed targeted therapy through the Initial 2 treatment phase, if they have never received that medicine previously. If the newly listed targeted therapy does not provide an adequate response, the treatment cycle ends and the 12-month break recommences. This will not be considered a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Treatment phases:

Initial 1 - use when the patient has never received a targeted therapy for this indication.

Baseline disease activity and inadequate response to conventional therapies must be demonstrated.

Initial 2 - use when an alternative targeted therapy is being prescribed for this indication, or when the patient has previously been treated with this targeted therapy and treatment is resuming after a break of less than 12 months.

Baseline disease activity and inadequate response to conventional therapies do not need to be re-demonstrated; however, an assessment of response to the preceding supply must be provided if a response has been demonstrated.

Initial 3 - use when treatment is resuming after an absence of PBS subsidy for at least 12 months.

Baseline disease activity must be demonstrated; however, a re-trial of conventional therapies is not required.

Transitioning from non-PBS supply commenced as a paediatric patient - use when the patient is receiving non-PBS-subsidised treatment with a targeted therapy for this condition and has been initiated on treatment on the same targeted therapy as a paediatric patient (prior to 18 years of age) via non-PBS pathways (e.g. compassionate access or public hospital individual patient use program).

Continuing treatment - use when patient has demonstrated an adequate response to the preceding supply and/or when the dose is being increased. Continuing treatment authority scripts must not be written on the same day as Initial treatment authority applications.

Balance of supply - use when the full amount of the preceding supply was not provided. This phase provides the remaining quantity that could have been obtained under the preceding authority approval or where additional time is required for an adequate response to be demonstrated.

Recency of assessments:

Where possible, all related assessment documentation (including Crohn Disease Activity Index calculations, pathology tests and diagnostic imaging studies) should be within 4 weeks of the date of authority application but no longer than 4 weeks following cessation of the most recent treatment.

Note Biosimilar prescribing policy

Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for targeted therapies, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note Authority applications for increased quantities/repeats may be approved by Services Australia to provide sufficient doses for the relevant treatment phase.

Authority Required

18813

Severe Crohn disease

Treatment Phase: Initial 1 (new patient)

Clinical criteria:

- Patient must have confirmed severe Crohn disease, defined by standard clinical, endoscopic and/or imaging features, including histological evidence, with the diagnosis confirmed by a gastroenterologist or a consultant physician, **AND**
- Patient must not have achieved an adequate response to a tapered course of steroids, starting at a dose of at least 40 mg prednisolone (or equivalent), over a 6 week period, **AND**
- Patient must not have achieved an adequate response to prior treatment with a thiopurine at a clinically optimised dose for 3 or more consecutive months; **OR**
- Patient must not have achieved an adequate response to methotrexate at a dose of at least 15 mg weekly for 3 or more consecutive months, **AND**
- Patient must have a Crohn Disease Activity Index (CDAI) Score greater than or equal to 300 as evidence of not achieving an adequate response to prior systemic therapy; **OR**
- Patient must have short gut syndrome with diagnostic imaging or surgical evidence, or have had an ileostomy or colostomy; and must have evidence of intestinal inflammation; and must have evidence of not achieving an adequate response to prior systemic therapy as specified below; **OR**
- Patient must have extensive intestinal inflammation affecting more than 50 cm of the small intestine as evidenced by radiological imaging; and must have a Crohn Disease Activity Index (CDAI) Score greater than or equal to 220; and must have evidence of not achieving an adequate response to prior systemic therapy as specified below, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a gastroenterologist; **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

Population criteria:

- Patient must be at least 18 years of age.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) details of prior systemic drug therapy [dosage, date of commencement and duration of therapy]; and

(b) if applicable, details (date, unique identifying number/code or provider number) of the pathology or diagnostic imaging test(s) nominated as the response criteria; and

(c) if applicable, details of intestinal inflammation marker/s; and

(d) if applicable, the CDAI score and the date of assessment; and

(e) the date of the most recent clinical assessment.

Evidence of not achieving an adequate response to prior therapy must include at least one of the following:

(a) patient must have evidence of intestinal inflammation;

(b) patient must be assessed clinically as being in a high faecal output state;

(c) patient must be assessed clinically as requiring surgery or total parenteral nutrition (TPN) as the next therapeutic option, in the absence of this drug, if affected by short gut syndrome, extensive small intestine disease or is an ostomy patient.

Evidence of intestinal inflammation includes:

(i) blood: higher than normal platelet count, or, an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour, or, a C-reactive protein (CRP) level greater than 15 mg per L; or

(ii) faeces: higher than normal lactoferrin or calprotectin level; or

(iii) diagnostic imaging: demonstration of increased uptake of intravenous contrast with thickening of the bowel wall or mesenteric lymphadenopathy or fat streaking in the mesentery.

Where fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment with adalimumab may be requested under the balance of supply restriction.

If treatment with any of the specified prior conventional drugs is contraindicated according to the relevant contraindications or precautions in the TGA-approved Product Information, please provide details at the time of application. Patients must attempt to trial alternate conventional therapies that are not contraindicated.

If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, details of this toxicity must be provided at the time of application.

Any one of the baseline criteria may be used to determine response to an initial course of treatment and eligibility for continued therapy, according to the criteria included in the continuing treatment restriction. However, the same criterion must be used for any subsequent determination of response to treatment, for the purpose of eligibility for continuing PBS-subsidised therapy.

A patient who does not demonstrate a response to treatment will not be eligible for further PBS-subsidised treatment with this drug for this condition within the same treatment cycle. The patient will be considered not to have responded to treatment if a response assessment is not completed. A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as treatment failure.

Authority Required

18814

Severe Crohn disease

Treatment Phase: Initial 2 (change or recommencement of treatment after a break in targeted therapy of less than 12 months)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a targeted therapy for this condition in this treatment cycle; **OR**
- Patient must have been eligible for prior PBS-subsidised treatment with a targeted therapy for this condition in this treatment cycle, **AND**
- Patient must have either: (i) not previously received this drug for this condition in the current treatment cycle, (ii) previously received this drug and demonstrated/maintained an adequate clinical response, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction per authority application.

Treatment criteria:

- Must be treated by a gastroenterologist; **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

Population criteria:

- Patient must be at least 18 years of age.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) if applicable, the CDAI score and the date of assessment; and

(b) if applicable, details (date, unique identifying number/code or provider number) of the pathology or diagnostic imaging test(s) used to assess response to therapy for patients with short gut syndrome, extensive small intestine disease or an ostomy; and

(c) if applicable, the date of the most recent clinical assessment; and

(d) details of the most recent targeted therapy in the current treatment cycle, including the date and duration of treatment.

If a patient was eligible for prior PBS-subsidised treatment with a targeted therapy for this condition but did not receive PBS-subsidised treatment at the time, the application must provide a declaration that the patient met all 'Initial 1' eligibility requirements when targeted therapy treatment commenced. The following information must also be provided at the time of application:

(a) the baseline CDAI score and the date of assessment; and/or

(b) details (date, unique identifying number/code or provider number) of the pathology or diagnostic imaging test(s) used to assess response to therapy for patients with short gut syndrome, extensive small intestine disease or an ostomy.

Where fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment with adalimumab may be requested under the balance of supply restriction.

A patient who does not demonstrate a response to treatment will not be eligible for further PBS-subsidised treatment with this drug for this condition within the same treatment cycle. The patient will be considered not to have responded to treatment if a response assessment is not completed. A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised targeted therapy was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Authority Required

18815

Severe Crohn disease

Treatment Phase: Initial 3 (recommencement of treatment after a break in targeted therapy of more than 12 months)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a targeted therapy for this condition, **AND**
- Patient must have had a break in treatment of 12 months or more from the most recently approved PBS-subsidised targeted therapy for this condition, **AND**
- Patient must have confirmed severe Crohn disease, defined by standard clinical, endoscopic and/or imaging features, including histological evidence, with the diagnosis confirmed by a gastroenterologist or a consultant physician, **AND**
- Patient must have a Crohn Disease Activity Index (CDAI) Score of greater than or equal to 300 while off treatment with targeted therapy; **OR**
- Patient must have a documented history of intestinal inflammation and have diagnostic imaging or surgical evidence of short gut syndrome if affected by the syndrome or has an ileostomy or colostomy; and evidence of flared disease while off treatment with targeted therapy; **OR**
- Patient must have a documented history and radiological evidence of intestinal inflammation if the patient has extensive small intestinal disease affecting more than 50 cm of the small intestine, together with a Crohn Disease Activity Index (CDAI) Score greater than or equal to 220; and evidence of flared disease while off treatment with targeted therapy, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction per authority application.

Treatment criteria:

- Must be treated by a gastroenterologist; **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

Population criteria:

- Patient must be at least 18 years of age.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) if applicable, current CDAI score and the date of assessment; and

(b) if applicable, details (date, unique identifying number/code or provider number) of the pathology or diagnostic imaging test(s) or details of intestinal inflammation marker/s used to assess response to therapy for patients with short gut syndrome, extensive small intestine disease or an ostomy; and

(c) the date of the most recent clinical assessment.

Evidence of flared disease must include at least one of the following:

(a) patient must have evidence of intestinal inflammation;

(b) patient must be assessed clinically as being in a high faecal output state;

(c) patient must be assessed clinically as requiring surgery or total parenteral nutrition (TPN) as the next therapeutic option, in the absence of this drug, if affected by short gut syndrome, extensive small intestine disease or is an ostomy patient.

Evidence of intestinal inflammation includes:

(i) blood: higher than normal platelet count, or, an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour, or, a C-reactive protein (CRP) level greater than 15 mg per L; or

(ii) faeces: higher than normal lactoferrin or calprotectin level; or

(iii) diagnostic imaging: demonstration of increased uptake of intravenous contrast with thickening of the bowel wall or mesenteric lymphadenopathy or fat streaking in the mesentery.

Where fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment with adalimumab may be requested under the balance of supply restriction.

Any one of the baseline criteria may be used to determine response to an initial course of treatment and eligibility for continued therapy, according to the criteria included in the continuing treatment restriction. However, the same criterion must be used for any subsequent determination of response to treatment, for the purpose of eligibility for continuing PBS-subsidised therapy.

A patient who does not demonstrate a response to treatment will not be eligible for further PBS-subsidised treatment with this drug for this condition within the same treatment cycle. The patient will be considered not to have responded to treatment if a response assessment is not completed. A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised targeted therapy was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Authority Required

18767

Severe Crohn disease

Treatment Phase: Balance of supply

Clinical criteria:

- Patient must have received insufficient treatment with this drug for this condition under any relevant initial or continuing restriction (Initial 1, Initial 2, Initial 3, or Continuing treatment), **AND**
- The treatment must provide no more than the balance of up to 16 weeks therapy available under Initial 1, 2 or 3 treatment; **OR**
- The treatment must provide no more than the balance of up to 24 weeks therapy available under Continuing treatment.

Treatment criteria:

- Must be treated by a gastroenterologist; **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

12451H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	2	0.00	495.79	25.00	[a] Hadlima [RF]	[a] Humira [VE]
						[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

12453K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	3	0	0.00	1,468.65	25.00	[a] Hadlima [RF]	[a] Humira [VE]
						[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

9188N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	2	0.00	439.27	25.00	[a] Amgevita [XT]	[a] Hadlima [RF]
						[a] Hyrimoz [SZ]	

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

12387Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	3	0	0.00	1,299.09	25.00	[a] Amgevita [XT]	[a] Hadlima [RF]
						[a] Hyrimoz [SZ]	

ADALIMUMAB

Note SEVERE CROHN DISEASE - TREATMENT PHASES AND CYCLES

The following information applies to the prescribing of targeted therapies under the Pharmaceutical Benefits Scheme (PBS) for benefits with a stated indication of: 'Severe Crohn disease'. For PBS administration, the term targeted therapy includes biological and targeted synthetic disease modifying anti-rheumatic drugs.

A patient is eligible for PBS-subsidised treatment with only one targeted therapy at any one time.

Treatment cycle:

A treatment cycle begins when an authority application is approved under an Initial 1, Initial 2 patients who are accessing PBS-subsidised treatment for the first time, Initial 3 or transitioning from non-PBS-subsidised therapy that was commenced as a paediatric patient type restriction. Treatment must not continue with the same targeted therapy if it has not provided an adequate response as defined in the continuing treatment phase. A patient may trial different targeted therapies within a cycle; however, if all available targeted therapies have been trialled and have not provided an adequate response, the treatment cycle ends and a 12-month PBS exclusion period applies.

The 12-month break is measured from the date of the last PBS approval for a targeted therapy in the most recent cycle to the date of first initial treatment application under the next treatment cycle.

If a new targeted therapy with a different pharmacological mechanism of action becomes available on the PBS during a 12-month break, a patient may be prescribed the newly listed targeted therapy through the Initial 2 treatment phase, if they have never received that medicine previously. If the newly listed targeted therapy does not provide an adequate response, the treatment cycle ends and the 12-month break recommences. This will not be considered a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Treatment phases:

Initial 1 - use when the patient has never received a targeted therapy for this indication.

Baseline disease activity and inadequate response to conventional therapies must be demonstrated.

Initial 2 - use when an alternative targeted therapy is being prescribed for this indication, or when the patient has previously been treated with this targeted therapy and treatment is resuming after a break of less than 12 months.

Baseline disease activity and inadequate response to conventional therapies do not need to be re-demonstrated; however, an assessment of response to the preceding supply must be provided if a response has been demonstrated.

Initial 3 - use when treatment is resuming after an absence of PBS subsidy for at least 12 months.

Baseline disease activity must be demonstrated; however, a re-trial of conventional therapies is not required.

Transitioning from non-PBS supply commenced as a paediatric patient - use when the patient is receiving non-PBS-subsidised treatment with a targeted therapy for this condition and has been initiated on treatment on the same targeted therapy as a paediatric patient (prior to 18 years of age) via non-PBS pathways (e.g. compassionate access or public hospital individual patient use program).

Continuing treatment - use when patient has demonstrated an adequate response to the preceding supply and/or when the dose is being increased. Continuing treatment authority scripts must not be written on the same day as Initial treatment authority applications.

Balance of supply - use when the full amount of the preceding supply was not provided. This phase provides the remaining quantity that could have been obtained under the preceding authority approval or where additional time is required for an adequate response to be demonstrated.

Recency of assessments:

Where possible, all related assessment documentation (including Crohn Disease Activity Index calculations, pathology tests and diagnostic imaging studies) should be within 4 weeks of the date of authority application but no longer than 4 weeks following cessation of the most recent treatment.

Note Biosimilar prescribing policy

Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for targeted therapies, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note Authority applications for increased quantities/repeats may be approved by Services Australia to provide sufficient doses for the relevant treatment phase.

Authority Required

18813

Severe Crohn disease

Treatment Phase: Initial 1 (new patient)

Clinical criteria:

- Patient must have confirmed severe Crohn disease, defined by standard clinical, endoscopic and/or imaging features, including histological evidence, with the diagnosis confirmed by a gastroenterologist or a consultant physician, **AND**
- Patient must not have achieved an adequate response to a tapered course of steroids, starting at a dose of at least 40 mg prednisolone (or equivalent), over a 6 week period, **AND**
- Patient must not have achieved an adequate response to prior treatment with a thiopurine at a clinically optimised dose for 3 or more consecutive months; **OR**

- Patient must not have achieved an adequate response to methotrexate at a dose of at least 15 mg weekly for 3 or more consecutive months, **AND**
- Patient must have a Crohn Disease Activity Index (CDAI) Score greater than or equal to 300 as evidence of not achieving an adequate response to prior systemic therapy; **OR**
- Patient must have short gut syndrome with diagnostic imaging or surgical evidence, or have had an ileostomy or colostomy; and must have evidence of intestinal inflammation; and must have evidence of not achieving an adequate response to prior systemic therapy as specified below; **OR**
- Patient must have extensive intestinal inflammation affecting more than 50 cm of the small intestine as evidenced by radiological imaging; and must have a Crohn Disease Activity Index (CDAI) Score greater than or equal to 220; and must have evidence of not achieving an adequate response to prior systemic therapy as specified below, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a gastroenterologist; **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

Population criteria:

- Patient must be at least 18 years of age.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) details of prior systemic drug therapy [dosage, date of commencement and duration of therapy]; and

(b) if applicable, details (date, unique identifying number/code or provider number) of the pathology or diagnostic imaging test(s) nominated as the response criteria; and

(c) if applicable, details of intestinal inflammation marker/s; and

(d) if applicable, the CDAI score and the date of assessment; and

(e) the date of the most recent clinical assessment.

Evidence of not achieving an adequate response to prior therapy must include at least one of the following:

(a) patient must have evidence of intestinal inflammation;

(b) patient must be assessed clinically as being in a high faecal output state;

(c) patient must be assessed clinically as requiring surgery or total parenteral nutrition (TPN) as the next therapeutic option, in the absence of this drug, if affected by short gut syndrome, extensive small intestine disease or is an ostomy patient.

Evidence of intestinal inflammation includes:

(i) blood: higher than normal platelet count, or, an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour, or, a C-reactive protein (CRP) level greater than 15 mg per L; or

(ii) faeces: higher than normal lactoferrin or calprotectin level; or

(iii) diagnostic imaging: demonstration of increased uptake of intravenous contrast with thickening of the bowel wall or mesenteric lymphadenopathy or fat streaking in the mesentery.

Where fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment with adalimumab may be requested under the balance of supply restriction.

If treatment with any of the specified prior conventional drugs is contraindicated according to the relevant contraindications or precautions in the TGA-approved Product Information, please provide details at the time of application. Patients must attempt to trial alternate conventional therapies that are not contraindicated.

If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, details of this toxicity must be provided at the time of application.

Any one of the baseline criteria may be used to determine response to an initial course of treatment and eligibility for continued therapy, according to the criteria included in the continuing treatment restriction. However, the same criterion must be used for any subsequent determination of response to treatment, for the purpose of eligibility for continuing PBS-subsidised therapy.

A patient who does not demonstrate a response to treatment will not be eligible for further PBS-subsidised treatment with this drug for this condition within the same treatment cycle. The patient will be considered not to have responded to treatment if a response assessment is not completed. A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as treatment failure.

Authority Required

18814

Severe Crohn disease

Treatment Phase: Initial 2 (change or recommencement of treatment after a break in targeted therapy of less than 12 months)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a targeted therapy for this condition in this treatment cycle; **OR**
- Patient must have been eligible for prior PBS-subsidised treatment with a targeted therapy for this condition in this treatment cycle, **AND**
- Patient must have either: (i) not previously received this drug for this condition in the current treatment cycle, (ii) previously received this drug and demonstrated/maintained an adequate clinical response, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction per authority application.

Treatment criteria:

- Must be treated by a gastroenterologist; **OR**

- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

Population criteria:

- Patient must be at least 18 years of age.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) if applicable, the CDAI score and the date of assessment; and

(b) if applicable, details (date, unique identifying number/code or provider number) of the pathology or diagnostic imaging test(s) used to assess response to therapy for patients with short gut syndrome, extensive small intestine disease or an ostomy; and

(c) if applicable, the date of the most recent clinical assessment; and

(d) details of the most recent targeted therapy in the current treatment cycle, including the date and duration of treatment.

If a patient was eligible for prior PBS-subsidised treatment with a targeted therapy for this condition but did not receive PBS-subsidised treatment at the time, the application must provide a declaration that the patient met all 'Initial 1' eligibility requirements when targeted therapy treatment commenced. The following information must also be provided at the time of application:

(a) the baseline CDAI score and the date of assessment; and/or

(b) details (date, unique identifying number/code or provider number) of the pathology or diagnostic imaging test(s) used to assess response to therapy for patients with short gut syndrome, extensive small intestine disease or an ostomy.

Where fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment with adalimumab may be requested under the balance of supply restriction.

A patient who does not demonstrate a response to treatment will not be eligible for further PBS-subsidised treatment with this drug for this condition within the same treatment cycle. The patient will be considered not to have responded to treatment if a response assessment is not completed. A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised targeted therapy was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Authority Required

18815

Severe Crohn disease

Treatment Phase: Initial 3 (recommencement of treatment after a break in targeted therapy of more than 12 months)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a targeted therapy for this condition, **AND**
- Patient must have had a break in treatment of 12 months or more from the most recently approved PBS-subsidised targeted therapy for this condition, **AND**
- Patient must have confirmed severe Crohn disease, defined by standard clinical, endoscopic and/or imaging features, including histological evidence, with the diagnosis confirmed by a gastroenterologist or a consultant physician, **AND**
- Patient must have a Crohn Disease Activity Index (CDAI) Score of greater than or equal to 300 while off treatment with targeted therapy; **OR**
- Patient must have a documented history of intestinal inflammation and have diagnostic imaging or surgical evidence of short gut syndrome if affected by the syndrome or has an ileostomy or colostomy; and evidence of flared disease while off treatment with targeted therapy; **OR**
- Patient must have a documented history and radiological evidence of intestinal inflammation if the patient has extensive small intestinal disease affecting more than 50 cm of the small intestine, together with a Crohn Disease Activity Index (CDAI) Score greater than or equal to 220; and evidence of flared disease while off treatment with targeted therapy, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction per authority application.

Treatment criteria:

- Must be treated by a gastroenterologist; **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

Population criteria:

- Patient must be at least 18 years of age.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) if applicable, current CDAI score and the date of assessment; and

(b) if applicable, details (date, unique identifying number/code or provider number) of the pathology or diagnostic imaging test(s) or details of intestinal inflammation marker/s used to assess response to therapy for patients with short gut syndrome, extensive small intestine disease or an ostomy; and

(c) the date of the most recent clinical assessment.

Evidence of flared disease must include at least one of the following:

(a) patient must have evidence of intestinal inflammation;

(b) patient must be assessed clinically as being in a high faecal output state;

(c) patient must be assessed clinically as requiring surgery or total parenteral nutrition (TPN) as the next therapeutic option, in the absence of this drug, if affected by short gut syndrome, extensive small intestine disease or is an ostomy patient.

Evidence of intestinal inflammation includes:

(i) blood: higher than normal platelet count, or, an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour, or, a C-reactive protein (CRP) level greater than 15 mg per L; or

(ii) faeces: higher than normal lactoferrin or calprotectin level; or

(iii) diagnostic imaging: demonstration of increased uptake of intravenous contrast with thickening of the bowel wall or mesenteric lymphadenopathy or fat streaking in the mesentery.

Where fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment with adalimumab may be requested under the balance of supply restriction.

Any one of the baseline criteria may be used to determine response to an initial course of treatment and eligibility for continued therapy, according to the criteria included in the continuing treatment restriction. However, the same criterion must be used for any subsequent determination of response to treatment, for the purpose of eligibility for continuing PBS-subsidised therapy.

A patient who does not demonstrate a response to treatment will not be eligible for further PBS-subsidised treatment with this drug for this condition within the same treatment cycle. The patient will be considered not to have responded to treatment if a response assessment is not completed. A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised targeted therapy was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Authority Required

18767

Severe Crohn disease

Treatment Phase: Balance of supply

Clinical criteria:

- Patient must have received insufficient treatment with this drug for this condition under any relevant initial or continuing restriction (Initial 1, Initial 2, Initial 3, or Continuing treatment), **AND**
- The treatment must provide no more than the balance of up to 16 weeks therapy available under Initial 1, 2 or 3 treatment; **OR**
- The treatment must provide no more than the balance of up to 24 weeks therapy available under Continuing treatment.

Treatment criteria:

- Must be treated by a gastroenterologist; **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
12345R	1	2	0.00	439.27	25.00	[a] Hadlima [RF]	[a] Humira [VE]
						[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
12433J	3	0	0.00	1,299.09	25.00	[a] Hadlima [RF]	[a] Humira [VE]
						[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9190Q	1	2	0.00	439.27	25.00	[a] Abrilada [PF]	[a] Amgevita [XT]
						[a] Hadlima [RF]	[a] Hyrimoz [SZ]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
12402R	3	0	0.00	1,299.09	25.00	[a] Abrilada [PF]	[a] Amgevita [XT]
						[a] Hadlima [RF]	[a] Hyrimoz [SZ]

ADALIMUMAB

Note TREATMENT OF COMPLEX REFRACTORY FISTULISING CROHN DISEASE

The following information applies to the prescribing of targeted therapies under the Pharmaceutical Benefits Scheme (PBS) for benefits with a stated indication of 'complex refractory fistulising Crohn disease'. For PBS administration, the term targeted therapy includes biological and targeted synthetic disease modifying anti-rheumatic drugs.

A patient is eligible for PBS-subsidised treatment with only one targeted therapy at any one time.

Treatment cycle:

A treatment cycle begins when an authority application is approved under the Initial 1 or Initial 2 who are accessing PBS-subsidised treatment for the first time. Treatment must not continue with the same targeted therapy if it has not provided an adequate response as defined in the continuing treatment phase. A patient may trial different targeted therapies within a cycle; however, if all available targeted therapies have been trialled and do not provide an adequate response, the treatment cycle ends and a 12-month PBS exclusion period applies.

The 12-month break is measured from the date of the last PBS approval for a targeted therapy in the most recent cycle to the date of first initial treatment application under the next treatment cycle.

If a new targeted therapy with a different pharmacological mechanism of action becomes available on the PBS during a 12-month break, a patient may be prescribed the newly listed targeted therapy, through the Initial 2 treatment phase, if they have never received that medicine previously. If the newly listed targeted therapy does not provide an adequate response, the treatment cycle ends and the 12-month break recommences. This will not be considered a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Treatment phases:

Initial 1 - use when the patient has never received a targeted therapy for this indication or if the patient has had a break in targeted therapy of at least 12-months. Patients who have had a break in treatment of at least 12-months must requalify for treatment with respect to the indices of disease severity.

Initial 2 - use when:

- an alternative targeted therapy is prescribed for this indication, or
- the patient has previously been treated with this targeted therapy, or
- treatment is resuming after a break of less than 12-months.

Baseline disease activity does not need to be re demonstrated; however, an assessment of response to the preceding supply must be provided if a response has been demonstrated.

Continuing treatment - use when patient has demonstrated an adequate response to the preceding supply. A response to treatment is determined by comparison of current disease activity measurements relative to the baseline measurements. Prescribers may provide new baseline measurements any time that an initial treatment authority application is made within a treatment cycle and eligibility will be assessed against the revised baseline measurements. Continuing treatment authority scripts must not be written on the same day as Initial treatment authority applications.

Balance of supply - use when the full amount of the preceding supply was not provided. This phase provides the remaining quantity that could have been obtained under the preceding authority approval or where additional time is required for an adequate response to be determined.

Recency of assessments:

Where possible, all related assessment documentation should be within 4 weeks of the date of authority application but no longer than 4 weeks following cessation of the most recent treatment.

Note Biosimilar prescribing policy

Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for targeted therapies, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note For the purposes of this restriction, the fistula symptom grading total score can be calculated using the following:

(i) Discharge

- 0 - no discharge
- 1 - minimal mucous discharge
- 2 - moderate mucous discharge or purulent discharge
- 3 - substantial discharge
- 4 - gross faecal soiling

(ii) Pain

- 0 - no pain
- 1 - mild discomfort
- 2 - moderate discomfort
- 3 - marked discomfort
- 4 - severe pain

(iii) Degree of induration

- 0 - no induration
- 1 - minimal induration
- 2 - moderate induration
- 3 - substantial induration
- 4 - gross fluctuance/abscess

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

19106

Complex refractory Fistulising Crohn disease

Treatment Phase: Initial 1 (new patient or recommencement of treatment after a break in targeted therapy of more than 12 months)

Clinical criteria:

- Patient must have confirmed Crohn disease, defined by standard clinical, endoscopic and/or imaging features, including histological evidence, with the diagnosis confirmed by a gastroenterologist or a consultant physician, **AND**
- Patient must have an externally draining enterocutaneous or rectovaginal fistula, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a gastroenterologist; **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

The number of externally draining complex fistulae, fistula symptom grading scores (discharge/pain/induration) and the date of assessment of the patient's condition must be provided by the prescriber at the time of application and documented in the patient's medical records.

A patient who does not demonstrate a response to treatment will not be eligible for further PBS-subsidised treatment with this drug for this condition within the same treatment cycle. The patient will be considered not to have responded to treatment if a response assessment is not completed. A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as treatment failure.

Under no circumstances will approvals be granted for treatment that would otherwise extend the initial treatment period.

Where fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment with adalimumab may be requested under the balance of supply restriction.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised targeted therapy was approved in this cycle and the date of the first application under a new cycle under the Initial 1 treatment restriction.

Authority Required

19115

Complex refractory Fistulising Crohn disease

Treatment Phase: Initial 2 (change or recommencement of treatment after a break in targeted therapy of less than 12 months)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a targeted therapy for this condition in this treatment cycle; **OR**
- Patient must have been eligible for prior PBS-subsidised treatment with a targeted therapy for this condition in this treatment cycle, **AND**
- Patient must have either: (i) not previously received this drug for this condition in the current treatment cycle, (ii) previously received this drug and demonstrated/maintained an adequate clinical response, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction per authority application.

Treatment criteria:

- Must be treated by a gastroenterologist; **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

A patient who does not demonstrate a response to treatment will not be eligible for further PBS-subsidised treatment with this drug for this condition within the same treatment cycle. The patient will be considered not to have responded to treatment if a response assessment is not completed. A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as treatment failure.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) current number of externally draining complex fistulae, fistula symptom grading scores (discharge/pain/induration) and the date of assessment of the patient's condition; and

(b) details of the most recent targeted therapy in the current treatment cycle, including the date and duration of treatment.

If a patient was eligible for prior PBS-subsidised treatment with a targeted therapy for this condition but did not receive PBS-subsidised treatment at the time, the application must provide a declaration that the patient met all 'Initial 1' eligibility requirements when targeted therapy treatment commenced. The application must also provide details of the baseline scores of the prior eligibility requirements, including the number of externally draining complex fistulae, fistula symptom grading scores (discharge/pain/induration) and the date of assessment.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised targeted therapy was approved in this cycle and the date of the first application under a new cycle under the Initial 1 treatment restriction.

Where fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment with adalimumab may be requested under the balance of supply restriction.

Under no circumstances will approvals be granted for treatment that would otherwise extend the initial treatment period.

Authority Required

19149

Complex refractory Fistulising Crohn disease

Treatment Phase: Balance of supply

Clinical criteria:

- Patient must have received insufficient treatment with this drug for this condition under any relevant initial restriction (Initial 1 or Initial 2), **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a gastroenterologist; **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

12380N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	3	0	0.00	*1,468.65	25.00	[a] Hadlima [RF]	[a] Humira [VE]
						[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

12397L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	2	0.00	*495.79	25.00	[a] Hadlima [RF]	[a] Humira [VE]
						[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

8963R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	2	0.00	439.27	25.00	[a] Amgevita [XT]	[a] Hadlima [RF]
						[a] Hyrimoz [SZ]	

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

12331B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	3	0	0.00	1,299.09	25.00	[a] Amgevita [XT]	[a] Hadlima [RF]
						[a] Hyrimoz [SZ]	

ADALIMUMAB

Note TREATMENT OF COMPLEX REFRACTORY FISTULISING CROHN DISEASE

The following information applies to the prescribing of targeted therapies under the Pharmaceutical Benefits Scheme (PBS) for benefits with a stated indication of 'complex refractory fistulising Crohn disease'. For PBS administration, the term targeted therapy includes biological and targeted synthetic disease modifying anti-rheumatic drugs.

A patient is eligible for PBS-subsidised treatment with only one targeted therapy at any one time.

Treatment cycle:

A treatment cycle begins when an authority application is approved under the Initial 1 or Initial 2 who are accessing PBS-subsidised treatment for the first time. Treatment must not continue with the same targeted therapy if it has not provided an adequate response as defined in the continuing treatment phase. A patient may trial different targeted therapies within a cycle; however, if all available targeted therapies have been trialled and do not provide an adequate response, the treatment cycle ends and a 12-month PBS exclusion period applies.

The 12-month break is measured from the date of the last PBS approval for a targeted therapy in the most recent cycle to the date of first initial treatment application under the next treatment cycle.

If a new targeted therapy with a different pharmacological mechanism of action becomes available on the PBS during a 12-month break, a patient may be prescribed the newly listed targeted therapy, through the Initial 2 treatment phase, if they have never received that medicine previously. If the newly listed targeted therapy does not provide an adequate response, the treatment cycle ends and the 12-month break recommences. This will not be considered a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Treatment phases:

Initial 1 - use when the patient has never received a targeted therapy for this indication or if the patient has had a break in targeted therapy of at least 12-months. Patients who have had a break in treatment of at least 12-months must requalify for treatment with respect to the indices of disease severity.

Initial 2 - use when:

- an alternative targeted therapy is prescribed for this indication, or
- the patient has previously been treated with this targeted therapy, or
- treatment is resuming after a break of less than 12-months.

Baseline disease activity does not need to be re demonstrated; however, an assessment of response to the preceding supply must be provided if a response has been demonstrated.

Continuing treatment - use when patient has demonstrated an adequate response to the preceding supply. A response to treatment is determined by comparison of current disease activity measurements relative to the baseline measurements. Prescribers may provide new baseline measurements any time that an initial treatment authority application is made within a treatment cycle and eligibility will be assessed against the revised baseline measurements. Continuing treatment authority scripts must not be written on the same day as Initial treatment authority applications.

Balance of supply - use when the full amount of the preceding supply was not provided. This phase provides the remaining quantity that could have been obtained under the preceding authority approval or where additional time is required for an adequate response to be determined.

Recency of assessments:

Where possible, all related assessment documentation should be within 4 weeks of the date of authority application but no longer than 4 weeks following cessation of the most recent treatment.

Note Biosimilar prescribing policy

Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for targeted therapies, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note For the purposes of this restriction, the fistula symptom grading total score can be calculated using the following:

(i) Discharge

- 0 - no discharge
- 1 - minimal mucous discharge
- 2 - moderate mucous discharge or purulent discharge
- 3 - substantial discharge
- 4 - gross faecal soiling

(ii) Pain

- 0 - no pain
- 1 - mild discomfort
- 2 - moderate discomfort
- 3 - marked discomfort
- 4 - severe pain

(iii) Degree of induration

- 0 - no induration
- 1 - minimal induration
- 2 - moderate induration
- 3 - substantial induration
- 4 - gross fluctuance/abscess

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

19106

Complex refractory Fistulising Crohn disease

Treatment Phase: Initial 1 (new patient or recommencement of treatment after a break in targeted therapy of more than 12 months)

Clinical criteria:

- Patient must have confirmed Crohn disease, defined by standard clinical, endoscopic and/or imaging features, including histological evidence, with the diagnosis confirmed by a gastroenterologist or a consultant physician, **AND**
- Patient must have an externally draining enterocutaneous or rectovaginal fistula, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a gastroenterologist; **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

The number of externally draining complex fistulae, fistula symptom grading scores (discharge/pain/induration) and the date of assessment of the patient's condition must be provided by the prescriber at the time of application and documented in the patient's medical records.

A patient who does not demonstrate a response to treatment will not be eligible for further PBS-subsidised treatment with this drug for this condition within the same treatment cycle. The patient will be considered not to have responded to treatment if a response assessment is not completed. A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as treatment failure.

Under no circumstances will approvals be granted for treatment that would otherwise extend the initial treatment period.

Where fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment with adalimumab may be requested under the balance of supply restriction.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised targeted therapy was approved in this cycle and the date of the first application under a new cycle under the Initial 1 treatment restriction.

Authority Required

19115

Complex refractory Fistulising Crohn disease

Treatment Phase: Initial 2 (change or recommencement of treatment after a break in targeted therapy of less than 12 months)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a targeted therapy for this condition in this treatment cycle; **OR**

- Patient must have been eligible for prior PBS-subsidised treatment with a targeted therapy for this condition in this treatment cycle, **AND**
- Patient must have either: (i) not previously received this drug for this condition in the current treatment cycle, (ii) previously received this drug and demonstrated/maintained an adequate clinical response, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction per authority application.

Treatment criteria:

- Must be treated by a gastroenterologist; **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

A patient who does not demonstrate a response to treatment will not be eligible for further PBS-subsidised treatment with this drug for this condition within the same treatment cycle. The patient will be considered not to have responded to treatment if a response assessment is not completed. A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as treatment failure.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) current number of externally draining complex fistulae, fistula symptom grading scores (discharge/pain/induration) and the date of assessment of the patient's condition; and

(b) details of the most recent targeted therapy in the current treatment cycle, including the date and duration of treatment.

If a patient was eligible for prior PBS-subsidised treatment with a targeted therapy for this condition but did not receive PBS-subsidised treatment at the time, the application must provide a declaration that the patient met all 'Initial 1' eligibility requirements when targeted therapy treatment commenced. The application must also provide details of the baseline scores of the prior eligibility requirements, including the number of externally draining complex fistulae, fistula symptom grading scores (discharge/pain/induration) and the date of assessment.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised targeted therapy was approved in this cycle and the date of the first application under a new cycle under the Initial 1 treatment restriction.

Where fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment with adalimumab may be requested under the balance of supply restriction.

Under no circumstances will approvals be granted for treatment that would otherwise extend the initial treatment period.

Authority Required

19149

Complex refractory Fistulising Crohn disease

Treatment Phase: Balance of supply

Clinical criteria:

- Patient must have received insufficient treatment with this drug for this condition under any relevant initial restriction (Initial 1 or Initial 2), **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a gastroenterologist; **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

12340L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	2	0.00	439.27	25.00	[a] Hadlima [RF]	[a] Humira [VE]
						[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

12381P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	3	0	0.00	1,299.09	25.00	[a] Hadlima [RF]	[a] Humira [VE]
						[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

8965W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	2	0.00	439.27	25.00	[a] Abrilada [PF]	[a] Amgevita [XT]
						[a] Hadlima [RF]	[a] Hyrimoz [SZ]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

12386X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	3	0	0.00	1,299.09	25.00	[a] Abrilada [PF]	[a] Amgevita [XT]
						[a] Hadlima [RF]	[a] Hyrimoz [SZ]

ADALIMUMAB

Note TREATMENT OF PAEDIATRIC PATIENTS WITH REFRACTORY CROHN DISEASE

The following information applies to the prescribing of targeted therapies under the Pharmaceutical Benefits Scheme (PBS) for paediatric patients with adalimumab for 'severe Crohn disease' and infliximab for 'moderate to severe Crohn disease'.

For PBS administration, the term targeted therapy includes biological and targeted synthetic disease modifying anti-rheumatic drugs.

A patient is eligible for PBS-subsidised treatment with only one targeted therapy at any one time.

Treatment cycle:

A treatment cycle begins when an authority application is approved under an Initial 1, Initial 2 patients who are accessing PBS-subsidised treatment for the first time or Initial 3 type restriction. Treatment must not continue with the same targeted therapy if it has not provided an adequate response as defined in the continuing treatment phase. A patient may trial different targeted therapies within a cycle; however, if 3 trials of a targeted therapy do not provide an adequate response, the treatment cycle ends and a 12-month PBS exclusion period applies. A paediatric patient cannot trial and not demonstrate an adequate response, or cease to respond to, the same PBS-subsidised targeted therapy more than twice.

The 12-month break is measured from the date of the last PBS approval for a targeted therapy in the most recent cycle to the date of first initial treatment application under the next treatment cycle.

If a new targeted therapy with a different pharmacological mechanism of action becomes available on the PBS during a 12-month break, a patient may be prescribed the newly listed targeted therapy through the Initial 2 treatment phase, if they have never received that medicine previously. If the newly listed targeted therapy does not provide an adequate response, the treatment cycle ends and the 12-month break recommences. This will not be considered a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Treatment Phases:

Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and 14 weeks for infliximab.

Initial 1 - use when the patient has never received a PBS-subsidised targeted therapy for these indications. Inadequate response to conventional therapy must be demonstrated where required.

Initial 2 - use when:

- an alternative targeted therapy is being prescribed for these indications; or
- the patient has previously been treated with this targeted therapy; or
- treatment is resuming after a break of less than 12 months

Patients applying through this treatment phase do not have to requalify with respect to the indices of disease severity (i.e. Paediatric Crohn Disease Activity Index (PCDAI) Score, confirmation of Crohn disease). Inadequate response to conventional therapy does not need to be redemonstrated.

Initial 3 - use when treatment is resuming after a break in PBS-subsidised treatment of at least 12 months. Patients applying through this treatment phase must requalify with respect to the indices of disease severity (i.e. Paediatric Crohn Disease Activity Index (PCDAI) Score, confirmation of Crohn disease). Re-trial of conventional therapies is not required.

Continuing treatment - use when a patient has demonstrated an adequate response to the preceding supply. Patients are eligible for up to 24 weeks of treatment per continuing prescription. Continuing treatment authority scripts must not be written on the same day as Initial treatment authority applications.

Balance of supply - use when the full amount of the preceding supply was not provided. This phase provides the remaining quantity that could have been obtained under the preceding authority approval or where additional time is required for an adequate response to be determined.

Baseline measurements to determine response - a response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements provided in the first authority application for a targeted therapy. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is made within a treatment cycle and eligibility for continuing treatment must be assessed according to these revised baseline measurements.

Recency of assessments:

Where possible, all related assessment documentation (including the Paediatric Crohn Disease Activity Index calculations, pathology tests and diagnostic imaging studies) should be within 4 weeks of the date of authority application but no longer than 4 weeks following cessation of the most recent treatment.

Note Biosimilar prescribing policy

Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for targeted therapies, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note At the time of authority application, medical practitioners must request the appropriate number of doses to provide sufficient drug for 16 weeks of treatment.

An appropriate amount of drug may require prescribing a combination of strengths. A separate authority prescription must be completed for each strength requested.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note Authority applications for increased quantities may be approved by Services Australia to provide sufficient doses for the relevant treatment phase.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

18968

Severe Crohn disease

Treatment Phase: Initial 1 (new patient)

Clinical criteria:

- Patient must have confirmed diagnosis of Crohn disease, defined by standard clinical, endoscopic and/or imaging features including histological evidence, **AND**
- Patient must not have achieved an adequate response to 2 of the following 3 conventional prior therapies including: (i) a tapered course of steroids, starting at a dose of at least 1 mg per kg or 40 mg (whichever is the lesser) prednisolone (or equivalent), over a 6 week period; (ii) an 8 week course of enteral nutrition; or (iii) immunosuppressive therapy with a thiopurine at a clinically optimised dose, or, methotrexate at a dose of at least 10 mg per square metre weekly for 3 or more months; **OR**
- Patient must have a documented contraindication to each of prednisolone (or equivalent), a thiopurine, and methotrexate; **OR**
- Patient must have features of high-risk or complicated Crohn disease defined as those with any of the following: (i) perianal disease, (ii) stricturing or penetrating behaviour, (iii) severe delayed growth (growth velocity at least 2 standard deviations below the mean for age and sex, or a drop of at least 1 major centile band), **AND**
- Patient must have, at the time of application, disease severity considered to be severe as demonstrated by a Paediatric Crohn Disease Activity Index (PCDAI) Score greater than or equal to 40; **OR**
- Patient must have extensive intestinal inflammation of the small intestine as evidenced by radiological imaging, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a gastroenterologist; **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology]; **OR**
- Must be treated by a paediatrician; **OR**
- Must be treated by a specialist paediatric gastroenterologist.

Population criteria:

- Patient must be aged 6 to 17 years inclusive.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) if applicable, details of prior systemic drug therapy [dosage, date of commencement and duration of therapy]; and

(b) current PCDAI score and the date of assessment; or

(c) details (date, unique identifying number/code or provider number) of the pathology or diagnostic imaging test(s) used to assess response to therapy for patients with extensive small intestine disease.

For patients assessed as having extensive intestinal inflammation of the small intestines, such evidence of intestinal inflammation includes:

(i) blood: higher than normal platelet count, or, an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour, or, a C-reactive protein (CRP) level greater than 15 mg per L; or

(ii) faeces: higher than normal lactoferrin or calprotectin level; or

(iii) diagnostic imaging: demonstration of increased uptake of intravenous contrast with thickening of the bowel wall or mesenteric lymphadenopathy or fat streaking in the mesentery.

If treatment with any of the specified prior conventional drugs is contraindicated according to the relevant contraindications or precautions in the TGA-approved Product Information, please provide details at the time of application. Patients must attempt to trial alternate conventional therapies that are not contraindicated.

If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, details of this toxicity must be provided at the time of application.

Where a response assessment is not conducted, the patient will be deemed to have not responded to treatment with this drug. A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as treatment failure.

Authority Required

18966

Severe Crohn disease

Treatment Phase: Initial 2 (change or recommencement of treatment after a break in targeted therapy of less than 12 months)

Clinical criteria:

- Patient must have a documented history of severe Crohn disease, **AND**
- Patient must have received prior PBS-subsidised treatment with a targeted therapy for this condition in this treatment cycle; **OR**
- Patient must have been eligible for prior PBS-subsidised treatment with a targeted therapy for this condition in this treatment cycle, **AND**
- Patient must not have previously received this drug for this condition in this treatment cycle; **OR**
- Patient must have previously received this drug for this condition and demonstrated/maintained an adequate clinical response; **OR**
- Patient must have: (i) received this drug in this treatment cycle, (ii) not demonstrated/maintained an adequate response to this drug once in this treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction per authority application.

Treatment criteria:

- Must be treated by a gastroenterologist; **OR**

- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology]; **OR**
- Must be treated by a paediatrician; **OR**
- Must be treated by a specialist paediatric gastroenterologist.

Population criteria:

- Patient must be aged 6 to 17 years inclusive.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) if applicable, the PCDAI score and the date of assessment; or

(b) if applicable, details (date, unique identifying number/code or provider number) of the pathology or diagnostic imaging test(s) used to assess response to therapy for patients with extensive small intestine disease.

If a patient was eligible for prior PBS-subsidised treatment with a targeted therapy for this condition but did not receive PBS-subsidised treatment at the time, the application must provide a declaration that the patient met all 'Initial 1' clinical and treatment criteria when targeted therapy treatment commenced. The following information must also be provided at the time of application:

(a) the baseline PCDAI score and the date of assessment; or

(b) details (date, unique identifying number/code or provider number) of the pathology or diagnostic imaging test(s) used to assess response to therapy for patients with extensive small intestine disease.

Where a response assessment is not conducted, the patient will be deemed to have not responded to treatment with this drug. A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as treatment failure.

Authority Required

18967

Severe Crohn disease

Treatment Phase: Initial 3 (recommencement of treatment after a break in targeted therapy of more than 12 months)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a targeted therapy for this condition, **AND**
- Patient must have had a break in treatment of 12 months or more from the most recently approved PBS-subsidised targeted therapy for this condition, **AND**
- Patient must have confirmed diagnosis of Crohn disease, defined by standard clinical, endoscopic and/or imaging features including histological evidence, **AND**
- Patient must have disease severity considered to be severe as demonstrated by a Paediatric Crohn Disease Activity Index (PCDAI) Score greater than or equal to 40 while off treatment with targeted therapy; **OR**
- Patient must have a documented history and radiological evidence of intestinal inflammation if the patient has extensive small intestinal disease while off treatment with targeted therapy, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction per authority application.

Treatment criteria:

- Must be treated by a gastroenterologist; **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology]; **OR**
- Must be treated by a paediatrician; **OR**
- Must be treated by a specialist paediatric gastroenterologist.

Population criteria:

- Patient must be aged 6 to 17 years inclusive.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) current PCDAI score and the date of assessment; or

(b) details (date, unique identifying number/code or provider number) of the pathology or diagnostic imaging test(s) used to assess response to therapy for patients with extensive small intestine disease.

For patients assessed as having extensive intestinal inflammation of the small intestines, such evidence of intestinal inflammation includes:

(i) blood: higher than normal platelet count, or, an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour, or, a C-reactive protein (CRP) level greater than 15 mg per L; or

(ii) faeces: higher than normal lactoferrin or calprotectin level; or

(iii) diagnostic imaging: demonstration of increased uptake of intravenous contrast with thickening of the bowel wall or mesenteric lymphadenopathy or fat streaking in the mesentery.

Where a response assessment is not conducted, the patient will be deemed to have not responded to treatment with this drug. A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as treatment failure.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

12373F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	0.00	439.27	25.00	[a] Hadlima [RF]	[a] Humira [VE]
					[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

12432H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	3	0	0.00	1,299.09	25.00	[a] Hadlima [RF]	[a] Humira [VE]
						[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

10413C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	2	0.00	439.27	25.00	[a] Abrilada [PF]	[a] Amgevita [XT]
						[a] Hadlima [RF]	[a] Hyrimoz [SZ]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

12388B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	3	0	0.00	1,299.09	25.00	[a] Abrilada [PF]	[a] Amgevita [XT]
						[a] Hadlima [RF]	[a] Hyrimoz [SZ]

ADALIMUMAB

Note TREATMENT OF PAEDIATRIC PATIENTS WITH REFRACTORY CROHN DISEASE

The following information applies to the prescribing of targeted therapies under the Pharmaceutical Benefits Scheme (PBS) for paediatric patients with adalimumab for 'severe Crohn disease' and infliximab for 'moderate to severe Crohn disease'. For PBS administration, the term targeted therapy includes biological and targeted synthetic disease modifying anti-rheumatic drugs.

A patient is eligible for PBS-subsidised treatment with only one targeted therapy at any one time.

Treatment cycle:

A treatment cycle begins when an authority application is approved under an Initial 1, Initial 2 patients who are accessing PBS-subsidised treatment for the first time or Initial 3 type restriction. Treatment must not continue with the same targeted therapy if it has not provided an adequate response as defined in the continuing treatment phase. A patient may trial different targeted therapies within a cycle; however, if 3 trials of a targeted therapy do not provide an adequate response, the treatment cycle ends and a 12-month PBS exclusion period applies. A paediatric patient cannot trial and not demonstrate an adequate response, or cease to respond to, the same PBS-subsidised targeted therapy more than twice.

The 12-month break is measured from the date of the last PBS approval for a targeted therapy in the most recent cycle to the date of first initial treatment application under the next treatment cycle.

If a new targeted therapy with a different pharmacological mechanism of action becomes available on the PBS during a 12-month break, a patient may be prescribed the newly listed targeted therapy through the Initial 2 treatment phase, if they have never received that medicine previously. If the newly listed targeted therapy does not provide an adequate response, the treatment cycle ends and the 12-month break recommences. This will not be considered a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Treatment Phases:

Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and 14 weeks for infliximab.

Initial 1 - use when the patient has never received a PBS-subsidised targeted therapy for these indications. Inadequate response to conventional therapy must be demonstrated where required.

Initial 2 - use when:

- an alternative targeted therapy is being prescribed for these indications; or
- the patient has previously been treated with this targeted therapy; or
- treatment is resuming after a break of less than 12 months

Patients applying through this treatment phase do not have to requalify with respect to the indices of disease severity (i.e. Paediatric Crohn Disease Activity Index (PCDAI) Score, confirmation of Crohn disease). Inadequate response to conventional therapy does not need to be redemonstrated.

Initial 3 - use when treatment is resuming after a break in PBS-subsidised treatment of at least 12 months. Patients applying through this treatment phase must requalify with respect to the indices of disease severity (i.e. Paediatric Crohn Disease Activity Index (PCDAI) Score, confirmation of Crohn disease). Re-trial of conventional therapies is not required.

Continuing treatment - use when a patient has demonstrated an adequate response to the preceding supply. Patients are eligible for up to 24 weeks of treatment per continuing prescription. Continuing treatment authority scripts must not be written on the same day as Initial treatment authority applications.

Balance of supply - use when the full amount of the preceding supply was not provided. This phase provides the remaining quantity that could have been obtained under the preceding authority approval or where additional time is required for an adequate response to be determined.

Baseline measurements to determine response - a response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements provided in the first authority application for a targeted therapy. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is made within a treatment cycle and eligibility for continuing treatment must be assessed according to these revised baseline measurements.

Recency of assessments:

Where possible, all related assessment documentation (including the Paediatric Crohn Disease Activity Index calculations, pathology tests and diagnostic imaging studies) should be within 4 weeks of the date of authority application but no longer than 4 weeks following cessation of the most recent treatment.

Note Biosimilar prescribing policy

Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for targeted therapies, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note At the time of authority application, medical practitioners must request the appropriate number of doses to provide sufficient drug for 16 weeks of treatment.

An appropriate amount of drug may require prescribing a combination of strengths. A separate authority prescription must be completed for each strength requested.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note Authority applications for increased quantities may be approved by Services Australia to provide sufficient doses for the relevant treatment phase.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

18968

Severe Crohn disease

Treatment Phase: Initial 1 (new patient)

Clinical criteria:

- Patient must have confirmed diagnosis of Crohn disease, defined by standard clinical, endoscopic and/or imaging features including histological evidence, **AND**
- Patient must not have achieved an adequate response to 2 of the following 3 conventional prior therapies including: (i) a tapered course of steroids, starting at a dose of at least 1 mg per kg or 40 mg (whichever is the lesser) prednisolone (or equivalent), over a 6 week period; (ii) an 8 week course of enteral nutrition; or (iii) immunosuppressive therapy with a thiopurine at a clinically optimised dose, or, methotrexate at a dose of at least 10 mg per square metre weekly for 3 or more months; **OR**
- Patient must have a documented contraindication to each of prednisolone (or equivalent), a thiopurine, and methotrexate; **OR**
- Patient must have features of high-risk or complicated Crohn disease defined as those with any of the following: (i) perianal disease, (ii) stricturing or penetrating behaviour, (iii) severe delayed growth (growth velocity at least 2 standard deviations below the mean for age and sex, or a drop of at least 1 major centile band), **AND**
- Patient must have, at the time of application, disease severity considered to be severe as demonstrated by a Paediatric Crohn Disease Activity Index (PCDAI) Score greater than or equal to 40; **OR**
- Patient must have extensive intestinal inflammation of the small intestine as evidenced by radiological imaging, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a gastroenterologist; **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology]; **OR**
- Must be treated by a paediatrician; **OR**
- Must be treated by a specialist paediatric gastroenterologist.

Population criteria:

- Patient must be aged 6 to 17 years inclusive.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) if applicable, details of prior systemic drug therapy [dosage, date of commencement and duration of therapy]; and

(b) current PCDAI score and the date of assessment; or

(c) details (date, unique identifying number/code or provider number) of the pathology or diagnostic imaging test(s) used to assess response to therapy for patients with extensive small intestine disease.

For patients assessed as having extensive intestinal inflammation of the small intestines, such evidence of intestinal inflammation includes:

(i) blood: higher than normal platelet count, or, an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour, or, a C-reactive protein (CRP) level greater than 15 mg per L; or

(ii) faeces: higher than normal lactoferrin or calprotectin level; or

(iii) diagnostic imaging: demonstration of increased uptake of intravenous contrast with thickening of the bowel wall or mesenteric lymphadenopathy or fat streaking in the mesentery.

If treatment with any of the specified prior conventional drugs is contraindicated according to the relevant contraindications or precautions in the TGA-approved Product Information, please provide details at the time of application. Patients must attempt to trial alternate conventional therapies that are not contraindicated.

If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, details of this toxicity must be provided at the time of application.

Where a response assessment is not conducted, the patient will be deemed to have not responded to treatment with this drug. A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as treatment failure.

Authority Required

18966

Severe Crohn disease

Treatment Phase: Initial 2 (change or recommencement of treatment after a break in targeted therapy of less than 12 months)

Clinical criteria:

- Patient must have a documented history of severe Crohn disease, **AND**
- Patient must have received prior PBS-subsidised treatment with a targeted therapy for this condition in this treatment cycle; **OR**
- Patient must have been eligible for prior PBS-subsidised treatment with a targeted therapy for this condition in this treatment cycle, **AND**
- Patient must not have previously received this drug for this condition in this treatment cycle; **OR**
- Patient must have previously received this drug for this condition and demonstrated/maintained an adequate clinical response; **OR**
- Patient must have: (i) received this drug in this treatment cycle, (ii) not demonstrated/maintained an adequate response to this drug once in this treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction per authority application.

Treatment criteria:

- Must be treated by a gastroenterologist; **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology]; **OR**
- Must be treated by a paediatrician; **OR**
- Must be treated by a specialist paediatric gastroenterologist.

Population criteria:

- Patient must be aged 6 to 17 years inclusive.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) if applicable, the PCDAI score and the date of assessment; or

(b) if applicable, details (date, unique identifying number/code or provider number) of the pathology or diagnostic imaging test(s) used to assess response to therapy for patients with extensive small intestine disease.

If a patient was eligible for prior PBS-subsidised treatment with a targeted therapy for this condition but did not receive PBS-subsidised treatment at the time, the application must provide a declaration that the patient met all 'Initial 1' clinical and treatment criteria when targeted therapy treatment commenced. The following information must also be provided at the time of application:

(a) the baseline PCDAI score and the date of assessment; or

(b) details (date, unique identifying number/code or provider number) of the pathology or diagnostic imaging test(s) used to assess response to therapy for patients with extensive small intestine disease.

Where a response assessment is not conducted, the patient will be deemed to have not responded to treatment with this drug. A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as treatment failure.

Authority Required

18967

Severe Crohn disease

Treatment Phase: Initial 3 (recommencement of treatment after a break in targeted therapy of more than 12 months)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a targeted therapy for this condition, **AND**
- Patient must have had a break in treatment of 12 months or more from the most recently approved PBS-subsidised targeted therapy for this condition, **AND**
- Patient must have confirmed diagnosis of Crohn disease, defined by standard clinical, endoscopic and/or imaging features including histological evidence, **AND**
- Patient must have disease severity considered to be severe as demonstrated by a Paediatric Crohn Disease Activity Index (PCDAI) Score greater than or equal to 40 while off treatment with targeted therapy; **OR**
- Patient must have a documented history and radiological evidence of intestinal inflammation if the patient has extensive small intestinal disease while off treatment with targeted therapy, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction per authority application.

Treatment criteria:

- Must be treated by a gastroenterologist; **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology]; **OR**
- Must be treated by a paediatrician; **OR**
- Must be treated by a specialist paediatric gastroenterologist.

Population criteria:

- Patient must be aged 6 to 17 years inclusive.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) current PCDAI score and the date of assessment; or

(b) details (date, unique identifying number/code or provider number) of the pathology or diagnostic imaging test(s) used to assess response to therapy for patients with extensive small intestine disease.

For patients assessed as having extensive intestinal inflammation of the small intestines, such evidence of intestinal inflammation includes:

(i) blood: higher than normal platelet count, or, an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour, or, a C-reactive protein (CRP) level greater than 15 mg per L; or

(ii) faeces: higher than normal lactoferrin or calprotectin level; or

(iii) diagnostic imaging: demonstration of increased uptake of intravenous contrast with thickening of the bowel wall or mesenteric lymphadenopathy or fat streaking in the mesentery.

Where a response assessment is not conducted, the patient will be deemed to have not responded to treatment with this drug. A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as treatment failure.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

12338J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	2	0.00	495.79	25.00	[a] Hadlima [RF]	[a] Humira [VE]
						[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

12455M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	3	0	0.00	1,468.65	25.00	[a] Hadlima [RF]	[a] Humira [VE]
						[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

10419J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	2	0.00	439.27	25.00	[a] Amgevita [XT]	[a] Hadlima [RF]
						[a] Hyrimoz [SZ]	

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

12416L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	3	0	0.00	1,299.09	25.00	[a] Amgevita [XT]	[a] Hadlima [RF]
						[a] Hyrimoz [SZ]	

ADALIMUMAB

Note PBS AUTHORITY APPLICATIONS FOR SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) subsidy of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to all PBS benefits with the specific PBS indication of: 'severe active rheumatoid arthritis'.

Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

Only one biological medicine is to be PBS-subsidised at any one time for rheumatoid arthritis.

Upon 5 inadequate responses to biological medicines with the specific PBS indication of 'severe active rheumatoid arthritis', further subsidy is to cease. Where a particular biological medicine has provided an inadequate response, it must not be subsidised again.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

(1) Selecting the correct 'Treatment phase' listing to apply under

Initiating subsidy:

(i) Apply through 'Initial 1 treatment' where a patient has received no prior PBS-subsidised biological medicine treatment; or

(ii) Apply through 'Initial 2 treatment' where one of the following occurs: (a) PBS-subsidised treatment has at least been initiated through any Initial 1 listing, but the prescribed biological medicine is changing, (b) there has been a break in biological medicine of less than 24 months, but resumption of treatment is with the same biological medicine last prescribed, (c) there has been a break in biological medicine of less than 24 months and resumption of treatment is with a different biological medicine to that last prescribed, (d) treatment with rituximab has occurred within the past 24 months and is the most recent therapy prescribed leading up to this authority application, irrespective of the length in time elapsed between the 2 non-rituximab bDMARDs administered before and after rituximab.

Initial 2 does not require markers of inflammation/joint count to be re-established - those recorded in the first Initial 1 application can remain as baseline measures. Prerequisite DMARD treatments need not be re-proven to be inadequate.

The prescribed biological medicine may be changed at any time, regardless of whether the current prescribed biological medicine has been obtained through Initial treatment or Continuing treatment. However, the change in biological medicine cannot be back to the same biological medicine where that medicine has provided an inadequate response.

(iii) Apply through 'Initial 3 treatment' where treatment is recommencing following a break in PBS-subsidised therapy of at least 24 months. Initial 3 requires current markers of inflammation/joint count to be re-established. Prerequisite DMARD treatments need not be re-proven to be inadequate. PBS-subsidised therapy in this instance can include rituximab where

prescribed as the most recent treatment - the 24 month break in therapy is from the second dose of the prior rituximab course.

Response assessment to any course of PBS-subsidised biological therapy must follow a minimum of 12 weeks of therapy. Applications made on the same day for Initial treatment and Continuing treatment clearly do reflect this requirement.

Where a response assessment is not conducted with a 'Continuing treatment' application, the biological medicine will be assumed to have failed, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. Authority applications for patients who experienced adverse reaction necessitating permanent treatment withdrawal should be submitted through 'Initial 2 treatment' or 'Initial 3 treatment'. Indicate where the adverse reaction has occurred in the authority application.

Continuing subsidy:

Apply under a 'Continuing treatment' phase listing only where treatment has initiated through an 'Initial treatment' listing and measures of disease control (i.e. ESR/CRP/joint count) demonstrate response following at least 12 weeks of treatment. Continuing treatment should never precede Initial treatment where the same biological medicine is being prescribed.

The description of 'Continuing treatment' means 'Continuing treatment of severe rheumatoid arthritis with the same biological medicine'. Where treatment of severe rheumatoid arthritis is continuing with a different biological medicine, 'Continuing treatment' is not to be interpreted as meaning 'Continuing treatment of severe rheumatoid arthritis with a different biological medicine' - see 'Initial 2 treatment' where continuing treatment is with a different biological medicine.

'Continuing treatment' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Where continuing treatment is divided into 'First continuing' and 'Subsequent continuing', the next authority application following immediately after any 'Initial treatment' authority application is to be through 'First continuing'. Following this, the next authority application is to occur under the 'Subsequent continuing' treatment phase. Assuming the drug continues to provide an adequate response, 'Subsequent continuing' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Balance of Supply listings:

Maximum quantities and the number of repeats stated in a PBS-listing are values that prescribers may seek up to, but are not obligated to prescribe. From time to time, there may be particular reasons why a prescriber may elect not to request the full maximum quantity listed, or, the full number of repeat prescriptions. Where this occurs, the intent of Balance of Supply treatment phase listings is to circumvent the need for another written-only authority application to be completed, as a written-only authority application may not be practical in terms of providing timely access to continued treatment.

Apply under a 'Balance of Supply' treatment phase (where available) when either the full maximum quantity or repeat prescriptions available under a particular treatment phase, was not requested and where the biological medicine has had insufficient time to demonstrate an adequate response. Where the preceding supply has been adequate to provide at least 12 weeks of treatment and has resulted in an adequate response, it may be more practical to access further treatment under 'Continuing treatment'.

(2) Baseline measurements to determine response.

Determination of response to treatment must be based on baseline measurements of the joint count, ESR and/or CRP provided with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements demonstrating elevation of both joint count and markers of inflammation any time that an initial treatment authority application is provided and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.

Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.

Applications under the Initial 3 treatment restriction for recommencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note Biosimilar prescribing policy

Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

Note Applications for treatment with this drug where the dosing frequency exceeds 40 mg per fortnight will not be approved.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

14496

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with disease modifying anti-rheumatic drugs (DMARDs) which must include at least 3 months continuous treatment with at least 2 DMARDs, one of which must be methotrexate at a dose of at least 20 mg weekly plus one of the following: (i) hydroxychloroquine at a dose of at least 200 mg daily; (ii) leflunomide at a dose of at least 10 mg daily; (iii) sulfasalazine at a dose of at least 2 g daily; **OR**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with DMARDs which, if methotrexate is contraindicated according to the Therapeutic Goods Administration (TGA)-approved Product Information/cannot be tolerated at a 20 mg weekly dose, must include at least 3 months continuous treatment with at least 2 of the following DMARDs: (i) hydroxychloroquine at a dose of at least 200 mg daily; (ii) leflunomide at a dose of at least 10 mg daily; (iii) sulfasalazine at a dose of at least 2 g daily; **OR**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 3 months of continuous treatment with a DMARD where 2 of: (i) hydroxychloroquine, (ii) leflunomide, (iii) sulfasalazine, are contraindicated according to the relevant TGA-approved Product Information/cannot be tolerated at the doses specified above in addition to having a contraindication or intolerance to methotrexate: the remaining tolerated DMARD must be trialled at a minimum dose as mentioned above; **OR**
- Patient must have a contraindication/severe intolerance to each of: (i) methotrexate, (ii) hydroxychloroquine, (iii) leflunomide, (iv) sulfasalazine; in such cases, provide details of the contraindications/severe intolerances, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

If methotrexate is contraindicated according to the TGA-approved product information or cannot be tolerated at a 20 mg weekly dose, details of the contraindication or intolerance including severity to methotrexate must be provided at the time of application and documented in the patient's medical records. The maximum tolerated dose of methotrexate must be provided at the time of the application, if applicable, and documented in the patient's medical records.

The application must include details of the DMARDs trialled, their doses and duration of treatment, and all relevant contraindications and/or intolerances including severity.

The requirement to trial at least 2 DMARDs for periods of at least 3 months each can be met using single agents sequentially or by using one or more combinations of DMARDs, however the time on treatment must be at least 6 months.

If the requirement to trial 6 months of intensive DMARD therapy with at least 2 DMARDs cannot be met because of contraindications and/or intolerances of a severity necessitating permanent treatment withdrawal to all of the DMARDs specified above, details of the contraindication or intolerance including severity and dose for each DMARD must be provided at the time of application and documented in the patient's medical records.

The following criteria indicate failure to achieve an adequate response to DMARD treatment and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour and/or a C-reactive protein (CRP) level greater than 15 mg per L; AND either

(a) a total active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The assessment of response to prior treatment must be documented in the patient's medical records.

The joint count and ESR and/or CRP must be determined at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. All measures must be no more than 4 weeks old at the time of initial application.

If the requirement to demonstrate an elevated ESR or CRP cannot be met, the reasons why this criterion cannot be satisfied must be documented in the patient's medical records. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) the active joint count, ESR and/or CRP result and date of results;

(b) details of prior treatment, including dose and date/duration of treatment.

(c) If applicable, details of any contraindications/intolerances.

(d) If applicable, the maximum tolerated dose of methotrexate.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

Authority Required

14590

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition; **OR**
- Patient must have received prior PBS-subsidised treatment with a biological medicine under the paediatric Severe active juvenile idiopathic arthritis/Systemic juvenile idiopathic arthritis indication, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed/ceased to respond to PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Patients who have received PBS-subsidised treatment for paediatric Severe active juvenile idiopathic arthritis or Systemic juvenile idiopathic arthritis where the condition has progressed to Rheumatoid arthritis may receive treatment through this restriction using existing baseline scores.

Where a patient is changing from a biosimilar medicine for the treatment of this condition, the prescriber must provide baseline disease severity indicators with this application, in addition to the response assessment outlined below.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The assessment of response to treatment must be documented in the patient's medical records.

An application for a patient who is either changing treatment from another biological medicine to this drug or recommencing therapy with this drug after a treatment break of less than 24 months, must be accompanied with details of the evidence of a response to the patient's most recent course of PBS-subsidised biological medicine, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

A patient who has demonstrated a response to a course of rituximab must have a PBS-subsidised biological therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine.

Authority Required

14568

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 24 months or more from the most recent PBS-subsidised biological medicine for this condition, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed/ceased to respond to PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; **OR**
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either: (a) a total active joint count of at least 20 active (swollen and tender) joints; (b) at least 4 active major joints, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Major joints are defined as (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count and ESR and/or CRP must be no more than 4 weeks old at the time of initial application.

If the requirement to demonstrate an elevated ESR or CRP cannot be met, the reasons why this criterion cannot be satisfied must be documented in the patient's medical records. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) the active joint count, ESR and/or CRP result and date of result;

(b) the most recent biological agent and the date of the last continuing prescription.

(c) If applicable, the new baseline scores.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

13691N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	0.00	439.27	25.00	[a] Hadlima [RF]	[a] Hyrimoz [SZ]
					[a] Yuflyma [EW]	

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

13692P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	0.00	439.27	25.00	[a] Abrilada [PF]	[a] Amgevita [XT]
					[a] Hadlima [RF]	[a] Hyrimoz [SZ]

ADALIMUMAB

Note PBS AUTHORITY APPLICATIONS FOR SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) subsidy of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to all PBS benefits with the specific PBS indication of: 'severe active rheumatoid arthritis'.

Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

Only one biological medicine is to be PBS-subsidised at any one time for rheumatoid arthritis.

Upon 5 inadequate responses to biological medicines with the specific PBS indication of 'severe active rheumatoid arthritis', further subsidy is to cease. Where a particular biological medicine has provided an inadequate response, it must not be subsidised again.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive

multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

(1) Selecting the correct 'Treatment phase' listing to apply under

Initiating subsidy:

(i) Apply through 'Initial 1 treatment' where a patient has received no prior PBS-subsidised biological medicine treatment; or

(ii) Apply through 'Initial 2 treatment' where one of the following occurs: (a) PBS-subsidised treatment has at least been initiated through any Initial 1 listing, but the prescribed biological medicine is changing, (b) there has been a break in biological medicine of less than 24 months, but resumption of treatment is with the same biological medicine last prescribed, (c) there has been a break in biological medicine of less than 24 months and resumption of treatment is with a different biological medicine to that last prescribed, (d) treatment with rituximab has occurred within the past 24 months and is the most recent therapy prescribed leading up to this authority application, irrespective of the length in time elapsed between the 2 non-rituximab bDMARDs administered before and after rituximab.

Initial 2 does not require markers of inflammation/joint count to be re-established - those recorded in the first Initial 1 application can remain as baseline measures. Prerequisite DMARD treatments need not be re-proven to be inadequate.

The prescribed biological medicine may be changed at any time, regardless of whether the current prescribed biological medicine has been obtained through Initial treatment or Continuing treatment. However, the change in biological medicine cannot be back to the same biological medicine where that medicine has provided an inadequate response.

(iii) Apply through 'Initial 3 treatment' where treatment is recommencing following a break in PBS-subsidised therapy of at least 24 months. Initial 3 requires current markers of inflammation/joint count to be re-established. Prerequisite DMARD treatments need not be re-proven to be inadequate. PBS-subsidised therapy in this instance can include rituximab where prescribed as the most recent treatment - the 24 month break in therapy is from the second dose of the prior rituximab course.

Response assessment to any course of PBS-subsidised biological therapy must follow a minimum of 12 weeks of therapy. Applications made on the same day for Initial treatment and Continuing treatment clearly do reflect this requirement.

Where a response assessment is not conducted with a 'Continuing treatment' application, the biological medicine will be assumed to have failed, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. Authority applications for patients who experienced adverse reaction necessitating permanent treatment withdrawal should be submitted through 'Initial 2 treatment' or 'Initial 3 treatment'. Indicate where the adverse reaction has occurred in the authority application.

Continuing subsidy:

Apply under a 'Continuing treatment' phase listing only where treatment has initiated through an 'Initial treatment' listing and measures of disease control (i.e. ESR/CRP/joint count) demonstrate response following at least 12 weeks of treatment. Continuing treatment should never precede Initial treatment where the same biological medicine is being prescribed.

The description of 'Continuing treatment' means 'Continuing treatment of severe rheumatoid arthritis with the same biological medicine'. Where treatment of severe rheumatoid arthritis is continuing with a different biological medicine, 'Continuing treatment' is not to be interpreted as meaning 'Continuing treatment of severe rheumatoid arthritis with a different biological medicine' - see 'Initial 2 treatment' where continuing treatment is with a different biological medicine.

'Continuing treatment' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Where continuing treatment is divided into 'First continuing' and 'Subsequent continuing', the next authority application following immediately after any 'Initial treatment' authority application is to be through 'First continuing'. Following this, the next authority application is to occur under the 'Subsequent continuing' treatment phase. Assuming the drug continues to provide an adequate response, 'Subsequent continuing' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Balance of Supply listings:

Maximum quantities and the number of repeats stated in a PBS-listing are values that prescribers may seek up to, but are not obligated to prescribe. From time to time, there may be particular reasons why a prescriber may elect not to request the full maximum quantity listed, or, the full number of repeat prescriptions. Where this occurs, the intent of Balance of Supply treatment phase listings is to circumvent the need for another written-only authority application to be completed, as a written-only authority application may not be practical in terms of providing timely access to continued treatment.

Apply under a 'Balance of Supply' treatment phase (where available) when either the full maximum quantity or repeat prescriptions available under a particular treatment phase, was not requested and where the biological medicine has had insufficient time to demonstrate an adequate response. Where the preceding supply has been adequate to provide at least 12 weeks of treatment and has resulted in an adequate response, it may be more practical to access further treatment under 'Continuing treatment'.

(2) Baseline measurements to determine response.

Determination of response to treatment must be based on baseline measurements of the joint count, ESR and/or CRP provided with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements demonstrating elevation of both joint count and markers of inflammation any time that an initial treatment authority application is provided and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.

Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.

Applications under the Initial 3 treatment restriction for recommencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note Biosimilar prescribing policy

Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

Note Applications for treatment with this drug where the dosing frequency exceeds 40 mg per fortnight will not be approved.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

14496

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with disease modifying anti-rheumatic drugs (DMARDs) which must include at least 3 months continuous treatment with at least 2 DMARDs, one of which must be methotrexate at a dose of at least 20 mg weekly plus one of the following: (i) hydroxychloroquine at a dose of at least 200 mg daily; (ii) leflunomide at a dose of at least 10 mg daily; (iii) sulfasalazine at a dose of at least 2 g daily; **OR**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with DMARDs which, if methotrexate is contraindicated according to the Therapeutic Goods Administration (TGA)-approved Product Information/cannot be tolerated at a 20 mg weekly dose, must include at least 3 months continuous treatment with at least 2 of the following DMARDs: (i) hydroxychloroquine at a dose of at least 200 mg daily; (ii) leflunomide at a dose of at least 10 mg daily; (iii) sulfasalazine at a dose of at least 2 g daily; **OR**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 3 months of continuous treatment with a DMARD where 2 of: (i) hydroxychloroquine, (ii) leflunomide, (iii) sulfasalazine, are contraindicated according to the relevant TGA-approved Product Information/cannot be tolerated at the doses specified above in addition to having a contraindication or intolerance to methotrexate: the remaining tolerated DMARD must be trialled at a minimum dose as mentioned above; **OR**
- Patient must have a contraindication/severe intolerance to each of: (i) methotrexate, (ii) hydroxychloroquine, (iii) leflunomide, (iv) sulfasalazine; in such cases, provide details of the contraindications/severe intolerances, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

If methotrexate is contraindicated according to the TGA-approved product information or cannot be tolerated at a 20 mg weekly dose, details of the contraindication or intolerance including severity to methotrexate must be provided at the time of application and documented in the patient's medical records. The maximum tolerated dose of methotrexate must be provided at the time of the application, if applicable, and documented in the patient's medical records.

The application must include details of the DMARDs trialled, their doses and duration of treatment, and all relevant contraindications and/or intolerances including severity.

The requirement to trial at least 2 DMARDs for periods of at least 3 months each can be met using single agents sequentially or by using one or more combinations of DMARDs, however the time on treatment must be at least 6 months.

If the requirement to trial 6 months of intensive DMARD therapy with at least 2 DMARDs cannot be met because of contraindications and/or intolerances of a severity necessitating permanent treatment withdrawal to all of the DMARDs specified above, details of the contraindication or intolerance including severity and dose for each DMARD must be provided at the time of application and documented in the patient's medical records.

The following criteria indicate failure to achieve an adequate response to DMARD treatment and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour and/or a C-reactive protein (CRP) level greater than 15 mg per L; AND either

(a) a total active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The assessment of response to prior treatment must be documented in the patient's medical records.

The joint count and ESR and/or CRP must be determined at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. All measures must be no more than 4 weeks old at the time of initial application.

If the requirement to demonstrate an elevated ESR or CRP cannot be met, the reasons why this criterion cannot be satisfied must be documented in the patient's medical records. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) the active joint count, ESR and/or CRP result and date of results;

(b) details of prior treatment, including dose and date/duration of treatment.

(c) If applicable, details of any contraindications/intolerances.

(d) If applicable, the maximum tolerated dose of methotrexate.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

Authority Required

14590

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition; **OR**
- Patient must have received prior PBS-subsidised treatment with a biological medicine under the paediatric Severe active juvenile idiopathic arthritis/Systemic juvenile idiopathic arthritis indication, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed/ceased to respond to PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Patients who have received PBS-subsidised treatment for paediatric Severe active juvenile idiopathic arthritis or Systemic juvenile idiopathic arthritis where the condition has progressed to Rheumatoid arthritis may receive treatment through this restriction using existing baseline scores.

Where a patient is changing from a biosimilar medicine for the treatment of this condition, the prescriber must provide baseline disease severity indicators with this application, in addition to the response assessment outlined below.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The assessment of response to treatment must be documented in the patient's medical records.

An application for a patient who is either changing treatment from another biological medicine to this drug or recommencing therapy with this drug after a treatment break of less than 24 months, must be accompanied with details of the evidence of a response to the patient's most recent course of PBS-subsidised biological medicine, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

A patient who has demonstrated a response to a course of rituximab must have a PBS-subsidised biological therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine.

Authority Required

14568

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 24 months or more from the most recent PBS-subsidised biological medicine for this condition, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed/ceased to respond to PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; **OR**
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either: (a) a total active joint count of at least 20 active (swollen and tender) joints; (b) at least 4 active major joints, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Major joints are defined as (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count and ESR and/or CRP must be no more than 4 weeks old at the time of initial application.

If the requirement to demonstrate an elevated ESR or CRP cannot be met, the reasons why this criterion cannot be satisfied must be documented in the patient's medical records. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) the active joint count, ESR and/or CRP result and date of result;

(b) the most recent biological agent and the date of the last continuing prescription.

(c) If applicable, the new baseline scores.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

13704G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	0.00	495.79	25.00	[a] Hadlima [RF] [a] Yuflyma [EW]	[a] Hyrimoz [SZ]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13722F	1	3	0.00	439.27	25.00	[a] Amgevita [XT]	[a] Hadlima [RF]
						[a] Hyrimoz [SZ]	

ADALIMUMAB

Note PBS AUTHORITY APPLICATIONS FOR SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) subsidy of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to all PBS benefits with the specific PBS indication of: 'severe active rheumatoid arthritis'.

Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

Only one biological medicine is to be PBS-subsidised at any one time for rheumatoid arthritis.

Upon 5 inadequate responses to biological medicines with the specific PBS indication of 'severe active rheumatoid arthritis', further subsidy is to cease. Where a particular biological medicine has provided an inadequate response, it must not be subsidised again.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

(1) Selecting the correct 'Treatment phase' listing to apply under

Initiating subsidy:

(i) Apply through 'Initial 1 treatment' where a patient has received no prior PBS-subsidised biological medicine treatment; or

(ii) Apply through 'Initial 2 treatment' where one of the following occurs: (a) PBS-subsidised treatment has at least been initiated through any Initial 1 listing, but the prescribed biological medicine is changing, (b) there has been a break in biological medicine of less than 24 months, but resumption of treatment is with the same biological medicine last prescribed, (c) there has been a break in biological medicine of less than 24 months and resumption of treatment is with a different biological medicine to that last prescribed, (d) treatment with rituximab has occurred within the past 24 months and is the most recent therapy prescribed leading up to this authority application, irrespective of the length in time elapsed between the 2 non-rituximab bDMARDs administered before and after rituximab.

Initial 2 does not require markers of inflammation/joint count to be re-established - those recorded in the first Initial 1 application can remain as baseline measures. Prerequisite DMARD treatments need not be re-proven to be inadequate.

The prescribed biological medicine may be changed at any time, regardless of whether the current prescribed biological medicine has been obtained through Initial treatment or Continuing treatment. However, the change in biological medicine cannot be back to the same biological medicine where that medicine has provided an inadequate response.

(iii) Apply through 'Initial 3 treatment' where treatment is recommencing following a break in PBS-subsidised therapy of at least 24 months. Initial 3 requires current markers of inflammation/joint count to be re-established. Prerequisite DMARD treatments need not be re-proven to be inadequate. PBS-subsidised therapy in this instance can include rituximab where prescribed as the most recent treatment - the 24 month break in therapy is from the second dose of the prior rituximab course.

Response assessment to any course of PBS-subsidised biological therapy must follow a minimum of 12 weeks of therapy. Applications made on the same day for Initial treatment and Continuing treatment clearly do reflect this requirement.

Where a response assessment is not conducted with a 'Continuing treatment' application, the biological medicine will be assumed to have failed, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. Authority applications for patients who experienced adverse reaction necessitating permanent treatment withdrawal should be submitted through 'Initial 2 treatment' or 'Initial 3 treatment'. Indicate where the adverse reaction has occurred in the authority application.

Continuing subsidy:

Apply under a 'Continuing treatment' phase listing only where treatment has initiated through an 'Initial treatment' listing and measures of disease control (i.e. ESR/CRP/joint count) demonstrate response following at least 12 weeks of treatment. Continuing treatment should never precede Initial treatment where the same biological medicine is being prescribed.

The description of 'Continuing treatment' means 'Continuing treatment of severe rheumatoid arthritis with the same biological medicine'. Where treatment of severe rheumatoid arthritis is continuing with a different biological medicine, 'Continuing treatment' is not to be interpreted as meaning 'Continuing treatment of severe rheumatoid arthritis with a different biological medicine' - see 'Initial 2 treatment' where continuing treatment is with a different biological medicine.

'Continuing treatment' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Where continuing treatment is divided into 'First continuing' and 'Subsequent continuing', the next authority application following immediately after any 'Initial treatment' authority application is to be through 'First continuing'. Following this, the next authority application is to occur under the 'Subsequent continuing' treatment phase. Assuming the drug continues to provide an adequate response, 'Subsequent continuing' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Balance of Supply listings:

Maximum quantities and the number of repeats stated in a PBS-listing are values that prescribers may seek up to, but are not obligated to prescribe. From time to time, there may be particular reasons why a prescriber may elect not to request the full maximum quantity listed, or, the full number of repeat prescriptions. Where this occurs, the intent of Balance of Supply treatment phase listings is to circumvent the need for another written-only authority application to be completed, as a written-only authority application may not be practical in terms of providing timely access to continued treatment.

Apply under a 'Balance of Supply' treatment phase (where available) when either the full maximum quantity or repeat prescriptions available under a particular treatment phase, was not requested and where the biological medicine has had insufficient time to demonstrate an adequate response. Where the preceding supply has been adequate to provide at least 12 weeks of treatment and has resulted in an adequate response, it may be more practical to access further treatment under 'Continuing treatment'.

(2) Baseline measurements to determine response.

Determination of response to treatment must be based on baseline measurements of the joint count, ESR and/or CRP provided with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements demonstrating elevation of both joint count and markers of inflammation any time that an initial treatment authority application is provided and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.

Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.

Applications under the Initial 3 treatment restriction for recommencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note Biosimilar prescribing policy

Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

Note Applications for treatment with this drug where the dosing frequency exceeds 40 mg per fortnight will not be approved.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

18534

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with disease modifying anti-rheumatic drugs (DMARDs) which must include at least 3 months continuous treatment with at least 2 DMARDs, one of which must be methotrexate at a dose of at least 20 mg weekly plus one of the following: (i) hydroxychloroquine at a dose of at least 200 mg daily; (ii) leflunomide at a dose of at least 10 mg daily; (iii) sulfasalazine at a dose of at least 2 g daily; **OR**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with DMARDs which, if methotrexate is contraindicated according to the Therapeutic Goods Administration (TGA)-approved Product Information/cannot be tolerated at a 20 mg weekly dose, must include at least 3 months continuous treatment with at least 2 of the following DMARDs: (i) hydroxychloroquine at a dose of at least 200 mg daily; (ii) leflunomide at a dose of at least 10 mg daily; (iii) sulfasalazine at a dose of at least 2 g daily; **OR**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 3 months of continuous treatment with a DMARD where 2 of: (i) hydroxychloroquine, (ii) leflunomide, (iii) sulfasalazine, are contraindicated according to the relevant TGA-approved Product Information/cannot be tolerated at the doses specified above in addition to having a contraindication or intolerance to methotrexate: the remaining tolerated DMARD must be trialled at a minimum dose as mentioned above; **OR**
- Patient must have a contraindication/severe intolerance to each of: (i) methotrexate, (ii) hydroxychloroquine, (iii) leflunomide, (iv) sulfasalazine; in such cases, provide details for each of the contraindications/severe intolerances claimed in the authority application, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

If methotrexate is contraindicated according to the TGA-approved product information or cannot be tolerated at a 20 mg weekly dose, the application must include details of the contraindication or intolerance including severity to methotrexate. The maximum tolerated dose of methotrexate must be documented in the application, if applicable.

The application must include details of the DMARDs trialled, their doses and duration of treatment, and all relevant contraindications and/or intolerances including severity.

The requirement to trial at least 2 DMARDs for periods of at least 3 months each can be met using single agents sequentially or by using one or more combinations of DMARDs, however the time on treatment must be at least 6 months.

If the requirement to trial 6 months of intensive DMARD therapy with at least 2 DMARDs cannot be met because of contraindications and/or intolerances of a severity necessitating permanent treatment withdrawal to all of the DMARDs specified above, details of the contraindication or intolerance including severity and dose for each DMARD must be provided in the authority application.

The following criteria indicate failure to achieve an adequate response to DMARD treatment and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour and/or a C-reactive protein (CRP) level greater than 15 mg per L; AND either

(a) a total active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The joint count and ESR and/or CRP must be determined at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. All measures must be no more than 4 weeks old at the time of initial application.

If the requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18562

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition; **OR**
- Patient must have received prior PBS-subsidised treatment with a biological medicine under the paediatric Severe active juvenile idiopathic arthritis/Systemic juvenile idiopathic arthritis indication, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed/ceased to respond to PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Patients who have received PBS-subsidised treatment for paediatric Severe active juvenile idiopathic arthritis or Systemic juvenile idiopathic arthritis where the condition has progressed to Rheumatoid arthritis may receive treatment through this restriction using existing baseline scores.

Where a patient is changing from a biosimilar medicine for the treatment of this condition, the prescriber must provide baseline disease severity indicators with this application, in addition to the response assessment outlined below.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

An application for a patient who is either changing treatment from another biological medicine to this drug or recommencing therapy with this drug after a treatment break of less than 24 months, must be accompanied with details of the evidence of a response to the patient's most recent course of PBS-subsidised biological medicine, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

A patient who has demonstrated a response to a course of rituximab must have a PBS-subsidised biological therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18604

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 24 months or more from the most recent PBS-subsidised biological medicine for this condition, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed/ceased to respond to PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; **OR**

- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either: (a) a total active joint count of at least 20 active (swollen and tender) joints; (b) at least 4 active major joints, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Major joints are defined as (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count and ESR and/or CRP must be no more than 4 weeks old at the time of initial application.

If the requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18584

Severe active rheumatoid arthritis

Treatment Phase: Balance of supply - Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months) to complete 16 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

12400P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	0.00	495.79	25.00	[a] Hadlima [RF]	[a] Humira [VE]
					[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

8737W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	0.00	439.27	25.00	[a] Amgevita [XT]	[a] Hadlima [RF]
					[a] Hyrimoz [SZ]	

ADALIMUMAB

Note PBS AUTHORITY APPLICATIONS FOR SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) subsidy of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to all PBS benefits with the specific PBS indication of: 'severe active rheumatoid arthritis'.

Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

Only one biological medicine is to be PBS-subsidised at any one time for rheumatoid arthritis.

Upon 5 inadequate responses to biological medicines with the specific PBS indication of 'severe active rheumatoid arthritis', further subsidy is to cease. Where a particular biological medicine has provided an inadequate response, it must not be subsidised again.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

(1) Selecting the correct 'Treatment phase' listing to apply under

Initiating subsidy:

(i) Apply through 'Initial 1 treatment' where a patient has received no prior PBS-subsidised biological medicine treatment; or

(ii) Apply through 'Initial 2 treatment' where one of the following occurs: (a) PBS-subsidised treatment has at least been initiated through any Initial 1 listing, but the prescribed biological medicine is changing, (b) there has been a break in biological medicine of less than 24 months, but resumption of treatment is with the same biological medicine last prescribed, (c) there has been a break in biological medicine of less than 24 months and resumption of treatment is with a different biological medicine to that last prescribed, (d) treatment with rituximab has occurred within the past 24 months and is the most recent therapy prescribed leading up to this authority application, irrespective of the length in time elapsed between the 2 non-rituximab bDMARDs administered before and after rituximab.

Initial 2 does not require markers of inflammation/joint count to be re-established - those recorded in the first Initial 1 application can remain as baseline measures. Prerequisite DMARD treatments need not be re-proven to be inadequate.

The prescribed biological medicine may be changed at any time, regardless of whether the current prescribed biological medicine has been obtained through Initial treatment or Continuing treatment. However, the change in biological medicine cannot be back to the same biological medicine where that medicine has provided an inadequate response.

(iii) Apply through 'Initial 3 treatment' where treatment is recommencing following a break in PBS-subsidised therapy of at least 24 months. Initial 3 requires current markers of inflammation/joint count to be re-established. Prerequisite DMARD treatments need not be re-proven to be inadequate. PBS-subsidised therapy in this instance can include rituximab where prescribed as the most recent treatment - the 24 month break in therapy is from the second dose of the prior rituximab course.

Response assessment to any course of PBS-subsidised biological therapy must follow a minimum of 12 weeks of therapy. Applications made on the same day for Initial treatment and Continuing treatment clearly do reflect this requirement.

Where a response assessment is not conducted with a 'Continuing treatment' application, the biological medicine will be assumed to have failed, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. Authority applications for patients who experienced adverse reaction necessitating permanent treatment withdrawal should be submitted through 'Initial 2 treatment' or 'Initial 3 treatment'. Indicate where the adverse reaction has occurred in the authority application.

Continuing subsidy:

Apply under a 'Continuing treatment' phase listing only where treatment has initiated through an 'Initial treatment' listing and measures of disease control (i.e. ESR/CRP/joint count) demonstrate response following at least 12 weeks of treatment. Continuing treatment should never precede Initial treatment where the same biological medicine is being prescribed.

The description of 'Continuing treatment' means 'Continuing treatment of severe rheumatoid arthritis with the same biological medicine'. Where treatment of severe rheumatoid arthritis is continuing with a different biological medicine, 'Continuing treatment' is not to be interpreted as meaning 'Continuing treatment of severe rheumatoid arthritis with a different biological medicine' - see 'Initial 2 treatment' where continuing treatment is with a different biological medicine.

'Continuing treatment' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Where continuing treatment is divided into 'First continuing' and 'Subsequent continuing', the next authority application following immediately after any 'Initial treatment' authority application is to be through 'First continuing'. Following this, the next authority application is to occur under the 'Subsequent continuing' treatment phase. Assuming the drug continues to provide an adequate response, 'Subsequent continuing' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Balance of Supply listings:

Maximum quantities and the number of repeats stated in a PBS-listing are values that prescribers may seek up to, but are not obligated to prescribe. From time to time, there may be particular reasons why a prescriber may elect not to request the full maximum quantity listed, or, the full number of repeat prescriptions. Where this occurs, the intent of Balance of Supply treatment phase listings is to circumvent the need for another written-only authority application to be completed, as a written-only authority application may not be practical in terms of providing timely access to continued treatment.

Apply under a 'Balance of Supply' treatment phase (where available) when either the full maximum quantity or repeat prescriptions available under a particular treatment phase, was not requested and where the biological medicine has had insufficient time to demonstrate an adequate response. Where the preceding supply has been adequate to provide at least 12 weeks of treatment and has resulted in an adequate response, it may be more practical to access further treatment under 'Continuing treatment'.

(2) Baseline measurements to determine response.

Determination of response to treatment must be based on baseline measurements of the joint count, ESR and/or CRP provided with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements demonstrating elevation of both joint count and markers of inflammation any time that an initial treatment authority application is provided and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.

Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.

Applications under the Initial 3 treatment restriction for recommencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note Biosimilar prescribing policy

Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

Note Applications for treatment with this drug where the dosing frequency exceeds 40 mg per fortnight will not be approved.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

18534

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with disease modifying anti-rheumatic drugs (DMARDs) which must include at least 3 months continuous treatment with at least 2 DMARDs, one of which must be methotrexate at a dose of at least 20 mg weekly plus one of the following: (i) hydroxychloroquine at a dose of at least 200 mg daily; (ii) leflunomide at a dose of at least 10 mg daily; (iii) sulfasalazine at a dose of at least 2 g daily; **OR**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with DMARDs which, if methotrexate is contraindicated according to the Therapeutic Goods Administration (TGA)-approved Product Information/cannot be tolerated at a 20 mg weekly dose, must include at least 3 months continuous treatment with at least 2 of the following DMARDs: (i) hydroxychloroquine at a dose of at least 200 mg daily; (ii) leflunomide at a dose of at least 10 mg daily; (iii) sulfasalazine at a dose of at least 2 g daily; **OR**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 3 months of continuous treatment with a DMARD where 2 of: (i) hydroxychloroquine, (ii) leflunomide, (iii) sulfasalazine, are contraindicated according to the relevant TGA-approved Product Information/cannot be tolerated at the doses specified above in addition to having a contraindication or intolerance to methotrexate: the remaining tolerated DMARD must be trialled at a minimum dose as mentioned above; **OR**
- Patient must have a contraindication/severe intolerance to each of: (i) methotrexate, (ii) hydroxychloroquine, (iii) leflunomide, (iv) sulfasalazine; in such cases, provide details for each of the contraindications/severe intolerances claimed in the authority application, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

If methotrexate is contraindicated according to the TGA-approved product information or cannot be tolerated at a 20 mg weekly dose, the application must include details of the contraindication or intolerance including severity to methotrexate. The maximum tolerated dose of methotrexate must be documented in the application, if applicable.

The application must include details of the DMARDs trialled, their doses and duration of treatment, and all relevant contraindications and/or intolerances including severity.

The requirement to trial at least 2 DMARDs for periods of at least 3 months each can be met using single agents sequentially or by using one or more combinations of DMARDs, however the time on treatment must be at least 6 months.

If the requirement to trial 6 months of intensive DMARD therapy with at least 2 DMARDs cannot be met because of contraindications and/or intolerances of a severity necessitating permanent treatment withdrawal to all of the DMARDs specified above, details of the contraindication or intolerance including severity and dose for each DMARD must be provided in the authority application.

The following criteria indicate failure to achieve an adequate response to DMARD treatment and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour and/or a C-reactive protein (CRP) level greater than 15 mg per L; AND either

(a) a total active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The joint count and ESR and/or CRP must be determined at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. All measures must be no more than 4 weeks old at the time of initial application.

If the requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18562

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition; **OR**
- Patient must have received prior PBS-subsidised treatment with a biological medicine under the paediatric Severe active juvenile idiopathic arthritis/Systemic juvenile idiopathic arthritis indication, **AND**

- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed/ceased to respond to PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Patients who have received PBS-subsidised treatment for paediatric Severe active juvenile idiopathic arthritis or Systemic juvenile idiopathic arthritis where the condition has progressed to Rheumatoid arthritis may receive treatment through this restriction using existing baseline scores.

Where a patient is changing from a biosimilar medicine for the treatment of this condition, the prescriber must provide baseline disease severity indicators with this application, in addition to the response assessment outlined below.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

An application for a patient who is either changing treatment from another biological medicine to this drug or recommencing therapy with this drug after a treatment break of less than 24 months, must be accompanied with details of the evidence of a response to the patient's most recent course of PBS-subsidised biological medicine, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

A patient who has demonstrated a response to a course of rituximab must have a PBS-subsidised biological therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18604

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**

- Patient must have a break in treatment of 24 months or more from the most recent PBS-subsidised biological medicine for this condition, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed/ceased to respond to PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; **OR**
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either: (a) a total active joint count of at least 20 active (swollen and tender) joints; (b) at least 4 active major joints, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Major joints are defined as (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count and ESR and/or CRP must be no more than 4 weeks old at the time of initial application.

If the requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18584

Severe active rheumatoid arthritis

Treatment Phase: Balance of supply - Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months) to complete 16 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

12429E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	3	0.00	439.27	25.00	[a] Hadlima [RF]	[a] Humira [VE]
						[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

9099X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	3	0.00	439.27	25.00	[a] Abrilada [PF]	[a] Amgevita [XT]
						[a] Hadlima [RF]	[a] Hyrimoz [SZ]

ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits for the indication of moderate to severe ulcerative colitis (MSUC). Patients are eligible for one PBS-subsidised drug treatment indicated for MSUC at any one time.

Where the term 'biological medicine' appears in this note and restrictions, it refers to any PBS benefit indicated for MSUC.

Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

From 1 July 2021, under the PBS, all adult patients will be able to commence a treatment cycle where they may trial PBS-subsidised biological medicine without having to experience a disease flare when swapping to one of the alternate agents. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised biological medicine treatment prior to 1 July 2021 is considered to have started their first cycle as of 1 July 2021. Within the same treatment cycle, the same biological medicine cannot be trialled twice. Where 3 biological medicines have failed to provide the patient with an adequate response a treatment cycle is considered complete. There must be a 5-year break in PBS-subsidised therapy before starting the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for Initial treatment with a PBS-subsidised biological medicine under the new treatment cycle.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Selecting the correct treatment phase listing when applying for authority approval:

(1) Initial treatment.

Apply under an Initial 1 treatment listing where the patient has never received a biological medicine.

(2) Continuing treatment.

Under no circumstance is Continuing treatment to precede Initial treatment. An authority application for Continuing treatment is not to be made on the same day as Initial treatment.

(3) Changing therapy.

Apply under an Initial 2 treatment listing. The indices of disease severity (i.e. Mayo clinic score or partial Mayo clinic score), or the prior corticosteroid therapy and immunosuppressive therapy will not need to be restated. A patient may trial an alternate biological medicine treatment at any time, regardless of whether they are receiving therapy (initial or continuing) at the time of the application. However, they cannot change to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this Initial 2 treatment authority application.

(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under an Initial 3 treatment listing. Prior corticosteroid and immunosuppressive therapies need not be re-trialled.

(5) Balance of supply.

Where the full number of repeat prescriptions have not been requested under any initial or continuing listing, apply for the balance of the supply of the repeats under any treatment phase listing containing the words "balance of supply".

Note TREATMENT OF PAEDIATRIC PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) for paediatric patients with infliximab or adalimumab for moderate to severe ulcerative colitis; and infliximab for acute severe ulcerative colitis. Where the term 'biological medicine' appears in the following notes and restrictions, it refers to infliximab and adalimumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 2 biological medicines at any one time.

From 1 June 2017, under the PBS, all paediatric patients will be able to commence a treatment cycle where they may trial each PBS-subsidised biological medicine without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle and depending on the disease severity, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who received PBS-subsidised biological medicine treatment prior to 1 June 2017 is considered to have started their treatment cycle as of 1 June 2017. Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than twice. Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break

in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under the Initial 3 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine therapy after 1 June 2017.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy - Initial 1 treatment (new patient); or,

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate agent - Initial 2 treatment (Change or Recommencement of treatment after a break in biological medicine therapy of less than 5 years) [further details are under 'Swapping treatment' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy with the same agent - Initial 2 treatment (Change or Recommencement of treatment after a break in therapy of less than 5 years); or

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - recommencement of treatment after a break in biological medicine of more than 5 years).

Treatment authorisations under Initial 1, Initial 2 and Initial 3 will be limited to provide for a maximum of 16 weeks of treatment for adalimumab and 14 weeks of treatment for infliximab. From 1 June 2017, a patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of treatment for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be conducted no later than 4 weeks from the date that course was ceased.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment with that drug under the First continuing treatment and Subsequent continuing treatment restrictions providing they continue to sustain the response.

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.

For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Paediatric Ulcerative Colitis Activity Index (PUCAI) Score, confirmation of ulcerative colitis disease), or the prior conventional therapies of corticosteroids or immunosuppressives.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving treatment (initial or continuing) at the time of the application. However, a patient cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug twice within the same treatment cycle. To ensure a patient receives the maximum treatment opportunities allowed under these swapping arrangements, it is important that they are assessed for response to every course of treatment.

(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify under Initial 3 treatment restriction and meet the relevant criteria with respect to the indices of disease severity.

Note Biosimilar prescribing policy

Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

Note At the time of authority application, medical practitioners must request the appropriate number of doses to provide sufficient drug for 16 weeks of treatment.

An appropriate amount of drug may require prescribing a combination of strengths. A separate authority prescription must be completed for each strength requested.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

17031

Moderate to severe ulcerative colitis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Clinical criteria:

- Patient must have failed to achieve an adequate response to a 5-aminosalicylate oral preparation in a standard dose for induction of remission for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal, **AND**
- Patient must have failed to achieve an adequate response to azathioprine at a dose of at least 2 mg per kg daily for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal; **OR**
- Patient must have failed to achieve an adequate response to 6-mercaptopurine at a dose of at least 1 mg per kg daily for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal; **OR**
- Patient must have failed to achieve an adequate response to a tapered course of oral steroids, starting at a dose of at least 40 mg (for a child, 1 to 2 mg/kg up to 40 mg) prednisolone (or equivalent), over a 6 week period or have intolerance necessitating permanent treatment withdrawal, and followed by a failure to achieve an adequate response to 3 or more consecutive months of treatment of an appropriately dosed thiopurine agent, **AND**
- Patient must have a Mayo clinic score greater than or equal to 6 if an adult patient; **OR**
- Patient must have a partial Mayo clinic score greater than or equal to 6, provided the rectal bleeding and stool frequency subscores are both greater than or equal to 2 (endoscopy subscore is not required for a partial Mayo clinic score); **OR**
- Patient must have a Paediatric Ulcerative Colitis Activity Index (PUCAI) Score greater than or equal to 30 if aged 6 to 17 years.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; **OR**
- Must be treated by a paediatrician; **OR**
- Must be treated by a specialist paediatric gastroenterologist.

Population criteria:

- Patient must be 6 years of age or older.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice), which includes:

(i) the completed current Mayo clinic or partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) calculation sheet including the date of assessment of the patient's condition; and

(ii) details of prior systemic drug therapy [dosage, date of commencement and duration of therapy].

All tests and assessments should be performed preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior conventional treatment.

The most recent Mayo clinic, partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) score must be no more than 4 weeks old at the time of application.

A partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) assessment of the patient's response to this initial course of treatment must be made following a minimum of 12 weeks of treatment for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for golimumab, infliximab and vedolizumab so that there is adequate time for a response to be demonstrated.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

If treatment with any of the above-mentioned drugs is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Details of the accepted toxicities including severity can be found on the Services Australia website.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

17032

Moderate to severe ulcerative colitis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle; **OR**
- Patient must have previously received PBS-subsidised treatment with a biological medicine (adalimumab or infliximab) for this condition in this treatment cycle if aged 6 to 17 years, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle; **OR**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle more than once if aged 6 to 17 years.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; **OR**
- Must be treated by a paediatrician; **OR**
- Must be treated by a specialist paediatric gastroenterologist.

Population criteria:

- Patient must be 6 years of age or older.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice), which includes:

(i) the completed current Mayo clinic or partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) calculation sheet including the date of assessment of the patient's condition if relevant; and

(ii) the details of prior biological medicine treatment including the details of date and duration of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient who fails to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the initial 3 treatment restriction.

If patients aged 6 to 17 years fail to respond to PBS-subsidised biological medicine treatment 3 times (twice with one agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

17077

Moderate to severe ulcerative colitis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have had a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**

- Patient must have a Mayo clinic score greater than or equal to 6 if an adult patient; **OR**
- Patient must have a partial Mayo clinic score greater than or equal to 6, provided the rectal bleeding and stool frequency subscores are both greater than or equal to 2 (endoscopy subscore is not required for a partial Mayo clinic score); **OR**
- Patient must have a Paediatric Ulcerative Colitis Activity Index (PUCAI) Score greater than or equal to 30 if aged 6 to 17 years.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; **OR**
- Must be treated by a paediatrician; **OR**
- Must be treated by a specialist paediatric gastroenterologist.

Population criteria:

- Patient must be 6 years of age or older.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice), which includes:

(i) the completed current Mayo clinic or partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) calculation sheet including the date of assessment of the patient's condition; and

(ii) the details of prior biological medicine treatment including the details of date and duration of treatment.

All tests and assessments should be performed preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior conventional treatment.

The most recent Mayo clinic, partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) score must be no more than 4 weeks old at the time of application.

A partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) assessment of the patient's response to this initial course of treatment must be made following a minimum of 12 weeks of treatment for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for golimumab, infliximab and vedolizumab so that there is adequate time for a response to be demonstrated.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Details of the accepted toxicities including severity can be found on the Services Australia website.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

16982

Moderate to severe ulcerative colitis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; **OR**
- Must be treated by a paediatrician; **OR**
- Must be treated by a specialist paediatric gastroenterologist.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

12359L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	2	0.00	495.79	25.00	[a] Hadlima [RF]	[a] Humira [VE]
						[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

12382Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	3	0	0.00	1,468.65	25.00	[a] Hadlima [RF]	[a] Humira [VE]
						[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

10944B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	2	0.00	439.27	25.00	[a] Amgevita [XT]	[a] Hadlima [RF]
						[a] Hyrimoz [SZ]	

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

12333D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	3	0	0.00	1,299.09	25.00	[a] Amgevita [XT]	[a] Hadlima [RF]
						[a] Hyrimoz [SZ]	

ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits for the indication of moderate to severe ulcerative colitis (MSUC). Patients are eligible for one PBS-subsidised drug treatment indicated for MSUC at any one time.

Where the term 'biological medicine' appears in this note and restrictions, it refers to any PBS benefit indicated for MSUC.

Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

From 1 July 2021, under the PBS, all adult patients will be able to commence a treatment cycle where they may trial PBS-subsidised biological medicine without having to experience a disease flare when swapping to one of the alternate agents. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised biological medicine treatment prior to 1 July 2021 is considered to have started their first cycle as of 1 July 2021. Within the same treatment cycle, the same biological medicine cannot be trialled twice. Where 3 biological medicines have failed to provide the patient with an adequate response a treatment cycle is considered complete. There must be a 5-year break in PBS-subsidised therapy before starting the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for Initial treatment with a PBS-subsidised biological medicine under the new treatment cycle.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Selecting the correct treatment phase listing when applying for authority approval:

(1) Initial treatment.

Apply under an Initial 1 treatment listing where the patient has never received a biological medicine.

(2) Continuing treatment.

Under no circumstance is Continuing treatment to precede Initial treatment. An authority application for Continuing treatment is not to be made on the same day as Initial treatment.

(3) Changing therapy.

Apply under an Initial 2 treatment listing. The indices of disease severity (i.e. Mayo clinic score or partial Mayo clinic score), or the prior corticosteroid therapy and immunosuppressive therapy will not need to be restated. A patient may trial an alternate biological medicine treatment at any time, regardless of whether they are receiving therapy (initial or continuing) at the time of the application. However, they cannot change to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this Initial 2 treatment authority application.

(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under an Initial 3 treatment listing. Prior corticosteroid and immunosuppressive therapies need not be re-trialled.

(5) Balance of supply.

Where the full number of repeat prescriptions have not been requested under any initial or continuing listing, apply for the balance of the supply of the repeats under any treatment phase listing containing the words "balance of supply".

Note TREATMENT OF PAEDIATRIC PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) for paediatric patients with infliximab or adalimumab for moderate to severe ulcerative colitis; and infliximab for acute severe ulcerative colitis. Where the term 'biological medicine' appears in the following notes and restrictions, it refers to infliximab and adalimumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 2 biological medicines at any one time.

From 1 June 2017, under the PBS, all paediatric patients will be able to commence a treatment cycle where they may trial each PBS-subsidised biological medicine without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle and depending on the disease severity, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who received PBS-subsidised biological medicine treatment prior to 1 June 2017 is considered to have started their treatment cycle as of 1 June 2017. Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than twice. Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under the Initial 3 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine therapy after 1 June 2017.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy - Initial 1 treatment (new patient); or,

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate agent - Initial 2 treatment (Change or Recommencement of treatment after a break in biological medicine therapy of less than 5 years) [further details are under 'Swapping treatment' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy with the same agent - Initial 2 treatment (Change or Recommencement of treatment after a break in therapy of less than 5 years); or

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - recommencement of treatment after a break in biological medicine of more than 5 years).

Treatment authorisations under Initial 1, Initial 2 and Initial 3 will be limited to provide for a maximum of 16 weeks of treatment for adalimumab and 14 weeks of treatment for infliximab. From 1 June 2017, a patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of treatment for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be conducted no later than 4 weeks from the date that course was ceased.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment with that drug under the First continuing treatment and Subsequent continuing treatment restrictions providing they continue to sustain the response.

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.

For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Paediatric Ulcerative Colitis Activity Index (PUCAI) Score, confirmation of ulcerative colitis disease), or the prior conventional therapies of corticosteroids or immunosuppressives.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving treatment (initial or continuing) at the time of the application. However, a patient cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug twice within the same treatment cycle. To ensure a patient receives the maximum treatment opportunities allowed under these swapping arrangements, it is important that they are assessed for response to every course of treatment.

(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify under Initial 3 treatment restriction and meet the relevant criteria with respect to the indices of disease severity.

Note Biosimilar prescribing policy

Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

Note At the time of authority application, medical practitioners must request the appropriate number of doses to provide sufficient drug for 16 weeks of treatment.

An appropriate amount of drug may require prescribing a combination of strengths. A separate authority prescription must be completed for each strength requested.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

17031

Moderate to severe ulcerative colitis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Clinical criteria:

- Patient must have failed to achieve an adequate response to a 5-aminosalicylate oral preparation in a standard dose for induction of remission for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal, **AND**
- Patient must have failed to achieve an adequate response to azathioprine at a dose of at least 2 mg per kg daily for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal; **OR**
- Patient must have failed to achieve an adequate response to 6-mercaptopurine at a dose of at least 1 mg per kg daily for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal; **OR**
- Patient must have failed to achieve an adequate response to a tapered course of oral steroids, starting at a dose of at least 40 mg (for a child, 1 to 2 mg/kg up to 40 mg) prednisolone (or equivalent), over a 6 week period or have intolerance necessitating permanent treatment withdrawal, and followed by a failure to achieve an adequate response to 3 or more consecutive months of treatment of an appropriately dosed thiopurine agent, **AND**
- Patient must have a Mayo clinic score greater than or equal to 6 if an adult patient; **OR**
- Patient must have a partial Mayo clinic score greater than or equal to 6, provided the rectal bleeding and stool frequency subscores are both greater than or equal to 2 (endoscopy subscore is not required for a partial Mayo clinic score); **OR**
- Patient must have a Paediatric Ulcerative Colitis Activity Index (PUCAI) Score greater than or equal to 30 if aged 6 to 17 years.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; **OR**
- Must be treated by a paediatrician; **OR**
- Must be treated by a specialist paediatric gastroenterologist.

Population criteria:

- Patient must be 6 years of age or older.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice), which includes:

(i) the completed current Mayo clinic or partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) calculation sheet including the date of assessment of the patient's condition; and

(ii) details of prior systemic drug therapy [dosage, date of commencement and duration of therapy].

All tests and assessments should be performed preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior conventional treatment.

The most recent Mayo clinic, partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) score must be no more than 4 weeks old at the time of application.

A partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) assessment of the patient's response to this initial course of treatment must be made following a minimum of 12 weeks of treatment for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for golimumab, infliximab and vedolizumab so that there is adequate time for a response to be demonstrated.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

If treatment with any of the above-mentioned drugs is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Details of the accepted toxicities including severity can be found on the Services Australia website.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

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Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

17032

Moderate to severe ulcerative colitis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle; **OR**
- Patient must have previously received PBS-subsidised treatment with a biological medicine (adalimumab or infliximab) for this condition in this treatment cycle if aged 6 to 17 years, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle; **OR**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle more than once if aged 6 to 17 years.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; **OR**
- Must be treated by a paediatrician; **OR**
- Must be treated by a specialist paediatric gastroenterologist.

Population criteria:

- Patient must be 6 years of age or older.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice), which includes:

(i) the completed current Mayo clinic or partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) calculation sheet including the date of assessment of the patient's condition if relevant; and

(ii) the details of prior biological medicine treatment including the details of date and duration of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient who fails to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the initial 3 treatment restriction.

If patients aged 6 to 17 years fail to respond to PBS-subsidised biological medicine treatment 3 times (twice with one agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

17077

Moderate to severe ulcerative colitis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have had a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- Patient must have a Mayo clinic score greater than or equal to 6 if an adult patient; **OR**
- Patient must have a partial Mayo clinic score greater than or equal to 6, provided the rectal bleeding and stool frequency subscores are both greater than or equal to 2 (endoscopy subscore is not required for a partial Mayo clinic score); **OR**
- Patient must have a Paediatric Ulcerative Colitis Activity Index (PUCAI) Score greater than or equal to 30 if aged 6 to 17 years.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; **OR**
- Must be treated by a paediatrician; **OR**
- Must be treated by a specialist paediatric gastroenterologist.

Population criteria:

- Patient must be 6 years of age or older.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice), which includes:

(i) the completed current Mayo clinic or partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) calculation sheet including the date of assessment of the patient's condition; and

(ii) the details of prior biological medicine treatment including the details of date and duration of treatment.

All tests and assessments should be performed preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior conventional treatment.

The most recent Mayo clinic, partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) score must be no more than 4 weeks old at the time of application.

A partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) assessment of the patient's response to this initial course of treatment must be made following a minimum of 12 weeks of treatment for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for golimumab, infliximab and vedolizumab so that there is adequate time for a response to be demonstrated.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Details of the accepted toxicities including severity can be found on the Services Australia website.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority Required

16982

Moderate to severe ulcerative colitis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; **OR**
- Must be treated by a paediatrician; **OR**
- Must be treated by a specialist paediatric gastroenterologist.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

12347W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	3	0	0.00	*1,299.09	25.00	[a] Hadlima [RF]	[a] Humira [VE]
						[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

12412G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	2	0.00	*439.27	25.00	[a] Hadlima [RF]	[a] Humira [VE]
						[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

10955N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	2	0.00	439.27	25.00	[a] Abrilada [PF]	[a] Amgevita [XT]
						[a] Hadlima [RF]	[a] Hyrimoz [SZ]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

12370C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	3	0	0.00	1,299.09	25.00	[a] Abrilada [PF]	[a] Amgevita [XT]
						[a] Hadlima [RF]	[a] Hyrimoz [SZ]

ADALIMUMAB

Note TREATMENT OF PAEDIATRIC PATIENTS WITH REFRACTORY CROHN DISEASE

The following information applies to the prescribing of targeted therapies under the Pharmaceutical Benefits Scheme (PBS) for paediatric patients with adalimumab for 'severe Crohn disease' and infliximab for 'moderate to severe Crohn disease'. For PBS administration, the term targeted therapy includes biological and targeted synthetic disease modifying anti-rheumatic drugs.

A patient is eligible for PBS-subsidised treatment with only one targeted therapy at any one time.

Treatment cycle:

A treatment cycle begins when an authority application is approved under an Initial 1, Initial 2 patients who are accessing PBS-subsidised treatment for the first time or Initial 3 type restriction. Treatment must not continue with the same targeted therapy if it has not provided an adequate response as defined in the continuing treatment phase. A patient may trial different targeted therapies within a cycle; however, if 3 trials of a targeted therapy do not provide an adequate response, the treatment cycle ends and a 12-month PBS exclusion period applies. A paediatric patient cannot trial and not demonstrate an adequate response, or cease to respond to, the same PBS-subsidised targeted therapy more than twice.

The 12-month break is measured from the date of the last PBS approval for a targeted therapy in the most recent cycle to the date of first initial treatment application under the next treatment cycle.

If a new targeted therapy with a different pharmacological mechanism of action becomes available on the PBS during a 12-month break, a patient may be prescribed the newly listed targeted therapy through the Initial 2 treatment phase, if they

have never received that medicine previously. If the newly listed targeted therapy does not provide an adequate response, the treatment cycle ends and the 12-month break recommences. This will not be considered a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Treatment Phases:

Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and 14 weeks for infliximab.

Initial 1 - use when the patient has never received a PBS-subsidised targeted therapy for these indications. Inadequate response to conventional therapy must be demonstrated where required.

Initial 2 - use when:

- an alternative targeted therapy is being prescribed for these indications; or
- the patient has previously been treated with this targeted therapy; or
- treatment is resuming after a break of less than 12 months

Patients applying through this treatment phase do not have to requalify with respect to the indices of disease severity (i.e. Paediatric Crohn Disease Activity Index (PCDAI) Score, confirmation of Crohn disease). Inadequate response to conventional therapy does not need to be redemonstrated.

Initial 3 - use when treatment is resuming after a break in PBS-subsidised treatment of at least 12 months. Patients applying through this treatment phase must requalify with respect to the indices of disease severity (i.e. Paediatric Crohn Disease Activity Index (PCDAI) Score, confirmation of Crohn disease). Re-trial of conventional therapies is not required.

Continuing treatment - use when a patient has demonstrated an adequate response to the preceding supply. Patients are eligible for up to 24 weeks of treatment per continuing prescription. Continuing treatment authority scripts must not be written on the same day as Initial treatment authority applications.

Balance of supply - use when the full amount of the preceding supply was not provided. This phase provides the remaining quantity that could have been obtained under the preceding authority approval or where additional time is required for an adequate response to be determined.

Baseline measurements to determine response - a response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements provided in the first authority application for a targeted therapy. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is made within a treatment cycle and eligibility for continuing treatment must be assessed according to these revised baseline measurements.

Recency of assessments:

Where possible, all related assessment documentation (including the Paediatric Crohn Disease Activity Index calculations, pathology tests and diagnostic imaging studies) should be within 4 weeks of the date of authority application but no longer than 4 weeks following cessation of the most recent treatment.

Note Biosimilar prescribing policy

Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for targeted therapies, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note At the time of authority application, medical practitioners must request the appropriate number of doses to provide sufficient drug for 16 weeks of treatment.

An appropriate amount of drug may require prescribing a combination of strengths. A separate authority prescription must be completed for each strength requested.

Note Pharmaceutical benefits that have the form adalimumab 20 mg/0.2 mL syringes and pharmaceutical benefits that have the form adalimumab 20 mg/0.4 mL syringes are equivalent for the purposes of substitution

Note Pharmaceutical benefits that have a pack size of 1 may be substituted for pharmaceutical benefits that have a pack size of 2, in combinations equivalent to the maximum quantity number of units.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note Authority applications for increased quantities may be approved by Services Australia to provide sufficient doses for the relevant treatment phase.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

18968

Severe Crohn disease

Treatment Phase: Initial 1 (new patient)

Clinical criteria:

- Patient must have confirmed diagnosis of Crohn disease, defined by standard clinical, endoscopic and/or imaging features including histological evidence, **AND**
- Patient must not have achieved an adequate response to 2 of the following 3 conventional prior therapies including: (i) a tapered course of steroids, starting at a dose of at least 1 mg per kg or 40 mg (whichever is the lesser) prednisolone (or equivalent), over a 6 week period; (ii) an 8 week course of enteral nutrition; or (iii) immunosuppressive therapy with a thiopurine at a clinically optimised dose, or, methotrexate at a dose of at least 10 mg per square metre weekly for 3 or more months; **OR**
- Patient must have a documented contraindication to each of prednisolone (or equivalent), a thiopurine, and methotrexate; **OR**

- Patient must have features of high-risk or complicated Crohn disease defined as those with any of the following: (i) perianal disease, (ii) stricturing or penetrating behaviour, (iii) severe delayed growth (growth velocity at least 2 standard deviations below the mean for age and sex, or a drop of at least 1 major centile band), **AND**
- Patient must have, at the time of application, disease severity considered to be severe as demonstrated by a Paediatric Crohn Disease Activity Index (PCDAI) Score greater than or equal to 40; **OR**
- Patient must have extensive intestinal inflammation of the small intestine as evidenced by radiological imaging, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a gastroenterologist; **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology]; **OR**
- Must be treated by a paediatrician; **OR**
- Must be treated by a specialist paediatric gastroenterologist.

Population criteria:

- Patient must be aged 6 to 17 years inclusive.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) if applicable, details of prior systemic drug therapy [dosage, date of commencement and duration of therapy]; and

(b) current PCDAI score and the date of assessment; or

(c) details (date, unique identifying number/code or provider number) of the pathology or diagnostic imaging test(s) used to assess response to therapy for patients with extensive small intestine disease.

For patients assessed as having extensive intestinal inflammation of the small intestines, such evidence of intestinal inflammation includes:

(i) blood: higher than normal platelet count, or, an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour, or, a C-reactive protein (CRP) level greater than 15 mg per L; or

(ii) faeces: higher than normal lactoferrin or calprotectin level; or

(iii) diagnostic imaging: demonstration of increased uptake of intravenous contrast with thickening of the bowel wall or mesenteric lymphadenopathy or fat streaking in the mesentery.

If treatment with any of the specified prior conventional drugs is contraindicated according to the relevant contraindications or precautions in the TGA-approved Product Information, please provide details at the time of application. Patients must attempt to trial alternate conventional therapies that are not contraindicated.

If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, details of this toxicity must be provided at the time of application.

Where a response assessment is not conducted, the patient will be deemed to have not responded to treatment with this drug. A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as treatment failure.

Authority Required

18966

Severe Crohn disease

Treatment Phase: Initial 2 (change or recommencement of treatment after a break in targeted therapy of less than 12 months)

Clinical criteria:

- Patient must have a documented history of severe Crohn disease, **AND**
- Patient must have received prior PBS-subsidised treatment with a targeted therapy for this condition in this treatment cycle; **OR**
- Patient must have been eligible for prior PBS-subsidised treatment with a targeted therapy for this condition in this treatment cycle, **AND**
- Patient must not have previously received this drug for this condition in this treatment cycle; **OR**
- Patient must have previously received this drug for this condition and demonstrated/maintained an adequate clinical response; **OR**
- Patient must have: (i) received this drug in this treatment cycle, (ii) not demonstrated/maintained an adequate response to this drug once in this treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction per authority application.

Treatment criteria:

- Must be treated by a gastroenterologist; **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology]; **OR**
- Must be treated by a paediatrician; **OR**
- Must be treated by a specialist paediatric gastroenterologist.

Population criteria:

- Patient must be aged 6 to 17 years inclusive.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) if applicable, the PCDAI score and the date of assessment; or

(b) if applicable, details (date, unique identifying number/code or provider number) of the pathology or diagnostic imaging test(s) used to assess response to therapy for patients with extensive small intestine disease.

If a patient was eligible for prior PBS-subsidised treatment with a targeted therapy for this condition but did not receive PBS-subsidised treatment at the time, the application must provide a declaration that the patient met all 'Initial 1' clinical and treatment criteria when targeted therapy treatment commenced. The following information must also be provided at the time of application:

(a) the baseline PCDAI score and the date of assessment; or

(b) details (date, unique identifying number/code or provider number) of the pathology or diagnostic imaging test(s) used to assess response to therapy for patients with extensive small intestine disease.

Where a response assessment is not conducted, the patient will be deemed to have not responded to treatment with this drug. A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as treatment failure.

Authority Required

18967

Severe Crohn disease

Treatment Phase: Initial 3 (recommencement of treatment after a break in targeted therapy of more than 12 months)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a targeted therapy for this condition, **AND**
- Patient must have had a break in treatment of 12 months or more from the most recently approved PBS-subsidised targeted therapy for this condition, **AND**
- Patient must have confirmed diagnosis of Crohn disease, defined by standard clinical, endoscopic and/or imaging features including histological evidence, **AND**
- Patient must have disease severity considered to be severe as demonstrated by a Paediatric Crohn Disease Activity Index (PCDAI) Score greater than or equal to 40 while off treatment with targeted therapy; **OR**
- Patient must have a documented history and radiological evidence of intestinal inflammation if the patient has extensive small intestinal disease while off treatment with targeted therapy, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction per authority application.

Treatment criteria:

- Must be treated by a gastroenterologist; **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology]; **OR**
- Must be treated by a paediatrician; **OR**
- Must be treated by a specialist paediatric gastroenterologist.

Population criteria:

- Patient must be aged 6 to 17 years inclusive.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) current PCDAI score and the date of assessment; or

(b) details (date, unique identifying number/code or provider number) of the pathology or diagnostic imaging test(s) used to assess response to therapy for patients with extensive small intestine disease.

For patients assessed as having extensive intestinal inflammation of the small intestines, such evidence of intestinal inflammation includes:

(i) blood: higher than normal platelet count, or, an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour, or, a C-reactive protein (CRP) level greater than 15 mg per L; or

(ii) faeces: higher than normal lactoferrin or calprotectin level; or

(iii) diagnostic imaging: demonstration of increased uptake of intravenous contrast with thickening of the bowel wall or mesenteric lymphadenopathy or fat streaking in the mesentery.

Where a response assessment is not conducted, the patient will be deemed to have not responded to treatment with this drug. A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as treatment failure.

adalimumab 20 mg/0.2 mL injection, 2 x 0.2 mL syringes

12407B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	0.00	606.96	25.00	[a] Humira [VE]	[a] Yuflyma [EW]

adalimumab 20 mg/0.4 mL injection, 0.4 mL syringe

12332C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	3	0.00	*606.96	25.00	[a] Amgevita [XT]

ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits for the indication of moderate to severe ulcerative colitis (MSUC). Patients are eligible for one PBS-subsidised drug treatment indicated for MSUC at any one time.

Where the term 'biological medicine' appears in this note and restrictions, it refers to any PBS benefit indicated for MSUC.

Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

From 1 July 2021, under the PBS, all adult patients will be able to commence a treatment cycle where they may trial PBS-subsidised biological medicine without having to experience a disease flare when swapping to one of the alternate agents. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised biological medicine treatment prior to 1 July 2021 is considered to have started their first cycle as of 1 July 2021. Within the same treatment cycle, the same biological medicine cannot be trialled twice. Where 3 biological medicines have failed to provide the patient with an adequate response a treatment cycle is considered complete. There must be a 5-year break in PBS-subsidised therapy before starting the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for Initial treatment with a PBS-subsidised biological medicine under the new treatment cycle.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Selecting the correct treatment phase listing when applying for authority approval:

(1) Initial treatment.

Apply under an Initial 1 treatment listing where the patient has never received a biological medicine.

(2) Continuing treatment.

Under no circumstance is Continuing treatment to precede Initial treatment. An authority application for Continuing treatment is not to be made on the same day as Initial treatment.

(3) Changing therapy.

Apply under an Initial 2 treatment listing. The indices of disease severity (i.e. Mayo clinic score or partial Mayo clinic score), or the prior corticosteroid therapy and immunosuppressive therapy will not need to be restated. A patient may trial an alternate biological medicine treatment at any time, regardless of whether they are receiving therapy (initial or continuing) at the time of the application. However, they cannot change to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this Initial 2 treatment authority application.

(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under an Initial 3 treatment listing. Prior corticosteroid and immunosuppressive therapies need not be re-trialled.

(5) Balance of supply.

Where the full number of repeat prescriptions have not been requested under any initial or continuing listing, apply for the balance of the supply of the repeats under any treatment phase listing containing the words "balance of supply".

Note TREATMENT OF PAEDIATRIC PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) for paediatric patients with infliximab or adalimumab for moderate to severe ulcerative colitis; and infliximab for acute severe ulcerative colitis. Where the term 'biological medicine' appears in the following notes and restrictions, it refers to infliximab and adalimumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 2 biological medicines at any one time.

From 1 June 2017, under the PBS, all paediatric patients will be able to commence a treatment cycle where they may trial each PBS-subsidised biological medicine without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle and depending on the disease severity, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who received PBS-subsidised biological medicine treatment prior to 1 June 2017 is considered to have started their treatment cycle as of 1 June 2017. Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than twice. Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under the Initial 3 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine therapy after 1 June 2017.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy - Initial 1 treatment (new patient); or,

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate agent - Initial 2 treatment (Change or Recommencement of treatment after a break in biological medicine therapy of less than 5 years) [further details are under 'Swapping treatment' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy with the same agent - Initial 2 treatment (Change or Recommencement of treatment after a break in therapy of less than 5 years); or

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - recommencement of treatment after a break in biological medicine of more than 5 years).

Treatment authorisations under Initial 1, Initial 2 and Initial 3 will be limited to provide for a maximum of 16 weeks of treatment for adalimumab and 14 weeks of treatment for infliximab. From 1 June 2017, a patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of treatment for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be conducted no later than 4 weeks from the date that course was ceased.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment with that drug under the First continuing treatment and Subsequent continuing treatment restrictions providing they continue to sustain the response.

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.

For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Paediatric Ulcerative Colitis Activity Index (PUCAI) Score, confirmation of ulcerative colitis disease), or the prior conventional therapies of corticosteroids or immunosuppressives.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving treatment (initial or continuing) at the time of the application. However, a patient cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug twice within the same treatment cycle. To ensure a patient receives the maximum treatment opportunities allowed under these swapping arrangements, it is important that they are assessed for response to every course of treatment.

(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify under Initial 3 treatment restriction and meet the relevant criteria with respect to the indices of disease severity.

Note Biosimilar prescribing policy

Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Pharmaceutical benefits that have the form adalimumab 20 mg/0.2 mL syringes and pharmaceutical benefits that have the form adalimumab 20 mg/0.4 mL syringes are equivalent for the purposes of substitution

Note Pharmaceutical benefits that have a pack size of 1 may be substituted for pharmaceutical benefits that have a pack size of 2, in combinations equivalent to the maximum quantity number of units.

Note At the time of authority application, medical practitioners must request the appropriate number of doses to provide sufficient drug for 16 weeks of treatment.

An appropriate amount of drug may require prescribing a combination of strengths. A separate authority prescription must be completed for each strength requested.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

17031

Moderate to severe ulcerative colitis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Clinical criteria:

- Patient must have failed to achieve an adequate response to a 5-aminosalicylate oral preparation in a standard dose for induction of remission for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal, **AND**
- Patient must have failed to achieve an adequate response to azathioprine at a dose of at least 2 mg per kg daily for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal; **OR**
- Patient must have failed to achieve an adequate response to 6-mercaptopurine at a dose of at least 1 mg per kg daily for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal; **OR**
- Patient must have failed to achieve an adequate response to a tapered course of oral steroids, starting at a dose of at least 40 mg (for a child, 1 to 2 mg/kg up to 40 mg) prednisolone (or equivalent), over a 6 week period or have intolerance necessitating permanent treatment withdrawal, and followed by a failure to achieve an adequate response to 3 or more consecutive months of treatment of an appropriately dosed thiopurine agent, **AND**
- Patient must have a Mayo clinic score greater than or equal to 6 if an adult patient; **OR**
- Patient must have a partial Mayo clinic score greater than or equal to 6, provided the rectal bleeding and stool frequency subscores are both greater than or equal to 2 (endoscopy subscore is not required for a partial Mayo clinic score); **OR**

- Patient must have a Paediatric Ulcerative Colitis Activity Index (PUCAI) Score greater than or equal to 30 if aged 6 to 17 years.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; **OR**
- Must be treated by a paediatrician; **OR**
- Must be treated by a specialist paediatric gastroenterologist.

Population criteria:

- Patient must be 6 years of age or older.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice), which includes:

(i) the completed current Mayo clinic or partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) calculation sheet including the date of assessment of the patient's condition; and

(ii) details of prior systemic drug therapy [dosage, date of commencement and duration of therapy].

All tests and assessments should be performed preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior conventional treatment.

The most recent Mayo clinic, partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) score must be no more than 4 weeks old at the time of application.

A partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) assessment of the patient's response to this initial course of treatment must be made following a minimum of 12 weeks of treatment for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for golimumab, infliximab and vedolizumab so that there is adequate time for a response to be demonstrated.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

If treatment with any of the above-mentioned drugs is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Details of the accepted toxicities including severity can be found on the Services Australia website.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

17032

Moderate to severe ulcerative colitis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle; **OR**
- Patient must have previously received PBS-subsidised treatment with a biological medicine (adalimumab or infliximab) for this condition in this treatment cycle if aged 6 to 17 years, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle; **OR**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle more than once if aged 6 to 17 years.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; **OR**

- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; **OR**
- Must be treated by a paediatrician; **OR**
- Must be treated by a specialist paediatric gastroenterologist.

Population criteria:

- Patient must be 6 years of age or older.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice), which includes:

(i) the completed current Mayo clinic or partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) calculation sheet including the date of assessment of the patient's condition if relevant; and

(ii) the details of prior biological medicine treatment including the details of date and duration of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient who fails to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the initial 3 treatment restriction.

If patients aged 6 to 17 years fail to respond to PBS-subsidised biological medicine treatment 3 times (twice with one agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

17077

Moderate to severe ulcerative colitis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have had a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- Patient must have a Mayo clinic score greater than or equal to 6 if an adult patient; **OR**
- Patient must have a partial Mayo clinic score greater than or equal to 6, provided the rectal bleeding and stool frequency subscores are both greater than or equal to 2 (endoscopy subscore is not required for a partial Mayo clinic score); **OR**
- Patient must have a Paediatric Ulcerative Colitis Activity Index (PUCAI) Score greater than or equal to 30 if aged 6 to 17 years.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; **OR**
- Must be treated by a paediatrician; **OR**
- Must be treated by a specialist paediatric gastroenterologist.

Population criteria:

- Patient must be 6 years of age or older.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice), which includes:

(i) the completed current Mayo clinic or partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) calculation sheet including the date of assessment of the patient's condition; and

(ii) the details of prior biological medicine treatment including the details of date and duration of treatment.

All tests and assessments should be performed preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior conventional treatment.

The most recent Mayo clinic, partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) score must be no more than 4 weeks old at the time of application.

A partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) assessment of the patient's response to this initial course of treatment must be made following a minimum of 12 weeks of treatment for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for golimumab, infliximab and vedolizumab so that there is adequate time for a response to be demonstrated.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Details of the accepted toxicities including severity can be found on the Services Australia website.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

16982

Moderate to severe ulcerative colitis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; **OR**
- Must be treated by a paediatrician; **OR**
- Must be treated by a specialist paediatric gastroenterologist.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

adalimumab 20 mg/0.2 mL injection, 2 x 0.2 mL syringes

12371D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	0.00	606.96	25.00	[a] Humira [VE]	[a] Yuflyma [EW]

adalimumab 20 mg/0.4 mL injection, 0.4 mL syringe

12350B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	3	0.00	*606.96	25.00	[a] Amgevita [XT]

ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who received PBS-subsidised adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.

A patient receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.

(1) Initial treatment.

An application for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab, and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab, 24 weeks of therapy for bimekizumab and 28 weeks of therapy for risankizumab, tildrakizumab and ustekinumab.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of their course of initial treatment to ensure uninterrupted biological medicine supply.

(2) Assessment of response to initial treatment.

When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment and no later than 4 weeks from the completion of this initial treatment course.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

(3) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24

weeks providing they continue to sustain the response. It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Infliximab, adalimumab and etanercept only:

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.

For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(4) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle or have experienced treatment failure with that particular biological medicine that required permanent treatment withdrawal.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.

(5) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.

To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.

(6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 4 weeks at the time of application.

Note Biosimilar prescribing policy

Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Prescribing the 80 mg presentation:

Two completed authority prescriptions may be submitted with every initial application for this biological medicine. One prescription for an induction dose of 80 mg and no repeats and the second prescription for 2 doses of 40 mg and 3 repeats.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

18544

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 1, Whole body (new patient)

Clinical criteria:

- Patient must have severe chronic plaque psoriasis where lesions have been present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 2 of the following 6 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; (ii) methotrexate at a dose of at least 10 mg weekly for at least 6 weeks; (iii) ciclosporin at a dose of at least 2 mg per kg per day for at least 6 weeks; (iv) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks; (v) apremilast at a dose of 30 mg twice a day for at least 6 weeks; (vi) deucravacitinib at a dose of 6 mg once daily for at least 6 weeks, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

Where treatment with methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin is contraindicated according to the relevant TGA-approved Product Information, or where phototherapy is contraindicated, details must be provided at the time of application.

Where intolerance to treatment with phototherapy, methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Regardless of if a patient has a contraindication to treatment with either methotrexate, ciclosporin, apremilast, deucravacitinib, acitretin or phototherapy, the patient is still required to trial 2 of these prior therapies until a failure to achieve an adequate response is met.

The following criterion indicates failure to achieve an adequate response to prior treatment and must be demonstrated in the patient at the time of the application:

(a) A current Psoriasis Area and Severity Index (PASI) score of greater than 15, as assessed, preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment.

(b) A PASI assessment must be completed for each prior treatment course, preferably whilst still on treatment, but no longer than 4 weeks following cessation of each course of treatment.

(c) The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current and previous Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition; and

(ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy].

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 6 weeks treatment with phototherapy, methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin can be found on the Services Australia website (www.servicesaustralia.gov.au).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18587

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 2, Whole body (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition; and

(ii) details of prior biological treatment, including dosage, date and duration of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18545

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 3, Whole body (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must have a current Psoriasis Area and Severity Index (PASI) score of greater than 15, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18535

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 1, Face, hand, foot (new patient)

Clinical criteria:

- Patient must have severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot where the plaque or plaques have been present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 2 of the following 6 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; (ii) methotrexate at a dose of at least 10 mg weekly for at least 6 weeks; (iii) ciclosporin at a dose of at least 2 mg per kg per day for at least 6 weeks; (iv) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks; (v) apremilast at a dose of 30 mg twice a day for at least 6 weeks; (vi) deucravacitinib at a dose of 6 mg once daily for at least 6 weeks, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

Where treatment with methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin is contraindicated according to the relevant TGA-approved Product Information, or where phototherapy is contraindicated, details must be provided at the time of application.

Where intolerance to treatment with phototherapy, methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Regardless of if a patient has a contraindication to treatment with either methotrexate, ciclosporin, apremilast, deucravacitinib, acitretin or phototherapy, the patient is still required to trial 2 of these prior therapies until a failure to achieve an adequate response is met.

The following criterion indicates failure to achieve an adequate response to prior treatment and must be demonstrated in the patient at the time of the application:

(a) Chronic plaque psoriasis classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where:

(i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe, as assessed, preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment; or

(ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, as assessed, preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment;

(b) A PASI assessment must be completed for each prior treatment course, preferably whilst still on treatment, but no longer than 4 weeks following cessation of each course of treatment.

(c) The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current and previous Psoriasis Area and Severity Index (PASI) calculation sheets, and the face, hand, foot area diagrams including the dates of assessment of the patient's condition; and

(ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy].

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 6 weeks treatment with phototherapy, methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin can be found on the Services Australia website (www.servicesaustralia.gov.au).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18540

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 2, Face, hand, foot (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current Psoriasis Area and Severity Index (PASI) calculation sheets, and the face, hand, foot area diagrams including the dates of assessment of the patient's condition; and

(ii) details of prior biological treatment, including dosage, date and duration of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18543

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 3, Face, hand, foot (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must be classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where: (i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or (ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheets, and the face, hand, foot area diagrams including the dates of assessment of the patient's condition.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

adalimumab 80 mg/0.8 mL injection, 0.8 mL syringe

12394H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	0	0.00	687.15	25.00	[a] Humira [VE]	[a] Yuflyma [EW]

adalimumab 80 mg/0.8 mL injection, 0.8 mL pen device

12447D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	0	0.00	687.15	25.00	[a] Humira [VE]	[a] Hyrimoz [SZ]
					[a] Yuflyma [EW]	

ADALIMUMAB

Note TREATMENT OF PATIENTS UNDER 18 YEARS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, etanercept and ustekinumab for patients under 18 years of age with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, etanercept and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who is receiving PBS-subsidised treatment for severe chronic plaque psoriasis is able to commence a treatment cycle where they may trial a biological medicine without having to experience a disease flare when swapping to an alternate biological medicine within the same treatment cycle.

Under these arrangements, within a treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was prescribed in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 times in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 times in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

There are separate restrictions for the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hand and foot.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

(i) a patient has never received PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - Biological medicine-naive patient); or

(ii) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years); or

(iii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine or recommence with the same biological medicine within the same treatment cycle (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or

(iv) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

Etanercept only:

After completing 24-weeks of treatment with PBS-subsidised etanercept, a patient is eligible for re-treatment with etanercept within 12 months (Initial 4) due to a disease flare with psoriasis affecting the whole body if:

(i) there is at least a 50% change in the patients PASI score compared to the most recent response assessment following cessation of the most recent 24 weeks of PBS-subsidised etanercept; or

(ii) the patient has a current PASI score greater than 15

Etanercept only:

After completing 24-weeks of treatment with PBS-subsidised etanercept, a patient is eligible for re-treatment with etanercept (Initial 4) due to a disease flare with psoriasis affecting the face, hand or foot if:

(i) all subscores are rated moderate to severe; or

(ii) 2 of the three subscores are rated severe to very severe; or

(iii) the affected area of skin has increased by at least 50% compared to that at the time of the last assessment following cessation of the most recent 24 weeks of PBS-subsidised etanercept; or

(iv) the area affected is 30% or more of the face, palm of a hand or sole of a foot,

(2) Assessment of response to initial treatment.

After prescribing initial treatment with a biological medicine, a PASI assessment must be conducted after at least 12 weeks of treatment. This assessment will be used to determine eligibility for continuing treatment and must be conducted within 8 weeks of the last administered dose.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

Adalimumab and Ustekinumab only:

To avoid an interruption of supply for First continuing treatment, the assessment should be submitted no later than 2 weeks prior to when the next dose (under the new authority application) is due, unless the patient is currently on a treatment break.

(3) Continuing treatment

Etanercept only:

Following the completion of an initial 16-week treatment course with etanercept, a patient may receive a further 8 weeks of treatment (under the 'Completion of course' treatment phase) to complete a 24-week treatment course, providing they have demonstrated an adequate response to treatment to the initial supply.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be documented in the patient's medical records. Where a response assessment is not conducted, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Adalimumab and Ustekinumab only:

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks per continuing treatment course under the First continuing treatment restriction with that drug, provided they demonstrate an adequate response to treatment. The patient remains eligible to receive continuing treatment in courses of up to 24 weeks under the Subsequent continuing treatment restriction with that drug, provided they continue to sustain the response. It is recommended that a patient be reviewed 4 weeks prior to when their next dose (under a new authority application) is due to ensure uninterrupted supply, but no later than 8 weeks after the date of the last administered dose.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(4) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to the prior non-biological therapy requirements. If the patient has had a break in therapy of more than 5 years, the indices of disease severity need to be met, but a re-trial of non-biological therapy is not required.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to that biological medicine more than once within the same treatment cycle or have failed to respond to biological medicines, as an aggregate, on 3 occasions within the same treatment cycle.

To ensure patients receive the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.

(5) Baseline measurements to determine response.

A response to treatment must be demonstrated based on the baseline PASI assessment provided with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is provided within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment. Where a patient is changing from treatment with etanercept to adalimumab or ustekinumab the prescriber must provide a baseline PASI measurement, as well as a PASI score demonstrating a response to treatment.

To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.

(6A) Recommencement of treatment after a break of less than 5 years in PBS-subsidised therapy (all drugs except etanercept).

A patient who wishes to resume treatment following a break in PBS-subsidised therapy of less than 5 years must resume under the 'Initial 2' treatment phase. The most recent PASI assessment demonstrating disease flare must be no more than 4 weeks old at the time of application.

(6B) Re-treatment (etanercept only)

A patient may be re-treated, in certain circumstances, with etanercept after completing a 24-week treatment course under the 'Initial 4' treatment phase.

(7) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to undertake a new treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under an 'Initial 3' treatment phase.

Note Biosimilar prescribing policy

Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

17043

Severe chronic plaque psoriasis

Treatment Phase: Initial 1 treatment (Whole body) - biological medicine-naive patient

Clinical criteria:

- Patient must have severe chronic plaque psoriasis where lesions have been present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- The treatment must be as systemic monotherapy; **OR**
- The treatment must be in combination with methotrexate, **AND**
- Patient must have failed to achieve an adequate response to at least 2 of the following 3 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; (ii) methotrexate at a dose of at least 10 mg or 10 mg per square metre weekly (whichever is lowest) for at least 6 weeks; (iii) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks, **AND**
- Patient must not receive more than 17 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a dermatologist.

Population criteria:

- Patient must be under 18 years of age.

Where treatment with any of the above-mentioned drugs was contraindicated according to the relevant TGA-approved Product Information, or where phototherapy was contraindicated, details must be provided at the time of application.

Where intolerance to phototherapy, methotrexate and/or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Details of the accepted toxicities including severity can be found on the Services Australia website.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The following indicates failure to achieve an adequate response to prior phototherapy/methotrexate/acitretin therapy:

(a) A Psoriasis Area and Severity Index (PASI) score of greater than 15, as assessed, preferably when the patient was on treatment, but no longer than 4 weeks following cessation of the last pre-requisite therapy.

A PASI assessment must have been completed for each pre-requisite treatment trialled, preferably when the patient was on treatment, but no longer than 4 weeks following cessation of that pre-requisite treatment. Provide in this authority application, and document in the patient's medical records, each of:

(i) the name of each prior therapy trialled that meets the above requirements - state at least 2;

(ii) the date of commencement and cessation of each prior therapy trialled, as well as the dosage (for drug therapies);

(iii) the PASI score that followed each prior therapy trialled;

(iv) the date the PASI scores were determined.

Provide a baseline PASI score to be referenced in any future authority applications that continue treatment. This PASI score may be any of: (i) a current PASI score, (ii) a PASI score present prior to, or, after a pre-requisite non-biological medicine.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authorisation under this restriction should be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)

Alternatively applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

17005

Severe chronic plaque psoriasis

Treatment Phase: Initial 2 treatment (Whole body) - Change of treatment, or, recommencement of treatment after a break in biological medicine of less than 5 years

Clinical criteria:

- The treatment must be as systemic monotherapy; **OR**
- The treatment must be in combination with methotrexate, **AND**

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 17 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a dermatologist.

Population criteria:

- Patient must be under 18 years of age.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Where the patient is changing from treatment with etanercept a baseline PASI measurement must be provided with this authority application.

Response to preceding supply:

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

Change in therapy:

If the patient is changing therapy, in relation to the biological medicine that the patient is changing from, state whether the patient is changing therapy because:

(i) there is an absence of an adequate response to that treatment; or

(ii) there was an intolerance to that treatment; or

(iii) there was an adequate response, but a change in treatment has been made for reasons other than the 2 mentioned above

Recommencing therapy:

If the patient is recommencing therapy, in relation to the last administered dose, state whether there was:

(i) an absence of an adequate response; or

(ii) an intolerance to that treatment; or

(iii) an adequate response, but a break in therapy was necessary for reasons other than the 2 mentioned above.

The assessment of response to treatment and the reason for changing therapy must be provided in this application and documented in the patient's medical records.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authorisation under this restriction should be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)

Alternatively applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

17046

Severe chronic plaque psoriasis

Treatment Phase: Initial 3 treatment (Whole body, or, face/hand/foot) - Recommencement of treatment after a break in biological medicine of more than 5 years

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition for at least 5 years, if they have previously received PBS-subsidised treatment with a biological medicine for this condition and wish to commence a new treatment cycle, **AND**
- The condition must be affecting the whole body - all subsequent authority applications to this application will be made under treatment phases that feature the words 'whole body'; **OR**
- The condition must be limited to the face/hand/foot - all subsequent authority applications to this application will be made under treatment phases that feature the words 'face, hand, foot', **AND**
- Patient must have a current Psoriasis Area and Severity Index (PASI) score of greater than 15; **OR**
- The condition must be classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where: (i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or (ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, **AND**
- The treatment must be as systemic monotherapy; **OR**

- The treatment must be in combination with methotrexate, **AND**
- Patient must not receive more than 17 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a dermatologist.

Population criteria:

- Patient must be under 18 years of age.

The most recent PASI assessment must be no more than 4 weeks old at the time of application and must be documented in the patient's medical records.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authorisation under this restriction should be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)

Alternatively applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

17042

Severe chronic plaque psoriasis

Treatment Phase: Balance of supply - Initial 1, 2 or 3 treatment (Whole body, or, face/hand/foot)

Clinical criteria:

- The treatment must be as systemic monotherapy; **OR**
- The treatment must be in combination with methotrexate, **AND**
- The treatment must provide no more than the balance of 17 weeks of treatment available under any of the initial treatment phases.

Treatment criteria:

- Must be treated by a dermatologist, **AND**
- Patient must be undergoing current PBS-subsidised treatment with this biological medicine, but has received insufficient therapy with this biological medicine to complete 3 doses available under any of the initial treatment phases (regardless of the affected body area): (i) Initial 1, (ii) Initial 2, (iii) Initial 3.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority Required

17044

Severe chronic plaque psoriasis

Treatment Phase: Initial 1 treatment (Face, hand, foot) - biological medicine-naive patient

Clinical criteria:

- Patient must have the plaque or plaques of the face, or palm of hand or sole of foot present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- The treatment must be as systemic monotherapy; **OR**
- The treatment must be in combination with methotrexate, **AND**
- Patient must have failed to achieve an adequate response to at least 2 of the following 3 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; (ii) methotrexate at a dose of at least 10 mg or 10 mg per square metre weekly (whichever is lowest) for at least 6 weeks; (iii) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks, **AND**
- Patient must not receive more than 17 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a dermatologist.

Population criteria:

- Patient must be under 18 years of age.

Where treatment with any of the above-mentioned drugs was contraindicated according to the relevant TGA-approved Product Information, or where phototherapy was contraindicated, details must be provided at the time of application.

Where intolerance to phototherapy, methotrexate and/or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Details of the accepted toxicities including severity can be found on the Services Australia website.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The following indicates failure to achieve an adequate response to prior phototherapy/methotrexate/acitretin therapy:

(a) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling being rated as severe or very severe, as assessed, preferably whilst still on treatment, but no longer than 1 month following cessation of the last pre-requisite therapy; or

(b) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, as assessed, preferably whilst still on treatment, but no longer than 1 month following cessation of the last pre-requisite therapy

Provide in this authority application, and document in the patient's medical records, each of:

(i) the name of each prior therapy trialled that meets the above requirements - state at least 2;

(ii) the date of commencement and cessation of each prior therapy trialled, as well as the dosage (for drug therapies);

(iii) whether failure type (a) or (b) as described above occurred for each prior therapy trialled;

(iv) the dates that response assessments were determined.

Provide in this authority application at least one of the following to act as a baseline measurement and be referenced in any future authority applications that continue treatment:

(v) for each of erythema, thickness and scaling, which of these are rated as severe or very severe (at least 2 must be rated as severe/very severe);

(vi) the percentage area of skin (combined area of face, hands and feet) affected by this condition (must be at least 30%) prior to treatment with biological medicine.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authorisation under this restriction should be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)

Alternatively applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

17045

Severe chronic plaque psoriasis

Treatment Phase: Initial 2 treatment (Face, hand, foot) - Change of treatment, or, recommencement of treatment after a break in biological medicine of less than 5 years

Clinical criteria:

- The treatment must be as systemic monotherapy; **OR**
- The treatment must be in combination with methotrexate, **AND**
- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment 3 times for this condition within this treatment cycle, **AND**
- Patient must not receive more than 17 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a dermatologist.

Population criteria:

- Patient must be under 18 years of age.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Where the patient is changing from treatment with etanercept a baseline PASI measurement must be provided with this authority application.

Response to preceding supply:

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:
(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or
(ii) a reduction by 75% or more in the skin area affected, or is sustained at this level, when compared with the baseline value for this treatment cycle.
Change in therapy:
If the patient is changing therapy, in relation to the biological medicine that the patient is changing from, state whether the patient is changing therapy because:
(i) there is an absence of an adequate response to that treatment; or
(ii) there was an intolerance to that treatment; or
(iii) there was an adequate response, but a change in treatment has been made for reasons other than the 2 mentioned above
Recommencing therapy:
If the patient is recommencing therapy, in relation to the last administered dose, state whether there was:
(i) an absence of an adequate response; or
(ii) an intolerance to that treatment; or
(iii) an adequate response, but a break in therapy was necessary for reasons other than the 2 mentioned above.
The assessment of response to treatment and the reason for changing therapy must be provided in this application and documented in the patient's medical records.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authorisation under this restriction should be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)

Alternatively applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

15031D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	4	0.00	439.27	25.00	[a] Hadlima [RF]	[a] Humira [VE]
					[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

14985Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	4	0.00	439.27	25.00	[a] Abrilada [PF]	[a] Amgevita [XT]
					[a] Hadlima [RF]	[a] Hyrimoz [SZ]

ADALIMUMAB

Note TREATMENT OF PATIENTS UNDER 18 YEARS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, etanercept and ustekinumab for patients under 18 years of age with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, etanercept and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who is receiving PBS-subsidised treatment for severe chronic plaque psoriasis is able to commence a treatment cycle where they may trial a biological medicine without having to experience a disease flare when swapping to an alternate biological medicine within the same treatment cycle.

Under these arrangements, within a treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was prescribed in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 times in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 times in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

There are separate restrictions for the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hand and foot.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

(i) a patient has never received PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - Biological medicine-naive patient); or

(ii) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years); or

(iii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine or recommence with the same biological medicine within the same treatment cycle (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or

(iv) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

Etanercept only:

After completing 24-weeks of treatment with PBS-subsidised etanercept, a patient is eligible for re-treatment with etanercept within 12 months (Initial 4) due to a disease flare with psoriasis affecting the whole body if:

(i) there is at least a 50% change in the patients PASI score compared to the most recent response assessment following cessation of the most recent 24 weeks of PBS-subsidised etanercept; or

(ii) the patient has a current PASI score greater than 15

Etanercept only:

After completing 24-weeks of treatment with PBS-subsidised etanercept, a patient is eligible for re-treatment with etanercept (Initial 4) due to a disease flare with psoriasis affecting the face, hand or foot if:

(i) all subscores are rated moderate to severe; or

(ii) 2 of the three subscores are rated severe to very severe; or

(iii) the affected area of skin has increased by at least 50% compared to that at the time of the last assessment following cessation of the most recent 24 weeks of PBS-subsidised etanercept; or

(iv) the area affected is 30% or more of the face, palm of a hand or sole of a foot,

(2) Assessment of response to initial treatment.

After prescribing initial treatment with a biological medicine, a PASI assessment must be conducted after at least 12 weeks of treatment. This assessment will be used to determine eligibility for continuing treatment and must be conducted within 8 weeks of the last administered dose.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

Adalimumab and Ustekinumab only:

To avoid an interruption of supply for First continuing treatment, the assessment should be submitted no later than 2 weeks prior to when the next dose (under the new authority application) is due, unless the patient is currently on a treatment break.

(3) Continuing treatment

Etanercept only:

Following the completion of an initial 16-week treatment course with etanercept, a patient may receive a further 8 weeks of treatment (under the 'Completion of course' treatment phase) to complete a 24-week treatment course, providing they have demonstrated an adequate response to treatment to the initial supply.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be documented in the patient's medical records. Where a response assessment is not conducted, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Adalimumab and Ustekinumab only:

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks per continuing treatment course under the First continuing treatment restriction with that drug, provided they demonstrate an adequate response to treatment. The patient remains eligible to receive continuing treatment in courses of up to 24 weeks under the Subsequent continuing treatment restriction with that drug, provided they continue to sustain the response. It is recommended that a patient be reviewed 4 weeks prior to when their next dose (under a new authority application) is due to ensure uninterrupted supply, but no later than 8 weeks after the date of the last administered dose.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(4) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to the prior non-biological therapy requirements. If the patient

has had a break in therapy of more than 5 years, the indices of disease severity need to be met, but a re-trial of non-biological therapy is not required.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to that biological medicine more than once within the same treatment cycle or have failed to respond to biological medicines, as an aggregate, on 3 occasions within the same treatment cycle.

To ensure patients receive the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.

(5) Baseline measurements to determine response.

A response to treatment must be demonstrated based on the baseline PASI assessment provided with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is provided within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment. Where a patient is changing from treatment with etanercept to adalimumab or ustekinumab the prescriber must provide a baseline PASI measurement, as well as a PASI score demonstrating a response to treatment.

To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.

(6A) Recommencement of treatment after a break of less than 5 years in PBS-subsidised therapy (all drugs except etanercept).

A patient who wishes to resume treatment following a break in PBS-subsidised therapy of less than 5 years must resume under the 'Initial 2' treatment phase. The most recent PASI assessment demonstrating disease flare must be no more than 4 weeks old at the time of application.

(6B) Re-treatment (etanercept only)

A patient may be re-treated, in certain circumstances, with etanercept after completing a 24-week treatment course under the 'Initial 4' treatment phase.

(7) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to undertake a new treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under an 'Initial 3' treatment phase.

Note Biosimilar prescribing policy

Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

17043

Severe chronic plaque psoriasis

Treatment Phase: Initial 1 treatment (Whole body) - biological medicine-naive patient

Clinical criteria:

- Patient must have severe chronic plaque psoriasis where lesions have been present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- The treatment must be as systemic monotherapy; **OR**
- The treatment must be in combination with methotrexate, **AND**
- Patient must have failed to achieve an adequate response to at least 2 of the following 3 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; (ii) methotrexate at a dose of at least 10 mg or 10 mg per square metre weekly (whichever is lowest) for at least 6 weeks; (iii) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks, **AND**
- Patient must not receive more than 17 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a dermatologist.

Population criteria:

- Patient must be under 18 years of age.

Where treatment with any of the above-mentioned drugs was contraindicated according to the relevant TGA-approved Product Information, or where phototherapy was contraindicated, details must be provided at the time of application.

Where intolerance to phototherapy, methotrexate and/or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Details of the accepted toxicities including severity can be found on the Services Australia website.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The following indicates failure to achieve an adequate response to prior phototherapy/methotrexate/acitretin therapy:

(a) A Psoriasis Area and Severity Index (PASI) score of greater than 15, as assessed, preferably when the patient was on treatment, but no longer than 4 weeks following cessation of the last pre-requisite therapy.

A PASI assessment must have been completed for each pre-requisite treatment trialled, preferably when the patient was on treatment, but no longer than 4 weeks following cessation of that pre-requisite treatment. Provide in this authority application, and document in the patient's medical records, each of:

(i) the name of each prior therapy trialled that meets the above requirements - state at least 2;

(ii) the date of commencement and cessation of each prior therapy trialled, as well as the dosage (for drug therapies);

(iii) the PASI score that followed each prior therapy trialled;

(iv) the date the PASI scores were determined.

Provide a baseline PASI score to be referenced in any future authority applications that continue treatment. This PASI score may be any of: (i) a current PASI score, (ii) a PASI score present prior to, or, after a pre-requisite non-biological medicine.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authorisation under this restriction should be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)

Alternatively applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

17005

Severe chronic plaque psoriasis

Treatment Phase: Initial 2 treatment (Whole body) - Change of treatment, or, recommencement of treatment after a break in biological medicine of less than 5 years

Clinical criteria:

- The treatment must be as systemic monotherapy; **OR**
- The treatment must be in combination with methotrexate, **AND**
- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 17 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a dermatologist.

Population criteria:

- Patient must be under 18 years of age.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Where the patient is changing from treatment with etanercept a baseline PASI measurement must be provided with this authority application.

Response to preceding supply:

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

Change in therapy:

If the patient is changing therapy, in relation to the biological medicine that the patient is changing from, state whether the patient is changing therapy because:

(i) there is an absence of an adequate response to that treatment; or

(ii) there was an intolerance to that treatment; or

(iii) there was an adequate response, but a change in treatment has been made for reasons other than the 2 mentioned above

Recommencing therapy:

If the patient is recommencing therapy, in relation to the last administered dose, state whether there was:

(i) an absence of an adequate response; or

(ii) an intolerance to that treatment; or

(iii) an adequate response, but a break in therapy was necessary for reasons other than the 2 mentioned above.

The assessment of response to treatment and the reason for changing therapy must be provided in this application and documented in the patient's medical records.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authorisation under this restriction should be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)

Alternatively applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

17046

Severe chronic plaque psoriasis

Treatment Phase: Initial 3 treatment (Whole body, or, face/hand/foot) - Recommencement of treatment after a break in biological medicine of more than 5 years

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition for at least 5 years, if they have previously received PBS-subsidised treatment with a biological medicine for this condition and wish to commence a new treatment cycle, **AND**
- The condition must be affecting the whole body - all subsequent authority applications to this application will be made under treatment phases that feature the words 'whole body'; **OR**
- The condition must be limited to the face/hand/foot - all subsequent authority applications to this application will be made under treatment phases that feature the words 'face, hand, foot', **AND**
- Patient must have a current Psoriasis Area and Severity Index (PASI) score of greater than 15; **OR**
- The condition must be classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where: (i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or (ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, **AND**
- The treatment must be as systemic monotherapy; **OR**
- The treatment must be in combination with methotrexate, **AND**
- Patient must not receive more than 17 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a dermatologist.

Population criteria:

- Patient must be under 18 years of age.

The most recent PASI assessment must be no more than 4 weeks old at the time of application and must be documented in the patient's medical records.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authorisation under this restriction should be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)

Alternatively applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

17042

Severe chronic plaque psoriasis

Treatment Phase: Balance of supply - Initial 1, 2 or 3 treatment (Whole body, or, face/hand/foot)

Clinical criteria:

- The treatment must be as systemic monotherapy; **OR**
- The treatment must be in combination with methotrexate, **AND**
- The treatment must provide no more than the balance of 17 weeks of treatment available under any of the initial treatment phases.

Treatment criteria:

- Must be treated by a dermatologist, **AND**
- Patient must be undergoing current PBS-subsidised treatment with this biological medicine, but has received insufficient therapy with this biological medicine to complete 3 doses available under any of the initial treatment phases (regardless of the affected body area): (i) Initial 1, (ii) Initial 2, (iii) Initial 3.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority Required

17044

Severe chronic plaque psoriasis

Treatment Phase: Initial 1 treatment (Face, hand, foot) - biological medicine-naive patient

Clinical criteria:

- Patient must have the plaque or plaques of the face, or palm of hand or sole of foot present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- The treatment must be as systemic monotherapy; **OR**
- The treatment must be in combination with methotrexate, **AND**
- Patient must have failed to achieve an adequate response to at least 2 of the following 3 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; (ii) methotrexate at a dose of at least 10 mg or 10 mg per square metre weekly (whichever is lowest) for at least 6 weeks; (iii) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks, **AND**
- Patient must not receive more than 17 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a dermatologist.

Population criteria:

- Patient must be under 18 years of age.

Where treatment with any of the above-mentioned drugs was contraindicated according to the relevant TGA-approved Product Information, or where phototherapy was contraindicated, details must be provided at the time of application.

Where intolerance to phototherapy, methotrexate and/or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Details of the accepted toxicities including severity can be found on the Services Australia website.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The following indicates failure to achieve an adequate response to prior phototherapy/methotrexate/acitretin therapy:

(a) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling being rated as severe or very severe, as assessed, preferably whilst still on treatment, but no longer than 1 month following cessation of the last pre-requisite therapy; or

(b) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, as assessed, preferably whilst still on treatment, but no longer than 1 month following cessation of the last pre-requisite therapy

Provide in this authority application, and document in the patient's medical records, each of:

(i) the name of each prior therapy trialled that meets the above requirements - state at least 2;

(ii) the date of commencement and cessation of each prior therapy trialled, as well as the dosage (for drug therapies);

(iii) whether failure type (a) or (b) as described above occurred for each prior therapy trialled;

(iv) the dates that response assessments were determined.

Provide in this authority application at least one of the following to act as a baseline measurement and be referenced in any future authority applications that continue treatment:

(v) for each of erythema, thickness and scaling, which of these are rated as severe or very severe (at least 2 must be rated as severe/very severe);

(vi) the percentage area of skin (combined area of face, hands and feet) affected by this condition (must be at least 30%) prior to treatment with biological medicine.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authorisation under this restriction should be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)

Alternatively applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

17045

Severe chronic plaque psoriasis

Treatment Phase: Initial 2 treatment (Face, hand, foot) - Change of treatment, or, recommencement of treatment after a break in biological medicine of less than 5 years

Clinical criteria:

- The treatment must be as systemic monotherapy; **OR**
- The treatment must be in combination with methotrexate, **AND**
- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment 3 times for this condition within this treatment cycle, **AND**
- Patient must not receive more than 17 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a dermatologist.

Population criteria:

- Patient must be under 18 years of age.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Where the patient is changing from treatment with etanercept a baseline PASI measurement must be provided with this authority application.

Response to preceding supply:

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or is sustained at this level, when compared with the baseline value for this treatment cycle.

Change in therapy:

If the patient is changing therapy, in relation to the biological medicine that the patient is changing from, state whether the patient is changing therapy because:

(i) there is an absence of an adequate response to that treatment; or

(ii) there was an intolerance to that treatment; or

(iii) there was an adequate response, but a change in treatment has been made for reasons other than the 2 mentioned above

Recommencing therapy:

If the patient is recommencing therapy, in relation to the last administered dose, state whether there was:

(i) an absence of an adequate response; or

(ii) an intolerance to that treatment; or

(iii) an adequate response, but a break in therapy was necessary for reasons other than the 2 mentioned above.

The assessment of response to treatment and the reason for changing therapy must be provided in this application and documented in the patient's medical records.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authorisation under this restriction should be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)

Alternatively applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs
Reply Paid 9826
HOBART TAS 7001

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

15010B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	4	0.00	495.79	25.00	[a] Hadlima [RF]	[a] Humira [VE]
					[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

15020M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	4	0.00	439.27	25.00	[a] Amgevita [XT]	[a] Hadlima [RF]
					[a] Hyrimoz [SZ]	

ADALIMUMAB

Note TREATMENT OF PATIENTS UNDER 18 YEARS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, etanercept and ustekinumab for patients under 18 years of age with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, etanercept and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who is receiving PBS-subsidised treatment for severe chronic plaque psoriasis is able to commence a treatment cycle where they may trial a biological medicine without having to experience a disease flare when swapping to an alternate biological medicine within the same treatment cycle.

Under these arrangements, within a treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was prescribed in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 times in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 times in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

There are separate restrictions for the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hand and foot.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

(i) a patient has never received PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - Biological medicine-naive patient); or

(ii) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years); or

(iii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine or recommence with the same biological medicine within the same treatment cycle (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or

(iv) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

Etanercept only:

After completing 24-weeks of treatment with PBS-subsidised etanercept, a patient is eligible for re-treatment with etanercept within 12 months (Initial 4) due to a disease flare with psoriasis affecting the whole body if:

(i) there is at least a 50% change in the patients PASI score compared to the most recent response assessment following cessation of the most recent 24 weeks of PBS-subsidised etanercept; or

(ii) the patient has a current PASI score greater than 15

Etanercept only:

After completing 24-weeks of treatment with PBS-subsidised etanercept, a patient is eligible for re-treatment with etanercept (Initial 4) due to a disease flare with psoriasis affecting the face, hand or foot if:

(i) all subscores are rated moderate to severe; or

(ii) 2 of the three subscores are rated severe to very severe; or

(iii) the affected area of skin has increased by at least 50% compared to that at the time of the last assessment following cessation of the most recent 24 weeks of PBS-subsidised etanercept; or

(iv) the area affected is 30% or more of the face, palm of a hand or sole of a foot,

(2) Assessment of response to initial treatment.

After prescribing initial treatment with a biological medicine, a PASI assessment must be conducted after at least 12 weeks of treatment. This assessment will be used to determine eligibility for continuing treatment and must be conducted within 8 weeks of the last administered dose.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

Adalimumab and Ustekinumab only:

To avoid an interruption of supply for First continuing treatment, the assessment should be submitted no later than 2 weeks prior to when the next dose (under the new authority application) is due, unless the patient is currently on a treatment break.

(3) Continuing treatment

Etanercept only:

Following the completion of an initial 16-week treatment course with etanercept, a patient may receive a further 8 weeks of treatment (under the 'Completion of course' treatment phase) to complete a 24-week treatment course, providing they have demonstrated an adequate response to treatment to the initial supply.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be documented in the patient's medical records. Where a response assessment is not conducted, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Adalimumab and Ustekinumab only:

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks per continuing treatment course under the First continuing treatment restriction with that drug, provided they demonstrate an adequate response to treatment. The patient remains eligible to receive continuing treatment in courses of up to 24 weeks under the Subsequent continuing treatment restriction with that drug, provided they continue to sustain the response. It is recommended that a patient be reviewed 4 weeks prior to when their next dose (under a new authority application) is due to ensure uninterrupted supply, but no later than 8 weeks after the date of the last administered dose.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(4) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to the prior non-biological therapy requirements. If the patient has had a break in therapy of more than 5 years, the indices of disease severity need to be met, but a re-trial of non-biological therapy is not required.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to that biological medicine more than once within the same treatment cycle or have failed to respond to biological medicines, as an aggregate, on 3 occasions within the same treatment cycle.

To ensure patients receive the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.

(5) Baseline measurements to determine response.

A response to treatment must be demonstrated based on the baseline PASI assessment provided with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is provided within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment. Where a patient is changing from treatment with etanercept to adalimumab or ustekinumab the prescriber must provide a baseline PASI measurement, as well as a PASI score demonstrating a response to treatment.

To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.

(6A) Recommencement of treatment after a break of less than 5 years in PBS-subsidised therapy (all drugs except etanercept).

A patient who wishes to resume treatment following a break in PBS-subsidised therapy of less than 5 years must resume under the 'Initial 2' treatment phase. The most recent PASI assessment demonstrating disease flare must be no more than 4 weeks old at the time of application.

(6B) Re-treatment (etanercept only)

A patient may be re-treated, in certain circumstances, with etanercept after completing a 24-week treatment course under the 'Initial 4' treatment phase.

(7) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to undertake a new treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under an 'Initial 3' treatment phase.

Note Biosimilar prescribing policy

Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Pharmaceutical benefits that have the form adalimumab 20 mg/0.2 mL syringes and pharmaceutical benefits that have the form adalimumab 20 mg/0.4 mL syringes are equivalent for the purposes of substitution

Note Pharmaceutical benefits that have a pack size of 1 may be substituted for pharmaceutical benefits that have a pack size of 2, in combinations equivalent to the maximum quantity number of units.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

17043

Severe chronic plaque psoriasis

Treatment Phase: Initial 1 treatment (Whole body) - biological medicine-naive patient

Clinical criteria:

- Patient must have severe chronic plaque psoriasis where lesions have been present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- The treatment must be as systemic monotherapy; **OR**
- The treatment must be in combination with methotrexate, **AND**
- Patient must have failed to achieve an adequate response to at least 2 of the following 3 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; (ii) methotrexate at a dose of at least 10 mg or 10 mg per square metre weekly (whichever is lowest) for at least 6 weeks; (iii) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks, **AND**
- Patient must not receive more than 17 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a dermatologist.

Population criteria:

- Patient must be under 18 years of age.

Where treatment with any of the above-mentioned drugs was contraindicated according to the relevant TGA-approved Product Information, or where phototherapy was contraindicated, details must be provided at the time of application.

Where intolerance to phototherapy, methotrexate and/or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Details of the accepted toxicities including severity can be found on the Services Australia website.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The following indicates failure to achieve an adequate response to prior phototherapy/methotrexate/acitretin therapy:

(a) A Psoriasis Area and Severity Index (PASI) score of greater than 15, as assessed, preferably when the patient was on treatment, but no longer than 4 weeks following cessation of the last pre-requisite therapy.

A PASI assessment must have been completed for each pre-requisite treatment trialled, preferably when the patient was on treatment, but no longer than 4 weeks following cessation of that pre-requisite treatment. Provide in this authority application, and document in the patient's medical records, each of:

(i) the name of each prior therapy trialled that meets the above requirements - state at least 2;

(ii) the date of commencement and cessation of each prior therapy trialled, as well as the dosage (for drug therapies);

(iii) the PASI score that followed each prior therapy trialled;

(iv) the date the PASI scores were determined.

Provide a baseline PASI score to be referenced in any future authority applications that continue treatment. This PASI score may be any of: (i) a current PASI score, (ii) a PASI score present prior to, or, after a pre-requisite non-biological medicine.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authorisation under this restriction should be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)

Alternatively applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826
HOBART TAS 7001

Authority Required

17005

Severe chronic plaque psoriasis

Treatment Phase: Initial 2 treatment (Whole body) - Change of treatment, or, recommencement of treatment after a break in biological medicine of less than 5 years

Clinical criteria:

- The treatment must be as systemic monotherapy; **OR**
- The treatment must be in combination with methotrexate, **AND**
- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 17 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a dermatologist.

Population criteria:

- Patient must be under 18 years of age.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Where the patient is changing from treatment with etanercept a baseline PASI measurement must be provided with this authority application.

Response to preceding supply:

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

Change in therapy:

If the patient is changing therapy, in relation to the biological medicine that the patient is changing from, state whether the patient is changing therapy because:

(i) there is an absence of an adequate response to that treatment; or

(ii) there was an intolerance to that treatment; or

(iii) there was an adequate response, but a change in treatment has been made for reasons other than the 2 mentioned above

Recommencing therapy:

If the patient is recommencing therapy, in relation to the last administered dose, state whether there was:

(i) an absence of an adequate response; or

(ii) an intolerance to that treatment; or

(iii) an adequate response, but a break in therapy was necessary for reasons other than the 2 mentioned above.

The assessment of response to treatment and the reason for changing therapy must be provided in this application and documented in the patient's medical records.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authorisation under this restriction should be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)

Alternatively applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

17046

Severe chronic plaque psoriasis

Treatment Phase: Initial 3 treatment (Whole body, or, face/hand/foot) - Recommencement of treatment after a break in biological medicine of more than 5 years

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition for at least 5 years, if they have previously received PBS-subsidised treatment with a biological medicine for this condition and wish to commence a new treatment cycle, **AND**
- The condition must be affecting the whole body - all subsequent authority applications to this application will be made under treatment phases that feature the words 'whole body'; **OR**
- The condition must be limited to the face/hand/foot - all subsequent authority applications to this application will be made under treatment phases that feature the words 'face, hand, foot', **AND**
- Patient must have a current Psoriasis Area and Severity Index (PASI) score of greater than 15; **OR**
- The condition must be classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where: (i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or (ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, **AND**
- The treatment must be as systemic monotherapy; **OR**
- The treatment must be in combination with methotrexate, **AND**
- Patient must not receive more than 17 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a dermatologist.

Population criteria:

- Patient must be under 18 years of age.

The most recent PASI assessment must be no more than 4 weeks old at the time of application and must be documented in the patient's medical records.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authorisation under this restriction should be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)

Alternatively applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

17042

Severe chronic plaque psoriasis

Treatment Phase: Balance of supply - Initial 1, 2 or 3 treatment (Whole body, or, face/hand/foot)

Clinical criteria:

- The treatment must be as systemic monotherapy; **OR**
- The treatment must be in combination with methotrexate, **AND**
- The treatment must provide no more than the balance of 17 weeks of treatment available under any of the initial treatment phases.

Treatment criteria:

- Must be treated by a dermatologist, **AND**
- Patient must be undergoing current PBS-subsidised treatment with this biological medicine, but has received insufficient therapy with this biological medicine to complete 3 doses available under any of the initial treatment phases (regardless of the affected body area): (i) Initial 1, (ii) Initial 2, (iii) Initial 3.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority Required

17044

Severe chronic plaque psoriasis

Treatment Phase: Initial 1 treatment (Face, hand, foot) - biological medicine-naive patient

Clinical criteria:

- Patient must have the plaque or plaques of the face, or palm of hand or sole of foot present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**

- The treatment must be as systemic monotherapy; **OR**
- The treatment must be in combination with methotrexate, **AND**
- Patient must have failed to achieve an adequate response to at least 2 of the following 3 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; (ii) methotrexate at a dose of at least 10 mg or 10 mg per square metre weekly (whichever is lowest) for at least 6 weeks; (iii) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks, **AND**
- Patient must not receive more than 17 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a dermatologist.

Population criteria:

- Patient must be under 18 years of age.

Where treatment with any of the above-mentioned drugs was contraindicated according to the relevant TGA-approved Product Information, or where phototherapy was contraindicated, details must be provided at the time of application.

Where intolerance to phototherapy, methotrexate and/or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Details of the accepted toxicities including severity can be found on the Services Australia website.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The following indicates failure to achieve an adequate response to prior phototherapy/methotrexate/acitretin therapy:

(a) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling being rated as severe or very severe, as assessed, preferably whilst still on treatment, but no longer than 1 month following cessation of the last pre-requisite therapy; or

(b) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, as assessed, preferably whilst still on treatment, but no longer than 1 month following cessation of the last pre-requisite therapy

Provide in this authority application, and document in the patient's medical records, each of:

(i) the name of each prior therapy trialled that meets the above requirements - state at least 2;

(ii) the date of commencement and cessation of each prior therapy trialled, as well as the dosage (for drug therapies);

(iii) whether failure type (a) or (b) as described above occurred for each prior therapy trialled;

(iv) the dates that response assessments were determined.

Provide in this authority application at least one of the following to act as a baseline measurement and be referenced in any future authority applications that continue treatment:

(v) for each of erythema, thickness and scaling, which of these are rated as severe or very severe (at least 2 must be rated as severe/very severe);

(vi) the percentage area of skin (combined area of face, hands and feet) affected by this condition (must be at least 30%) prior to treatment with biological medicine.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authorisation under this restriction should be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)

Alternatively applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

17045

Severe chronic plaque psoriasis

Treatment Phase: Initial 2 treatment (Face, hand, foot) - Change of treatment, or, recommencement of treatment after a break in biological medicine of less than 5 years

Clinical criteria:

- The treatment must be as systemic monotherapy; **OR**
- The treatment must be in combination with methotrexate, **AND**
- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment 3 times for this condition within this treatment cycle, **AND**

- Patient must not receive more than 17 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a dermatologist.

Population criteria:

- Patient must be under 18 years of age.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Where the patient is changing from treatment with etanercept a baseline PASI measurement must be provided with this authority application.

Response to preceding supply:

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or is sustained at this level, when compared with the baseline value for this treatment cycle.

Change in therapy:

If the patient is changing therapy, in relation to the biological medicine that the patient is changing from, state whether the patient is changing therapy because:

(i) there is an absence of an adequate response to that treatment; or

(ii) there was an intolerance to that treatment; or

(iii) there was an adequate response, but a change in treatment has been made for reasons other than the 2 mentioned above

Recommencing therapy:

If the patient is recommencing therapy, in relation to the last administered dose, state whether there was:

(i) an absence of an adequate response; or

(ii) an intolerance to that treatment; or

(iii) an adequate response, but a break in therapy was necessary for reasons other than the 2 mentioned above.

The assessment of response to treatment and the reason for changing therapy must be provided in this application and documented in the patient's medical records.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authorisation under this restriction should be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)

Alternatively applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

adalimumab 20 mg/0.2 mL injection, 2 x 0.2 mL syringes

14976F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	4	0.00	606.96	25.00	[a] Humira [VE]	[a] Yuflyma [EW]

adalimumab 20 mg/0.4 mL injection, 0.4 mL syringe

14975E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	4	0.00	*606.96	25.00	[a] Amgevita [XT]

ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who received PBS-subsidised adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.

A patient receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological

medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.

(1) Initial treatment.

An application for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab, and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab, 24 weeks of therapy for bimekizumab and 28 weeks of therapy for risankizumab, tildrakizumab and ustekinumab.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of their course of initial treatment to ensure uninterrupted biological medicine supply.

(2) Assessment of response to initial treatment.

When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment and no later than 4 weeks from the completion of this initial treatment course.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

(3) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Infliximab, adalimumab and etanercept only:

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.

For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(4) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle or have experienced treatment failure with that particular biological medicine that required permanent treatment withdrawal.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.

(5) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.

To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.

(6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 4 weeks at the time of application.

Note Biosimilar prescribing policy

Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

18544

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 1, Whole body (new patient)

Clinical criteria:

- Patient must have severe chronic plaque psoriasis where lesions have been present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 2 of the following 6 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; (ii) methotrexate at a dose of at least 10 mg weekly for at least 6 weeks; (iii) ciclosporin at a dose of at least 2 mg per kg per day for at least 6 weeks; (iv) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks; (v) apremilast at a dose of 30 mg twice a day for at least 6 weeks; (vi) deucravacitinib at a dose of 6 mg once daily for at least 6 weeks, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

Where treatment with methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin is contraindicated according to the relevant TGA-approved Product Information, or where phototherapy is contraindicated, details must be provided at the time of application.

Where intolerance to treatment with phototherapy, methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Regardless of if a patient has a contraindication to treatment with either methotrexate, ciclosporin, apremilast, deucravacitinib, acitretin or phototherapy, the patient is still required to trial 2 of these prior therapies until a failure to achieve an adequate response is met.

The following criterion indicates failure to achieve an adequate response to prior treatment and must be demonstrated in the patient at the time of the application:

(a) A current Psoriasis Area and Severity Index (PASI) score of greater than 15, as assessed, preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment.

(b) A PASI assessment must be completed for each prior treatment course, preferably whilst still on treatment, but no longer than 4 weeks following cessation of each course of treatment.

(c) The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current and previous Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition; and

(ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy].

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Prescribing the 80 mg presentation:

Two completed authority prescriptions may be submitted with every initial application for this biological medicine. One prescription for an induction dose of 80 mg and no repeats and the second prescription for 2 doses of 40 mg and 3 repeats.

Note Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 6 weeks treatment with phototherapy, methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin can be found on the Services Australia website (www.servicesaustralia.gov.au).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18587

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 2, Whole body (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition; and

(ii) details of prior biological treatment, including dosage, date and duration of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Prescribing the 80 mg presentation:

Two completed authority prescriptions may be submitted with every initial application for this biological medicine. One prescription for an induction dose of 80 mg and no repeats and the second prescription for 2 doses of 40 mg and 3 repeats.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18545

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 3, Whole body (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must have a current Psoriasis Area and Severity Index (PASI) score of greater than 15, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Prescribing the 80 mg presentation:

Two completed authority prescriptions may be submitted with every initial application for this biological medicine. One prescription for an induction dose of 80 mg and no repeats and the second prescription for 2 doses of 40 mg and 3 repeats.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority Required

18535

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 1, Face, hand, foot (new patient)

Clinical criteria:

- Patient must have severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot where the plaque or plaques have been present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 2 of the following 6 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; (ii) methotrexate at a dose of at least 10 mg weekly for at least 6 weeks; (iii) ciclosporin at a dose of at least 2 mg per kg per day for at least 6 weeks; (iv) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks; (v) apremilast at a dose of 30 mg twice a day for at least 6 weeks; (vi) deucravacitinib at a dose of 6 mg once daily for at least 6 weeks, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

Where treatment with methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin is contraindicated according to the relevant TGA-approved Product Information, or where phototherapy is contraindicated, details must be provided at the time of application.

Where intolerance to treatment with phototherapy, methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Regardless of if a patient has a contraindication to treatment with either methotrexate, ciclosporin, apremilast, deucravacitinib, acitretin or phototherapy, the patient is still required to trial 2 of these prior therapies until a failure to achieve an adequate response is met.

The following criterion indicates failure to achieve an adequate response to prior treatment and must be demonstrated in the patient at the time of the application:

(a) Chronic plaque psoriasis classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where:

(i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe, as assessed, preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment; or

(ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, as assessed, preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment;

(b) A PASI assessment must be completed for each prior treatment course, preferably whilst still on treatment, but no longer than 4 weeks following cessation of each course of treatment.

(c) The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current and previous Psoriasis Area and Severity Index (PASI) calculation sheets, and the face, hand, foot area diagrams including the dates of assessment of the patient's condition; and

(ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy].

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Prescribing the 80 mg presentation:

Two completed authority prescriptions may be submitted with every initial application for this biological medicine. One prescription for an induction dose of 80 mg and no repeats and the second prescription for 2 doses of 40 mg and 3 repeats.

Note Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 6 weeks treatment with phototherapy, methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin can be found on the Services Australia website (www.servicesaustralia.gov.au).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18540

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 2, Face, hand, foot (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current Psoriasis Area and Severity Index (PASI) calculation sheets, and the face, hand, foot area diagrams including the dates of assessment of the patient's condition; and

(ii) details of prior biological treatment, including dosage, date and duration of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Prescribing the 80 mg presentation:

Two completed authority prescriptions may be submitted with every initial application for this biological medicine. One prescription for an induction dose of 80 mg and no repeats and the second prescription for 2 doses of 40 mg and 3 repeats.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

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Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18543

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 3, Face, hand, foot (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must be classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where: (i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or (ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheets, and the face, hand, foot area diagrams including the dates of assessment of the patient's condition.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Prescribing the 80 mg presentation:

Two completed authority prescriptions may be submitted with every initial application for this biological medicine. One prescription for an induction dose of 80 mg and no repeats and the second prescription for 2 doses of 40 mg and 3 repeats.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18590

Severe chronic plaque psoriasis

Treatment Phase: Balance of supply - Initial treatment - Initial 1, Whole body or Face, hand, foot (new patient) or Initial 2, Whole body or Face, hand, foot (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3, Whole body or Face, hand, foot (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1, Whole body (new patient) restriction to complete 16 weeks treatment; **OR**

- Patient must have received insufficient therapy with this drug for this condition under the Initial 2, Whole body (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3, Whole body (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 1, Face, hand, foot (new patient) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2, Face, hand, foot (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3, Face, hand, foot (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a dermatologist.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
12421R	1	4	0.00	495.79	25.00	[a] Hadlima [RF]	[a] Humira [VE]
						[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9425C	1	4	0.00	439.27	25.00	[a] Amgevita [XT]	[a] Hadlima [RF]
						[a] Hyrimoz [SZ]	

ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who received PBS-subsidised adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.

A patient receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.

(1) Initial treatment.

An application for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab, and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab, 24 weeks of therapy for bimekizumab and 28 weeks of therapy for risankizumab, tildrakizumab and ustekinumab.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of their course of initial treatment to ensure uninterrupted biological medicine supply.

(2) Assessment of response to initial treatment.

When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment and no later than 4 weeks from the completion of this initial treatment course.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

(3) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Infliximab, adalimumab and etanercept only:

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.

For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(4) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle or have experienced treatment failure with that particular biological medicine that required permanent treatment withdrawal.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.

(5) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.

To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.

(6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 PASI symptom subscores for erythema, thickness and

scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 4 weeks at the time of application.

Note Biosimilar prescribing policy

Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

18544

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 1, Whole body (new patient)

Clinical criteria:

- Patient must have severe chronic plaque psoriasis where lesions have been present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 2 of the following 6 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; (ii) methotrexate at a dose of at least 10 mg weekly for at least 6 weeks; (iii) ciclosporin at a dose of at least 2 mg per kg per day for at least 6 weeks; (iv) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks; (v) apremilast at a dose of 30 mg twice a day for at least 6 weeks; (vi) deucravacitinib at a dose of 6 mg once daily for at least 6 weeks, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

Where treatment with methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin is contraindicated according to the relevant TGA-approved Product Information, or where phototherapy is contraindicated, details must be provided at the time of application.

Where intolerance to treatment with phototherapy, methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Regardless of if a patient has a contraindication to treatment with either methotrexate, ciclosporin, apremilast, deucravacitinib, acitretin or phototherapy, the patient is still required to trial 2 of these prior therapies until a failure to achieve an adequate response is met.

The following criterion indicates failure to achieve an adequate response to prior treatment and must be demonstrated in the patient at the time of the application:

(a) A current Psoriasis Area and Severity Index (PASI) score of greater than 15, as assessed, preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment.

(b) A PASI assessment must be completed for each prior treatment course, preferably whilst still on treatment, but no longer than 4 weeks following cessation of each course of treatment.

(c) The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current and previous Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition; and

(ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy].

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Prescribing the 80 mg presentation:

Two completed authority prescriptions may be submitted with every initial application for this biological medicine. One prescription for an induction dose of 80 mg and no repeats and the second prescription for 2 doses of 40 mg and 3 repeats.

Note Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 6 weeks treatment with phototherapy, methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin can be found on the Services Australia website (www.servicesaustralia.gov.au).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

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Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18587

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 2, Whole body (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition; and

(ii) details of prior biological treatment, including dosage, date and duration of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Prescribing the 80 mg presentation:

Two completed authority prescriptions may be submitted with every initial application for this biological medicine. One prescription for an induction dose of 80 mg and no repeats and the second prescription for 2 doses of 40 mg and 3 repeats.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

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Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18545

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 3, Whole body (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must have a current Psoriasis Area and Severity Index (PASI) score of greater than 15, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Prescribing the 80 mg presentation:

Two completed authority prescriptions may be submitted with every initial application for this biological medicine. One prescription for an induction dose of 80 mg and no repeats and the second prescription for 2 doses of 40 mg and 3 repeats.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18535

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 1, Face, hand, foot (new patient)

Clinical criteria:

- Patient must have severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot where the plaque or plaques have been present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 2 of the following 6 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; (ii) methotrexate at a dose of at least 10 mg weekly for at least 6 weeks; (iii) ciclosporin at a dose of at least 2 mg per kg per day for at least 6 weeks; (iv) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks; (v) apremilast at a dose of 30 mg twice a day for at least 6 weeks; (vi) deucravacitinib at a dose of 6 mg once daily for at least 6 weeks, **AND**

- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

Where treatment with methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin is contraindicated according to the relevant TGA-approved Product Information, or where phototherapy is contraindicated, details must be provided at the time of application.

Where intolerance to treatment with phototherapy, methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Regardless of if a patient has a contraindication to treatment with either methotrexate, ciclosporin, apremilast, deucravacitinib, acitretin or phototherapy, the patient is still required to trial 2 of these prior therapies until a failure to achieve an adequate response is met.

The following criterion indicates failure to achieve an adequate response to prior treatment and must be demonstrated in the patient at the time of the application:

(a) Chronic plaque psoriasis classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where:

(i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe, as assessed, preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment; or

(ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, as assessed, preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment;

(b) A PASI assessment must be completed for each prior treatment course, preferably whilst still on treatment, but no longer than 4 weeks following cessation of each course of treatment.

(c) The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current and previous Psoriasis Area and Severity Index (PASI) calculation sheets, and the face, hand, foot area diagrams including the dates of assessment of the patient's condition; and

(ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy].

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Prescribing the 80 mg presentation:

Two completed authority prescriptions may be submitted with every initial application for this biological medicine. One prescription for an induction dose of 80 mg and no repeats and the second prescription for 2 doses of 40 mg and 3 repeats.

Note Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 6 weeks treatment with phototherapy, methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin can be found on the Services Australia website (www.servicesaustralia.gov.au).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18540

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 2, Face, hand, foot (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current Psoriasis Area and Severity Index (PASI) calculation sheets, and the face, hand, foot area diagrams including the dates of assessment of the patient's condition; and

(ii) details of prior biological treatment, including dosage, date and duration of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Prescribing the 80 mg presentation:

Two completed authority prescriptions may be submitted with every initial application for this biological medicine. One prescription for an induction dose of 80 mg and no repeats and the second prescription for 2 doses of 40 mg and 3 repeats.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18543

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 3, Face, hand, foot (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must be classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where: (i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and

scaling are rated as severe or very severe; or (ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, **AND**

- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheets, and the face, hand, foot area diagrams including the dates of assessment of the patient's condition.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Prescribing the 80 mg presentation:

Two completed authority prescriptions may be submitted with every initial application for this biological medicine. One prescription for an induction dose of 80 mg and no repeats and the second prescription for 2 doses of 40 mg and 3 repeats.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18590

Severe chronic plaque psoriasis

Treatment Phase: Balance of supply - Initial treatment - Initial 1, Whole body or Face, hand, foot (new patient) or Initial 2, Whole body or Face, hand, foot (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3, Whole body or Face, hand, foot (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1, Whole body (new patient) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2, Whole body (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3, Whole body (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 1, Face, hand, foot (new patient) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2, Face, hand, foot (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3, Face, hand, foot (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a dermatologist.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
12342N	1	4	0.00	439.27	25.00	[a] Hadlima [RF]	[a] Humira [VE]
						[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9426D	1	4	0.00	439.27	25.00	[a] Abrilada [PF]	[a] Amgevita [XT]
						[a] Hadlima [RF]	[a] Hyrimoz [SZ]

ADALIMUMAB

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

15445

Vision threatening non-infectious uveitis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug for this condition, **AND**
- The treatment must not exceed 24 weeks under this restriction per authority application.

Treatment criteria:

- Must be treated by an ophthalmologist, rheumatologist or immunologist with expertise in uveitis; **OR**
- Must be treated by a medical practitioner who has consulted at least one of the above mentioned specialist types, with agreement reached that the patient should be treated with this pharmaceutical benefit on this occasion.

An adequate response to treatment is defined as:

(a) Sustained reduction in inflammation defined as a 2-step decrease from baseline in Standardisation of Uveitis Nomenclature (SUN) criteria for anterior chamber or vitreous haze; or

(b) Sustained quiescence of inflammation defined as Standardisation of Uveitis Nomenclature (SUN) criteria less than or equal to 0.5+ anterior chamber or vitreous haze, absence of active vitreous or retinal lesions or vitreous cells; or

(c) Sustained corticosteroid sparing effect, allowing reduction in prednisone to less than 7.5 mg daily; or

(d) Reduction in frequency of ocular attacks to less than or equal to 1 per year (patients with Behcet's disease only)

The patient remains eligible to receive continuing treatment with the same biological medicine in courses of up to 24 weeks providing they continue to sustain an adequate response. It is recommended that a patient be reviewed in the month prior to completing their current course of treatment.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14234E	1	5	0.00	439.27	25.00	[a] Hadlima [RF]	[a] Hyrimoz [SZ]
						[a] Yuflyma [EW]	

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14262P	1	5	0.00	439.27	25.00	[a] Abrilada [PF]	[a] Amgevita [XT]
						[a] Hadlima [RF]	[a] Hyrimoz [SZ]

ADALIMUMAB

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Authority Required

15473

Vision threatening non-infectious uveitis

Treatment Phase: Balance of Supply

Clinical criteria:

- Patient must have received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have received insufficient therapy with this drug for this condition to complete one of the following: (i) 25 weeks for initial treatment; (ii) 25 weeks for recommencement treatment; (iii) 24 weeks for continuing treatment; (iv) 24 weeks for transitioning from non-PBS to PBS-subsidised treatment.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

14242N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	0	0.00	439.27	25.00	[a] Hadlima [RF]	[a] Humira [VE]
						[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

14263Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	0	0.00	439.27	25.00	[a] Abrilada [PF]	[a] Amgevita [XT]
						[a] Hadlima [RF]	[a] Hyrimoz [SZ]

ADALIMUMAB

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

15445

Vision threatening non-infectious uveitis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug for this condition, **AND**
- The treatment must not exceed 24 weeks under this restriction per authority application.

Treatment criteria:

- Must be treated by an ophthalmologist, rheumatologist or immunologist with expertise in uveitis; **OR**
- Must be treated by a medical practitioner who has consulted at least one of the above mentioned specialist types, with agreement reached that the patient should be treated with this pharmaceutical benefit on this occasion.

An adequate response to treatment is defined as:

(a) Sustained reduction in inflammation defined as a 2-step decrease from baseline in Standardisation of Uveitis Nomenclature (SUN) criteria for anterior chamber or vitreous haze; or

(b) Sustained quiescence of inflammation defined as Standardisation of Uveitis Nomenclature (SUN) criteria less than or equal to 0.5+ anterior chamber or vitreous haze, absence of active vitreous or retinal lesions or vitreous cells; or

(c) Sustained corticosteroid sparing effect, allowing reduction in prednisone to less than 7.5 mg daily; or

(d) Reduction in frequency of ocular attacks to less than or equal to 1 per year (patients with Behcet's disease only)

The patient remains eligible to receive continuing treatment with the same biological medicine in courses of up to 24 weeks providing they continue to sustain an adequate response. It is recommended that a patient be reviewed in the month prior to completing their current course of treatment.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

14629Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	0.00	495.79	25.00	[a] Hadlima [RF]	[a] Hyrimoz [SZ]
						[a] Yuflyma [EW]	

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

14243P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	0.00	439.27	25.00	[a] Amgevita [XT]	[a] Hadlima [RF]
						[a] Hyrimoz [SZ]	

ADALIMUMAB

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Authority Required

15473

Vision threatening non-infectious uveitis

Treatment Phase: Balance of Supply

Clinical criteria:

- Patient must have received PBS-subsidised treatment with this drug for this condition, **AND**

- Patient must have received insufficient therapy with this drug for this condition to complete one of the following: (i) 25 weeks for initial treatment; (ii) 25 weeks for recommencement treatment; (iii) 24 weeks for continuing treatment; (iv) 24 weeks for transitioning from non-PBS to PBS-subsidised treatment.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

14586Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	0	0.00	495.79	25.00	[a] Hadlima [RF]	[a] Humira [VE]
						[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

14283R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	0	0.00	439.27	25.00	[a] Amgevita [XT]	[a] Hadlima [RF]
						[a] Hyrimoz [SZ]	

ADALIMUMAB

Note TREATMENT OF PATIENTS WITH MODERATE TO SEVERE HIDRADENITIS SUPPURATIVA

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed for patient with the indication of moderate to severe hidradenitis suppurativa.

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Moderate to Severe Hidradenitis Suppurativa.

Treatment cycles:

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who has been receiving PBS-subsidised adalimumab or secukinumab prior to 1 December 2025 is considered to start their first cycle as of 1 December 2025.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Where treatment has resulted in an inadequate response on 3 occasions, a treatment cycle is considered to have been completed, and there must be a 5-year break in PBS subsidy from all medicines with the PBS indication 'moderate to severe hidradenitis suppurativa' before starting a new treatment cycle.

Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle, and where a break in therapy of less than 5 years has occurred, a further course of treatment with another biological medicine may be commenced within the same treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Prescribing under the correct 'Treatment phase' listing for the authority application:

(1) Initial treatment.

Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for moderate to severe hidradenitis suppurativa.

(2) Continuing treatment.

Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to proceed initial treatment. An authority application for continuing treatment is not to be made on the same day as initial treatment.

(3) Changing/swapping therapy.

Apply under the 'Initial 2' treatment listing. Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to prior antibiotic use. A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot change to a particular biological medicine if it has failed to provide the patient with an adequate response as defined in the restriction within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this initial 2 treatment authority application.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurement of abscess and inflammatory nodule (AN) count submitted with the first authority application for a biological medicine. To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under the 'Initial 3' treatment listing. Prior antibiotic courses need not be re-trialled.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

11529

Moderate to severe hidradenitis suppurativa

Treatment Phase: Subsequent continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated a response to treatment with this drug for this condition.

Treatment criteria:

- Must be treated by a dermatologist.

A response to treatment is defined as:

Achieving Hidradenitis Suppurativa Clinical Response (HiSCR) of a 50% reduction in AN count compared to baseline with no increase in abscesses or draining fistulae.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

A maximum of 24 weeks treatment will be authorised under this restriction per continuing treatment.

adalimumab 80 mg/0.8 mL injection, 0.8 mL pen device

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14587R	2	5	0.00	*1,364.94	25.00	[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 80 mg/0.8 mL injection, 0.8 mL syringe

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14622N	2	5	0.00	*1,364.94	25.00	Yuflyma [EW]

ADALIMUMAB

Note TREATMENT OF PAEDIATRIC PATIENTS WITH REFRACTORY CROHN DISEASE

The following information applies to the prescribing of targeted therapies under the Pharmaceutical Benefits Scheme (PBS) for paediatric patients with adalimumab for 'severe Crohn disease' and infliximab for 'moderate to severe Crohn disease'. For PBS administration, the term targeted therapy includes biological and targeted synthetic disease modifying anti-rheumatic drugs.

A patient is eligible for PBS-subsidised treatment with only one targeted therapy at any one time.

Treatment cycle:

A treatment cycle begins when an authority application is approved under an Initial 1, Initial 2 patients who are accessing PBS-subsidised treatment for the first time or Initial 3 type restriction. Treatment must not continue with the same targeted therapy if it has not provided an adequate response as defined in the continuing treatment phase. A patient may trial different targeted therapies within a cycle; however, if 3 trials of a targeted therapy do not provide an adequate response, the treatment cycle ends and a 12-month PBS exclusion period applies. A paediatric patient cannot trial and not demonstrate an adequate response, or cease to respond to, the same PBS-subsidised targeted therapy more than twice.

The 12-month break is measured from the date of the last PBS approval for a targeted therapy in the most recent cycle to the date of first initial treatment application under the next treatment cycle.

If a new targeted therapy with a different pharmacological mechanism of action becomes available on the PBS during a 12-month break, a patient may be prescribed the newly listed targeted therapy through the Initial 2 treatment phase, if they have never received that medicine previously. If the newly listed targeted therapy does not provide an adequate response, the treatment cycle ends and the 12-month break recommences. This will not be considered a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Treatment Phases:

Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and 14 weeks for infliximab.

Initial 1 - use when the patient has never received a PBS-subsidised targeted therapy for these indications. Inadequate response to conventional therapy must be demonstrated where required.

Initial 2 - use when:

- an alternative targeted therapy is being prescribed for these indications; or
- the patient has previously been treated with this targeted therapy; or
- treatment is resuming after a break of less than 12 months

Patients applying through this treatment phase do not have to requalify with respect to the indices of disease severity (i.e. Paediatric Crohn Disease Activity Index (PCDAI) Score, confirmation of Crohn disease). Inadequate response to conventional therapy does not need to be redemonstrated.

Initial 3 - use when treatment is resuming after a break in PBS-subsidised treatment of at least 12 months. Patients applying through this treatment phase must requalify with respect to the indices of disease severity (i.e. Paediatric Crohn Disease Activity Index (PCDAI) Score, confirmation of Crohn disease). Re-trial of conventional therapies is not required.

Continuing treatment - use when a patient has demonstrated an adequate response to the preceding supply. Patients are eligible for up to 24 weeks of treatment per continuing prescription. Continuing treatment authority scripts must not be written on the same day as Initial treatment authority applications.

Balance of supply - use when the full amount of the preceding supply was not provided. This phase provides the remaining quantity that could have been obtained under the preceding authority approval or where additional time is required for an adequate response to be determined.

Baseline measurements to determine response - a response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements provided in the first authority application for a targeted therapy. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is made within a treatment cycle and eligibility for continuing treatment must be assessed according to these revised baseline measurements.

Recency of assessments:

Where possible, all related assessment documentation (including the Paediatric Crohn Disease Activity Index calculations, pathology tests and diagnostic imaging studies) should be within 4 weeks of the date of authority application but no longer than 4 weeks following cessation of the most recent treatment.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note Authority applications for increased quantities/repeats may be approved by Services Australia to provide sufficient doses for the relevant treatment phase.

Authority Required

18989

Severe Crohn disease

Treatment Phase: Balance of supply

Clinical criteria:

- Patient must have received insufficient treatment with this drug for this condition under any relevant initial restriction (Initial 1, 2 or 3), **AND**
- The treatment must provide no more than the balance of up to 16 weeks therapy available under Initial 1, 2 or 3 treatment.

Treatment criteria:

- Must be treated by a gastroenterologist; **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology]; **OR**
- Must be treated by a paediatrician; **OR**
- Must be treated by a specialist paediatric gastroenterologist.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

12379M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	0	0.00	495.79	25.00	[a] Hadlima [RF]	[a] Humira [VE]
					[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

10399H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	0	0.00	439.27	25.00	[a] Amgevita [XT]	[a] Hadlima [RF]
					[a] Hyrimoz [SZ]	

ADALIMUMAB

Note TREATMENT OF PAEDIATRIC PATIENTS WITH REFRACTORY CROHN DISEASE

The following information applies to the prescribing of targeted therapies under the Pharmaceutical Benefits Scheme (PBS) for paediatric patients with adalimumab for 'severe Crohn disease' and infliximab for 'moderate to severe Crohn disease'. For PBS administration, the term targeted therapy includes biological and targeted synthetic disease modifying anti-rheumatic drugs.

A patient is eligible for PBS-subsidised treatment with only one targeted therapy at any one time.

Treatment cycle:

A treatment cycle begins when an authority application is approved under an Initial 1, Initial 2 patients who are accessing PBS-subsidised treatment for the first time or Initial 3 type restriction. Treatment must not continue with the same targeted therapy if it has not provided an adequate response as defined in the continuing treatment phase. A patient may trial different targeted therapies within a cycle; however, if 3 trials of a targeted therapy do not provide an adequate response, the treatment cycle ends and a 12-month PBS exclusion period applies. A paediatric patient cannot trial and not demonstrate an adequate response, or cease to respond to, the same PBS-subsidised targeted therapy more than twice.

The 12-month break is measured from the date of the last PBS approval for a targeted therapy in the most recent cycle to the date of first initial treatment application under the next treatment cycle.

If a new targeted therapy with a different pharmacological mechanism of action becomes available on the PBS during a 12-month break, a patient may be prescribed the newly listed targeted therapy through the Initial 2 treatment phase, if they have never received that medicine previously. If the newly listed targeted therapy does not provide an adequate response, the treatment cycle ends and the 12-month break recommences. This will not be considered a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Treatment Phases:

Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and 14 weeks for infliximab.

Initial 1 - use when the patient has never received a PBS-subsidised targeted therapy for these indications. Inadequate response to conventional therapy must be demonstrated where required.

Initial 2 - use when:

- an alternative targeted therapy is being prescribed for these indications; or
- the patient has previously been treated with this targeted therapy; or
- treatment is resuming after a break of less than 12 months

Patients applying through this treatment phase do not have to requalify with respect to the indices of disease severity (i.e. Paediatric Crohn Disease Activity Index (PCDAI) Score, confirmation of Crohn disease). Inadequate response to conventional therapy does not need to be redemonstrated.

Initial 3 - use when treatment is resuming after a break in PBS-subsidised treatment of at least 12 months. Patients applying through this treatment phase must requalify with respect to the indices of disease severity (i.e. Paediatric Crohn Disease Activity Index (PCDAI) Score, confirmation of Crohn disease). Re-trial of conventional therapies is not required.

Continuing treatment - use when a patient has demonstrated an adequate response to the preceding supply. Patients are eligible for up to 24 weeks of treatment per continuing prescription. Continuing treatment authority scripts must not be written on the same day as Initial treatment authority applications.

Balance of supply - use when the full amount of the preceding supply was not provided. This phase provides the remaining quantity that could have been obtained under the preceding authority approval or where additional time is required for an adequate response to be determined.

Baseline measurements to determine response - a response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements provided in the first authority application for a targeted therapy. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is made within a treatment cycle and eligibility for continuing treatment must be assessed according to these revised baseline measurements.

Recency of assessments:

Where possible, all related assessment documentation (including the Paediatric Crohn Disease Activity Index calculations, pathology tests and diagnostic imaging studies) should be within 4 weeks of the date of authority application but no longer than 4 weeks following cessation of the most recent treatment.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note Authority applications for increased quantities/repeats may be approved by Services Australia to provide sufficient doses for the relevant treatment phase.

Authority Required

18989

Severe Crohn disease

Treatment Phase: Balance of supply

Clinical criteria:

- Patient must have received insufficient treatment with this drug for this condition under any relevant initial restriction (Initial 1, 2 or 3), **AND**
- The treatment must provide no more than the balance of up to 16 weeks therapy available under Initial 1, 2 or 3 treatment.

Treatment criteria:

- Must be treated by a gastroenterologist; **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology]; **OR**
- Must be treated by a paediatrician; **OR**
- Must be treated by a specialist paediatric gastroenterologist.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

12411F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	0	0.00	439.27	25.00	[a] Hadlima [RF]	[a] Humira [VE]
					[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

10400J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	0	0.00	439.27	25.00	[a] Abrilada [PF]	[a] Amgevita [XT]
					[a] Hadlima [RF]	[a] Hyrimoz [SZ]

ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits for the indication of moderate to severe ulcerative colitis (MSUC). Patients are eligible for one PBS-subsidised drug treatment indicated for MSUC at any one time.

Where the term 'biological medicine' appears in this note and restrictions, it refers to any PBS benefit indicated for MSUC.

Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

From 1 July 2021, under the PBS, all adult patients will be able to commence a treatment cycle where they may trial PBS-subsidised biological medicine without having to experience a disease flare when swapping to one of the alternate agents. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised biological medicine treatment prior to 1 July 2021 is considered to have started their first cycle as of 1 July 2021. Within the same treatment cycle, the same biological medicine cannot be trialled twice. Where 3 biological medicines have failed to provide the patient with an adequate response a treatment cycle is considered complete. There must be a 5-year break in PBS-subsidised therapy before starting the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for Initial treatment with a PBS-subsidised biological medicine under the new treatment cycle.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Selecting the correct treatment phase listing when applying for authority approval:

(1) Initial treatment.

Apply under an Initial 1 treatment listing where the patient has never received a biological medicine.

(2) Continuing treatment.

Under no circumstance is Continuing treatment to precede Initial treatment. An authority application for Continuing treatment is not to be made on the same day as Initial treatment.

(3) Changing therapy.

Apply under an Initial 2 treatment listing. The indices of disease severity (i.e. Mayo clinic score or partial Mayo clinic score), or the prior corticosteroid therapy and immunosuppressive therapy will not need to be restated. A patient may trial an alternate biological medicine treatment at any time, regardless of whether they are receiving therapy (initial or continuing) at the time of the application. However, they cannot change to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this Initial 2 treatment authority application.

(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under an Initial 3 treatment listing. Prior corticosteroid and immunosuppressive therapies need not be re-trialled.

(5) Balance of supply.

Where the full number of repeat prescriptions have not been requested under any initial or continuing listing, apply for the balance of the supply of the repeats under any treatment phase listing containing the words "balance of supply".

Note TREATMENT OF PAEDIATRIC PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) for paediatric patients with infliximab or adalimumab for moderate to severe ulcerative colitis; and infliximab for acute severe ulcerative colitis. Where the term 'biological medicine' appears in the following notes and restrictions, it refers to infliximab and adalimumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 2 biological medicines at any one time.

From 1 June 2017, under the PBS, all paediatric patients will be able to commence a treatment cycle where they may trial each PBS-subsidised biological medicine without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle and depending on the disease severity, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who received PBS-subsidised biological medicine treatment prior to 1 June 2017 is considered to have started their treatment cycle as of 1 June 2017. Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than twice. Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under the Initial 3 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine therapy after 1 June 2017.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy - Initial 1 treatment (new patient); or,

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate agent - Initial 2 treatment (Change or Recommencement of treatment after a break in biological medicine therapy of less than 5 years) [further details are under 'Swapping treatment' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy with the same agent - Initial 2 treatment (Change or Recommencement of treatment after a break in therapy of less than 5 years); or

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - recommencement of treatment after a break in biological medicine of more than 5 years).

Treatment authorisations under Initial 1, Initial 2 and Initial 3 will be limited to provide for a maximum of 16 weeks of treatment for adalimumab and 14 weeks of treatment for infliximab. From 1 June 2017, a patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of treatment for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be conducted no later than 4 weeks from the date that course was ceased.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment with that drug under the First continuing treatment and Subsequent continuing treatment restrictions providing they continue to sustain the response.

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.

For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Paediatric Ulcerative Colitis Activity Index (PUCAI) Score, confirmation of ulcerative colitis disease), or the prior conventional therapies of corticosteroids or immunosuppressives.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving treatment (initial or continuing) at the time of the application. However, a patient cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug twice within the same treatment cycle. To ensure a patient receives the maximum treatment opportunities allowed under these swapping arrangements, it is important that they are assessed for response to every course of treatment.

(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify under Initial 3 treatment restriction and meet the relevant criteria with respect to the indices of disease severity.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

16991

Moderate to severe ulcerative colitis

Treatment Phase: Subsequent continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated or sustained an adequate response to treatment by having a partial Mayo clinic score less than or equal to 2, with no subscore greater than 1 while receiving treatment with this drug; **OR**
- Patient must have demonstrated or sustained an adequate response to treatment by having a Paediatric Ulcerative Colitis Activity Index (PUCAI) score less than 10 while receiving treatment with this drug if aged 6 to 17 years, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; **OR**
- Must be treated by a paediatrician; **OR**
- Must be treated by a specialist paediatric gastroenterologist.

Population criteria:

- Patient must be 6 years of age or older.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

Patients who have failed to maintain a partial Mayo clinic score of less than or equal to 2, with no subscore greater than 1, or, patients who have failed to maintain a Paediatric Ulcerative Colitis Activity Index (PUCAI) score of less than 10 (if aged 6 to 17 years) with continuing treatment with this drug, will not be eligible to receive further PBS-subsidised treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

If patients aged 6 to 17 years fail to respond to PBS-subsidised biological medicine treatment 3 times (twice with one agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

13213K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	0.00	495.79	25.00	[a] Hadlima [RF]	[a] Humira [VE]
						[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

12325Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	0.00	439.27	25.00	[a] Amgevita [XT]	[a] Hadlima [RF]
						[a] Hyrimoz [SZ]	

ADALIMUMAB

Note TREATMENT OF PATIENTS WITH MODERATE TO SEVERE HIDRADENITIS SUPPURATIVA

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed for patient with the indication of moderate to severe hidradenitis suppurativa.

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Moderate to Severe Hidradenitis Suppurativa.

Treatment cycles:

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who has been receiving PBS-subsidised adalimumab or secukinumab prior to 1 December 2025 is considered to start their first cycle as of 1 December 2025.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Where treatment has resulted in an inadequate response on 3 occasions, a treatment cycle is considered to have been completed, and there must be a 5-year break in PBS subsidy from all medicines with the PBS indication 'moderate to severe hidradenitis suppurativa' before starting a new treatment cycle.

Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle, and where a break in therapy of less than 5 years has occurred, a further course of treatment with another biological medicine may be commenced within the same treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Prescribing under the correct 'Treatment phase' listing for the authority application:

(1) Initial treatment.

Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for moderate to severe hidradenitis suppurativa.

(2) Continuing treatment.

Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to proceed initial treatment. An authority application for continuing treatment is not to be made on the same day as initial treatment.

(3) Changing/swapping therapy.

Apply under the 'Initial 2' treatment listing. Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to prior antibiotic use. A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot change to a particular biological medicine if it has failed to provide the patient with an adequate response as defined in the restriction within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this initial 2 treatment authority application.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurement of abscess and inflammatory nodule (AN) count submitted with the first authority application for a biological medicine. To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under the 'Initial 3' treatment listing. Prior antibiotic courses need not be re-trialled.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

11529

Moderate to severe hidradenitis suppurativa

Treatment Phase: Subsequent continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**

- Patient must have demonstrated a response to treatment with this drug for this condition.

Treatment criteria:

- Must be treated by a dermatologist.

A response to treatment is defined as:

Achieving Hidradenitis Suppurativa Clinical Response (HiSCR) of a 50% reduction in AN count compared to baseline with no increase in abscesses or draining fistulae.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

A maximum of 24 weeks treatment will be authorised under this restriction per continuing treatment.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

13221W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	2	5	0.00	*869.18	25.00	[a] Hadlima [RF]	[a] Hyrimoz [SZ]
						[a] Yuflyma [EW]	

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

12330Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	2	5	0.00	*869.18	25.00	[a] Abrilada [PF]	[a] Amgevita [XT]
						[a] Hadlima [RF]	[a] Hyrimoz [SZ]

ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits for the indication of moderate to severe ulcerative colitis (MSUC). Patients are eligible for one PBS-subsidised drug treatment indicated for MSUC at any one time.

Where the term 'biological medicine' appears in this note and restrictions, it refers to any PBS benefit indicated for MSUC.

Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

From 1 July 2021, under the PBS, all adult patients will be able to commence a treatment cycle where they may trial PBS-subsidised biological medicine without having to experience a disease flare when swapping to one of the alternate agents. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised biological medicine treatment prior to 1 July 2021 is considered to have started their first cycle as of 1 July 2021. Within the same treatment cycle, the same biological medicine cannot be trialled twice. Where 3 biological medicines have failed to provide the patient with an adequate response a treatment cycle is considered complete. There must be a 5-year break in PBS-subsidised therapy before starting the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for Initial treatment with a PBS-subsidised biological medicine under the new treatment cycle.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Selecting the correct treatment phase listing when applying for authority approval:

(1) Initial treatment.

Apply under an Initial 1 treatment listing where the patient has never received a biological medicine.

(2) Continuing treatment.

Under no circumstance is Continuing treatment to precede Initial treatment. An authority application for Continuing treatment is not to be made on the same day as Initial treatment.

(3) Changing therapy.

Apply under an Initial 2 treatment listing. The indices of disease severity (i.e. Mayo clinic score or partial Mayo clinic score), or the prior corticosteroid therapy and immunosuppressive therapy will not need to be restated. A patient may trial an alternate biological medicine treatment at any time, regardless of whether they are receiving therapy (initial or continuing) at the time of the application. However, they cannot change to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this Initial 2 treatment authority application.

(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under an Initial 3 treatment listing. Prior corticosteroid and immunosuppressive therapies need not be re-trialled.

(5) Balance of supply.

Where the full number of repeat prescriptions have not been requested under any initial or continuing listing, apply for the balance of the supply of the repeats under any treatment phase listing containing the words "balance of supply".

Note TREATMENT OF PAEDIATRIC PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) for paediatric patients with infliximab or adalimumab for moderate to severe ulcerative colitis; and infliximab for acute severe ulcerative colitis. Where the term 'biological medicine' appears in the following notes and restrictions, it refers to infliximab and adalimumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 2 biological medicines at any one time.

From 1 June 2017, under the PBS, all paediatric patients will be able to commence a treatment cycle where they may trial each PBS-subsidised biological medicine without having to experience a disease flare when swapping to the alternate

agent. Under these arrangements, within a single treatment cycle and depending on the disease severity, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who received PBS-subsidised biological medicine treatment prior to 1 June 2017 is considered to have started their treatment cycle as of 1 June 2017. Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than twice. Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under the Initial 3 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine therapy after 1 June 2017.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy - Initial 1 treatment (new patient); or,

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate agent - Initial 2 treatment (Change or Recommencement of treatment after a break in biological medicine therapy of less than 5 years) [further details are under 'Swapping treatment' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy with the same agent - Initial 2 treatment (Change or Recommencement of treatment after a break in therapy of less than 5 years); or

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - recommencement of treatment after a break in biological medicine of more than 5 years).

Treatment authorisations under Initial 1, Initial 2 and Initial 3 will be limited to provide for a maximum of 16 weeks of treatment for adalimumab and 14 weeks of treatment for infliximab. From 1 June 2017, a patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of treatment for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be conducted no later than 4 weeks from the date that course was ceased.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment with that drug under the First continuing treatment and Subsequent continuing treatment restrictions providing they continue to sustain the response.

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.

For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Paediatric Ulcerative Colitis Activity Index (PUCAI) Score, confirmation of ulcerative colitis disease), or the prior conventional therapies of corticosteroids or immunosuppressives.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving treatment (initial or continuing) at the time of the application. However, a patient cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug twice within the same treatment cycle. To ensure a patient receives the maximum treatment opportunities allowed under these swapping arrangements, it is important that they are assessed for response to every course of treatment.

(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify under Initial 3 treatment restriction and meet the relevant criteria with respect to the indices of disease severity.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

16991

Moderate to severe ulcerative colitis

Treatment Phase: Subsequent continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated or sustained an adequate response to treatment by having a partial Mayo clinic score less than or equal to 2, with no subscore greater than 1 while receiving treatment with this drug; **OR**
- Patient must have demonstrated or sustained an adequate response to treatment by having a Paediatric Ulcerative Colitis Activity Index (PUCAI) score less than 10 while receiving treatment with this drug if aged 6 to 17 years, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; **OR**
- Must be treated by a paediatrician; **OR**
- Must be treated by a specialist paediatric gastroenterologist.

Population criteria:

- Patient must be 6 years of age or older.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

Patients who have failed to maintain a partial Mayo clinic score of less than or equal to 2, with no subscore greater than 1, or, patients who have failed to maintain a Paediatric Ulcerative Colitis Activity Index (PUCAI) score of less than 10 (if aged 6 to 17 years) with continuing treatment with this drug, will not be eligible to receive further PBS-subsidised treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

If patients aged 6 to 17 years fail to respond to PBS-subsidised biological medicine treatment 3 times (twice with one agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

13211H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	0.00	439.27	25.00	[a] Hadlima [RF]	[a] Humira [VE]
					[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

12334E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	0.00	439.27	25.00	[a] Abrilada [PF]	[a] Amgevita [XT]
					[a] Hadlima [RF]	[a] Hyrimoz [SZ]

ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH A HISTORY OF JUVENILE IDIOPATHIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, etanercept and tocilizumab for a patient over 18 years who has a history of juvenile idiopathic arthritis with onset prior to the age of 18 years. Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, etanercept and tocilizumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 3 biological medicines at any one time.

From 1 April 2014, a patient receiving PBS-subsidised biological medicine therapy is considered to be in a treatment cycle where they may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements, within a single treatment cycle, a patient may:

(i) continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy; and

(ii) fail to respond or to sustain a response to each PBS-subsidised biological medicine once only. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single treatment cycle and they must have, at a minimum, a 5 year break in PBS-subsidised biological medicine therapy before they are eligible to receive further PBS-subsidised biological medicine therapy.

The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine was approved to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who received PBS-subsidised biological medicine treatment immediately prior to 1 April 2014 is considered to be in their first cycle as of 1 April 2014. A patient who has had a break in biological medicine treatment of at least 24 months immediately prior to making a new application, on or after 1 April 2014, will commence a new treatment cycle under the Initial 3 treatment restriction

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 24 months may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 24 months must commence a new treatment cycle under the Initial 3 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine therapy after 1 April 2014.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or recommencement of treatment after a break in biological medicine of less than 24 months) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 24 months with the same medicine (Initial 2 - Change or recommencement of treatment after a break in biological medicine therapy of less than 24 months); or

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 24 months (Initial 3 - recommencement of treatment after a break in biological medicine of more than 24 months).

Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy.

A patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Adalimumab and infliximab only:

Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (joint count and ESR/CRP) or the prior non-biological medicine therapy requirements, except if the patient has had a break in therapy of more than 24 months who would then need to requalify under the Initial 3 restrictions with respect to the indices of disease severity.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the joint count submitted with the first authority application for a biological medicine. However, prescribers may provide a new baseline measurement any time that an initial treatment authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after 24 months break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological medicine therapy of at least 24 months, must qualify under the Initial 3 restriction and meet the relevant criteria and index of disease severity.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

11604

Severe active juvenile idiopathic arthritis

Treatment Phase: Subsequent continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) an active joint count of fewer than 10 active (swollen and tender) joints; or

(b) a reduction in the active (swollen and tender) joint count by at least 50% from baseline; or

(c) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

13209F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	0.00	495.79	25.00	[a] Hadlima [RF]	[a] Hyrimoz [SZ]
						[a] Yuflyma [EW]	

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

12365T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	0.00	439.27	25.00	[a] Amgevita [XT]	[a] Hadlima [RF]
						[a] Hyrimoz [SZ]	

ADALIMUMAB

Note TREATMENT OF PATIENTS WITH MODERATE TO SEVERE HIDRADENITIS SUPPURATIVA

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed for patient with the indication of moderate to severe hidradenitis suppurativa.

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Moderate to Severe Hidradenitis Suppurativa.

Treatment cycles:

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who has been receiving PBS-subsidised adalimumab or secukinumab prior to 1 December 2025 is considered to start their first cycle as of 1 December 2025.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Where treatment has resulted in an inadequate response on 3 occasions, a treatment cycle is considered to have been completed, and there must be a 5-year break in PBS subsidy from all medicines with the PBS indication 'moderate to severe hidradenitis suppurativa' before starting a new treatment cycle.

Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle, and where a break in therapy of less than 5 years has occurred, a further course of treatment with another biological medicine may be commenced within the same treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Prescribing under the correct 'Treatment phase' listing for the authority application:

(1) Initial treatment.

Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for moderate to severe hidradenitis suppurativa.

(2) Continuing treatment.

Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to proceed initial treatment. An authority application for continuing treatment is not to be made on the same day as initial treatment.

(3) Changing/swapping therapy.

Apply under the 'Initial 2' treatment listing. Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to prior antibiotic use. A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot change to a particular biological medicine if it has failed to provide the patient with an adequate response as defined in the restriction within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this initial 2 treatment authority application.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurement of abscess and inflammatory nodule (AN) count submitted with the first authority application for a biological medicine. To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under the 'Initial 3' treatment listing. Prior antibiotic courses need not be re-trialled.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

15788

Moderate to severe hidradenitis suppurativa

Treatment Phase: Initial 1 (new patient), Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years), or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment.

Treatment criteria:

- Must be treated by a dermatologist.

A maximum of 12 weeks of treatment will be authorised under this restriction.

adalimumab 80 mg/0.8 mL injection, 0.8 mL syringe

12395J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	2	0.00	*1,364.94	25.00	[a] Humira [VE]	[a] Yuflyma [EW]

adalimumab 80 mg/0.8 mL injection, 0.8 mL pen device

12449F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	2	0.00	*1,364.94	25.00	[a] Humira [VE]	[a] Hyrimoz [SZ]
					[a] Yuflyma [EW]	

ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH A HISTORY OF JUVENILE IDIOPATHIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, etanercept and tocilizumab for a patient over 18 years who has a history of juvenile idiopathic arthritis with onset prior to the age of 18 years. Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, etanercept and tocilizumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 3 biological medicines at any one time.

From 1 April 2014, a patient receiving PBS-subsidised biological medicine therapy is considered to be in a treatment cycle where they may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements, within a single treatment cycle, a patient may:

(i) continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy; and

(ii) fail to respond or to sustain a response to each PBS-subsidised biological medicine once only. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single treatment cycle and they must have, at a minimum, a 5 year break in PBS-subsidised biological medicine therapy before they are eligible to receive further PBS-subsidised biological medicine therapy.

The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine was approved to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who received PBS-subsidised biological medicine treatment immediately prior to 1 April 2014 is considered to be in their first cycle as of 1 April 2014. A patient who has had a break in biological medicine treatment of at least 24 months immediately prior to making a new application, on or after 1 April 2014, will commence a new treatment cycle under the Initial 3 treatment restriction

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 24 months may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 24 months must commence a new treatment cycle under the Initial 3 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine therapy after 1 April 2014.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or recommencement of treatment after a break in biological medicine of less than 24 months) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 24 months with the same medicine (Initial 2 - Change or recommencement of treatment after a break in biological medicine therapy of less than 24 months); or

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 24 months (Initial 3 - recommencement of treatment after a break in biological medicine of more than 24 months).

Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy.

A patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Adalimumab and infliximab only:

Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (joint count and ESR/CRP) or the prior non-biological medicine therapy requirements, except if the patient has had a break in therapy of more than 24 months who would then need to requalify under the Initial 3 restrictions with respect to the indices of disease severity.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the joint count submitted with the first authority application for a biological medicine. However, prescribers may provide a new baseline measurement any time that an initial treatment authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after 24 months break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological medicine therapy of at least 24 months, must qualify under the Initial 3 restriction and meet the relevant criteria and index of disease severity.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

11604

Severe active juvenile idiopathic arthritis

Treatment Phase: Subsequent continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) an active joint count of fewer than 10 active (swollen and tender) joints; or

(b) a reduction in the active (swollen and tender) joint count by at least 50% from baseline; or

(c) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

13223Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	0.00	439.27	25.00	[a] Hadlima [RF]	[a] Hyrimoz [SZ]
						[a] Yuflyma [EW]	

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

12401Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	0.00	439.27	25.00	[a] Abrilada [PF]	[a] Amgevita [XT]
						[a] Hadlima [RF]	[a] Hyrimoz [SZ]

ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE PSORIATIC ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) listed for adult patients with severe psoriatic arthritis.

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Severe Psoriatic Arthritis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

A patient is eligible for PBS-subsidised treatment with only 1 of the biological medicines at any one time.

Under these arrangements, within a single treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib or ustekinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe psoriatic arthritis.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or,

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or,

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than the 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte

sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements. An authority application must be made under the 'Initial 2' treatment phase.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.

However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response to the PBS-subsidised treatment.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment restriction according to the criteria of the relevant restriction and index of disease severity. The application must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

11523

Severe psoriatic arthritis

Treatment Phase: Subsequent continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments.

The measurement of response to the prior course of therapy must have been conducted following a minimum of 12 weeks of therapy with this drug and must be documented in the patient's medical records.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

13214L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	0.00	439.27	25.00	[a] Hadlima [RF]	[a] Hyrimoz [SZ]
						[a] Yuflyma [EW]	

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

12415K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	0.00	439.27	25.00	[a] Abrilada [PF]	[a] Amgevita [XT]
						[a] Hadlima [RF]	[a] Hyrimoz [SZ]

ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE PSORIATIC ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) listed for adult patients with severe psoriatic arthritis.

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Severe Psoriatic Arthritis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

A patient is eligible for PBS-subsidised treatment with only 1 of the biological medicines at any one time.

Under these arrangements, within a single treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib or ustekinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe psoriatic arthritis.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or,

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or,

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than the 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte

sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements. An authority application must be made under the 'Initial 2' treatment phase.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.

However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response to the PBS-subsidised treatment.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment restriction according to the criteria of the relevant restriction and index of disease severity. The application must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

11523

Severe psoriatic arthritis

Treatment Phase: Subsequent continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments.

The measurement of response to the prior course of therapy must have been conducted following a minimum of 12 weeks of therapy with this drug and must be documented in the patient's medical records.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

13216N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	0.00	495.79	25.00	[a] Hadlima [RF]	[a] Hyrimoz [SZ]
						[a] Yuflyma [EW]	

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

12438P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	0.00	439.27	25.00	[a] Amgevita [XT]	[a] Hadlima [RF]
						[a] Hyrimoz [SZ]	

ADALIMUMAB

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

15446

Vision threatening non-infectious uveitis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must demonstrated or sustained an adequate response to treatment with this drug for this condition, **AND**
- The treatment must not exceed 24 weeks under this restriction per authority application.

Treatment criteria:

- Must be treated by an ophthalmologist, rheumatologist or immunologist with expertise in uveitis; **OR**
- Must be treated by a medical practitioner who has consulted at least one of the above mentioned specialist types, with agreement reached that the patient should be treated with this pharmaceutical benefit on this occasion.

An adequate response to treatment is defined as:

(a) Sustained reduction in inflammation defined as a 2-step decrease from baseline in Standardisation of Uveitis Nomenclature (SUN) criteria for anterior chamber or vitreous haze; or

(b) Sustained quiescence of inflammation defined as Standardisation of Uveitis Nomenclature (SUN) criteria less than or equal to 0.5+ anterior chamber or vitreous haze, absence of active vitreous or retinal lesions or vitreous cells; or

(c) Sustained corticosteroid sparing effect, allowing reduction in prednisone to less than 7.5 mg daily; or

(d) Reduction in frequency of ocular attacks to less than or equal to 1 per year (patients with Behcet's disease only)

The patient remains eligible to receive continuing treatment with the same biological medicine in courses of up to 24 weeks providing they continue to sustain an adequate response. It is recommended that a patient be reviewed in the month prior to completing their current course of treatment.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

14221L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	0.00	439.27	25.00	[a] Hadlima [RF]	[a] Humira [VE]
						[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

14261N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	0.00	439.27	25.00	[a] Abrilada [PF]	[a] Amgevita [XT]
						[a] Hadlima [RF]	[a] Hyrimoz [SZ]

ADALIMUMAB

Note Pharmaceutical benefits that have the form adalimumab 20 mg/0.2 mL syringes and pharmaceutical benefits that have the form adalimumab 20 mg/0.4 mL syringes are equivalent for the purposes of substitution

Note Pharmaceutical benefits that have a pack size of 1 may be substituted for pharmaceutical benefits that have a pack size of 2, in combinations equivalent to the maximum quantity number of units.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Authority Required

15473

Vision threatening non-infectious uveitis

Treatment Phase: Balance of Supply

Clinical criteria:

- Patient must have received PBS-subsidised treatment with this drug for this condition, **AND**

- Patient must have received insufficient therapy with this drug for this condition to complete one of the following: (i) 25 weeks for initial treatment; (ii) 25 weeks for recommencement treatment; (iii) 24 weeks for continuing treatment; (iv) 24 weeks for transitioning from non-PBS to PBS-subsidised treatment.

adalimumab 20 mg/0.2 mL injection, 2 x 0.2 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14245R	1	0	0.00	606.96	25.00	[a] Humira [VE]	[a] Yuflyma [EW]

adalimumab 20 mg/0.4 mL injection, 0.4 mL syringe

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14749G	2	0	0.00	*606.96	25.00	[a] Amgevita [XT]

ADALIMUMAB

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

15446

Vision threatening non-infectious uveitis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must demonstrated or sustained an adequate response to treatment with this drug for this condition, **AND**
- The treatment must not exceed 24 weeks under this restriction per authority application.

Treatment criteria:

- Must be treated by an ophthalmologist, rheumatologist or immunologist with expertise in uveitis; **OR**
- Must be treated by a medical practitioner who has consulted at least one of the above mentioned specialist types, with agreement reached that the patient should be treated with this pharmaceutical benefit on this occasion.

An adequate response to treatment is defined as:

(a) Sustained reduction in inflammation defined as a 2-step decrease from baseline in Standardisation of Uveitis Nomenclature (SUN) criteria for anterior chamber or vitreous haze; or

(b) Sustained quiescence of inflammation defined as Standardisation of Uveitis Nomenclature (SUN) criteria less than or equal to 0.5+ anterior chamber or vitreous haze, absence of active vitreous or retinal lesions or vitreous cells; or

(c) Sustained corticosteroid sparing effect, allowing reduction in prednisone to less than 7.5 mg daily; or

(d) Reduction in frequency of ocular attacks to less than or equal to 1 per year (patients with Behcet's disease only)

The patient remains eligible to receive continuing treatment with the same biological medicine in courses of up to 24 weeks providing they continue to sustain an adequate response. It is recommended that a patient be reviewed in the month prior to completing their current course of treatment.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14591Y	1	5	0.00	495.79	25.00	[a] Hadlima [RF]	[a] Humira [VE]
						[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14251C	1	5	0.00	439.27	25.00	[a] Amgevita [XT]	[a] Hadlima [RF]
						[a] Hyrimoz [SZ]	

ADALIMUMAB

Note Pharmaceutical benefits that have the form adalimumab 20 mg/0.2 mL syringes and pharmaceutical benefits that have the form adalimumab 20 mg/0.4 mL syringes are equivalent for the purposes of substitution

Note Pharmaceutical benefits that have a pack size of 1 may be substituted for pharmaceutical benefits that have a pack size of 2, in combinations equivalent to the maximum quantity number of units.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

15445

Vision threatening non-infectious uveitis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug for this condition, **AND**

- The treatment must not exceed 24 weeks under this restriction per authority application.

Treatment criteria:

- Must be treated by an ophthalmologist, rheumatologist or immunologist with expertise in uveitis; **OR**
- Must be treated by a medical practitioner who has consulted at least one of the above mentioned specialist types, with agreement reached that the patient should be treated with this pharmaceutical benefit on this occasion.

An adequate response to treatment is defined as:

(a) Sustained reduction in inflammation defined as a 2-step decrease from baseline in Standardisation of Uveitis Nomenclature (SUN) criteria for anterior chamber or vitreous haze; or

(b) Sustained quiescence of inflammation defined as Standardisation of Uveitis Nomenclature (SUN) criteria less than or equal to 0.5+ anterior chamber or vitreous haze, absence of active vitreous or retinal lesions or vitreous cells; or

(c) Sustained corticosteroid sparing effect, allowing reduction in prednisone to less than 7.5 mg daily; or

(d) Reduction in frequency of ocular attacks to less than or equal to 1 per year (patients with Behcet's disease only)

The patient remains eligible to receive continuing treatment with the same biological medicine in courses of up to 24 weeks providing they continue to sustain an adequate response. It is recommended that a patient be reviewed in the month prior to completing their current course of treatment.

adalimumab 20 mg/0.2 mL injection, 2 x 0.2 mL syringes

15539W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	0.00	606.96	25.00	[a] Yuflyma [EW]

adalimumab 20 mg/0.4 mL injection, 0.4 mL syringe

14772L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	0.00	*606.96	25.00	[a] Amgevita [XT]

ADALIMUMAB

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

17736

Enthesitis/spondylitis related juvenile idiopathic arthritis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

Treatment criteria:

- Must be treated by a paediatric rheumatologist; **OR**
- Must be treated by a rheumatologist; **OR**
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

An adequate response is defined as an improvement from baseline in the Juvenile Spondyloarthritis Disease Activity Index score by at least 30% or an improvement in the persistent symptoms of axial spondylitis or sacroiliitis.

If a patient fails to demonstrate a response to treatment with this drug, they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition until 2 years have elapsed. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 2 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was prescribed, and the date of the first application submitted for approval.

Where treatment was ceased for clinical reasons despite the patient experiencing improvement, an assessment of the patient's response to treatment made at the time of treatment cessation or retrospectively will be considered to determine whether the patient demonstrated or sustained an adequate response to treatment.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

15153M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	0.00	439.27	25.00	[a] Hadlima [RF]	[a] Humira [VE]
					[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

15160X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	0.00	439.27	25.00	[a] Abrilada [PF]	[a] Amgevita [XT]
					[a] Hadlima [RF]	[a] Hyrimoz [SZ]

ADALIMUMAB

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

17736

Enthesitis/spondylitis related juvenile idiopathic arthritis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

Treatment criteria:

- Must be treated by a paediatric rheumatologist; **OR**
- Must be treated by a rheumatologist; **OR**
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

An adequate response is defined as an improvement from baseline in the Juvenile Spondyloarthritis Disease Activity Index score by at least 30% or an improvement in the persistent symptoms of axial spondylitis or sacroiliitis.

If a patient fails to demonstrate a response to treatment with this drug, they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition until 2 years have elapsed. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 2 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was prescribed, and the date of the first application submitted for approval.

Where treatment was ceased for clinical reasons despite the patient experiencing improvement, an assessment of the patient's response to treatment made at the time of treatment cessation or retrospectively will be considered to determine whether the patient demonstrated or sustained an adequate response to treatment.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

15189K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	0.00	495.79	25.00	[a] Hadlima [RF]	[a] Humira [VE]
					[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

15162B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	0.00	439.27	25.00	[a] Amgevita [XT]	[a] Hadlima [RF]
					[a] Hyrimoz [SZ]	

ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH A HISTORY OF JUVENILE IDIOPATHIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, etanercept and tocilizumab for a patient over 18 years who has a history of juvenile idiopathic arthritis with onset prior to the age of 18 years. Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, etanercept and tocilizumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 3 biological medicines at any one time.

From 1 April 2014, a patient receiving PBS-subsidised biological medicine therapy is considered to be in a treatment cycle where they may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements, within a single treatment cycle, a patient may:

(i) continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy; and

(ii) fail to respond or to sustain a response to each PBS-subsidised biological medicine once only. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single treatment cycle and they must have, at a minimum, a 5 year break in PBS-subsidised biological medicine therapy before they are eligible to receive further PBS-subsidised biological medicine therapy.

The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine was approved to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who received PBS-subsidised biological medicine treatment immediately prior to 1 April 2014 is considered to be in their first cycle as of 1 April 2014. A patient who has had a break in biological medicine treatment of at least 24 months immediately prior to making a new application, on or after 1 April 2014, will commence a new treatment cycle under the Initial 3 treatment restriction

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 24 months may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 24 months must commence a new treatment cycle under the Initial 3 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine therapy after 1 April 2014.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or recommencement of treatment after a break in biological medicine of less than 24 months) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 24 months with the same medicine (Initial 2 - Change or recommencement of treatment after a break in biological medicine therapy of less than 24 months); or

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 24 months (Initial 3 - recommencement of treatment after a break in biological medicine of more than 24 months).

Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy.

A patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Adalimumab and infliximab only:

Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (joint count and ESR/CRP) or the prior non-biological medicine therapy requirements, except if the patient has had a break in therapy of more than 24 months who would then need to requalify under the Initial 3 restrictions with respect to the indices of disease severity.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the joint count submitted with the first authority application for a biological medicine. However, prescribers may provide a new baseline measurement any time that an initial treatment authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after 24 months break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological medicine therapy of at least 24 months, must qualify under the Initial 3 restriction and meet the relevant criteria and index of disease severity.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

Authority Required

18552

Severe active juvenile idiopathic arthritis

Treatment Phase: First continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) an active joint count of fewer than 10 active (swollen and tender) joints; or

(b) a reduction in the active (swollen and tender) joint count by at least 50% from baseline; or

(c) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18594

Severe active juvenile idiopathic arthritis

Treatment Phase: Balance of supply - Continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment restriction to complete 24 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the subsequent continuing Authority Required (in writing) treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority Required

18631

Severe active juvenile idiopathic arthritis

Treatment Phase: Subsequent continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) an active joint count of fewer than 10 active (swollen and tender) joints; or

(b) a reduction in the active (swollen and tender) joint count by at least 50% from baseline; or

(c) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

At the time of the authority application, medical practitioners should request the appropriate quantity and number of repeats to provide sufficient doses for up to 24 weeks treatment. Up to a maximum of 5 repeats will be authorised.

Where fewer than 5 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment with this drug may be requested through the balance of supply restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

12399N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	0.00	495.79	25.00	[a] Hadlima [RF]	[a] Humira [VE]
						[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

5283C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	0.00	439.27	25.00	[a] Amgevita [XT]	[a] Hadlima [RF]
						[a] Hyrimoz [SZ]	

ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH A HISTORY OF JUVENILE IDIOPATHIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, etanercept and tocilizumab for a patient over 18 years who has a history of juvenile idiopathic arthritis with onset prior to the age of 18 years. Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, etanercept and tocilizumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 3 biological medicines at any one time.

From 1 April 2014, a patient receiving PBS-subsidised biological medicine therapy is considered to be in a treatment cycle where they may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements, within a single treatment cycle, a patient may:

(i) continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy; and

(ii) fail to respond or to sustain a response to each PBS-subsidised biological medicine once only. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single treatment cycle and they must have, at a minimum, a 5 year break in PBS-subsidised biological medicine therapy before they are eligible to receive further PBS-subsidised biological medicine therapy.

The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine was approved to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who received PBS-subsidised biological medicine treatment immediately prior to 1 April 2014 is considered to be in their first cycle as of 1 April 2014. A patient who has had a break in biological medicine treatment of at least 24 months immediately prior to making a new application, on or after 1 April 2014, will commence a new treatment cycle under the Initial 3 treatment restriction

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 24 months may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 24 months must commence a new treatment cycle under the Initial 3 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine therapy after 1 April 2014.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or recommencement of treatment after a break in biological medicine of less than 24 months) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 24 months with the same medicine (Initial 2 - Change or recommencement of treatment after a break in biological medicine therapy of less than 24 months); or

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 24 months (Initial 3 - recommencement of treatment after a break in biological medicine of more than 24 months).

Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy.

A patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Adalimumab and infliximab only:

Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (joint count and ESR/CRP) or the prior non-biological medicine therapy requirements, except if the patient has had a break in therapy of more than 24 months who would then need to requalify under the Initial 3 restrictions with respect to the indices of disease severity.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the joint count submitted with the first authority application for a biological medicine. However, prescribers may provide a new baseline measurement any time that an initial treatment authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after 24 months break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological medicine therapy of at least 24 months, must qualify under the Initial 3 restriction and meet the relevant criteria and index of disease severity.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

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Authority Required

18552

Severe active juvenile idiopathic arthritis

Treatment Phase: First continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) an active joint count of fewer than 10 active (swollen and tender) joints; or

(b) a reduction in the active (swollen and tender) joint count by at least 50% from baseline; or

(c) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18594

Severe active juvenile idiopathic arthritis

Treatment Phase: Balance of supply - Continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment restriction to complete 24 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the subsequent continuing Authority Required (in writing) treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority Required

18631

Severe active juvenile idiopathic arthritis

Treatment Phase: Subsequent continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) an active joint count of fewer than 10 active (swollen and tender) joints; or

(b) a reduction in the active (swollen and tender) joint count by at least 50% from baseline; or

(c) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

At the time of the authority application, medical practitioners should request the appropriate quantity and number of repeats to provide sufficient doses for up to 24 weeks treatment. Up to a maximum of 5 repeats will be authorised.

Where fewer than 5 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment with this drug may be requested through the balance of supply restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

12425Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	0.00	439.27	25.00	[a] Hadlima [RF]	[a] Humira [VE]
						[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

5284D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	0.00	439.27	25.00	[a] Abrilada [PF]	[a] Amgevita [XT]
						[a] Hadlima [RF]	[a] Hyrimoz [SZ]

ADALIMUMAB

Note SEVERE CROHN DISEASE - TREATMENT PHASES AND CYCLES

The following information applies to the prescribing of targeted therapies under the Pharmaceutical Benefits Scheme (PBS) for benefits with a stated indication of: 'Severe Crohn disease'. For PBS administration, the term targeted therapy includes biological and targeted synthetic disease modifying anti-rheumatic drugs.

A patient is eligible for PBS-subsidised treatment with only one targeted therapy at any one time.

Treatment cycle:

A treatment cycle begins when an authority application is approved under an Initial 1, Initial 2 patients who are accessing PBS-subsidised treatment for the first time, Initial 3 or transitioning from non-PBS-subsidised therapy that was commenced as a paediatric patient type restriction. Treatment must not continue with the same targeted therapy if it has not provided an adequate response as defined in the continuing treatment phase. A patient may trial different targeted therapies within a cycle; however, if all available targeted therapies have been trialled and have not provided an adequate response, the treatment cycle ends and a 12-month PBS exclusion period applies.

The 12-month break is measured from the date of the last PBS approval for a targeted therapy in the most recent cycle to the date of first initial treatment application under the next treatment cycle.

If a new targeted therapy with a different pharmacological mechanism of action becomes available on the PBS during a 12-month break, a patient may be prescribed the newly listed targeted therapy through the Initial 2 treatment phase, if they have never received that medicine previously. If the newly listed targeted therapy does not provide an adequate response, the treatment cycle ends and the 12-month break recommences. This will not be considered a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Treatment phases:

Initial 1 - use when the patient has never received a targeted therapy for this indication.

Baseline disease activity and inadequate response to conventional therapies must be demonstrated.

Initial 2 - use when an alternative targeted therapy is being prescribed for this indication, or when the patient has previously been treated with this targeted therapy and treatment is resuming after a break of less than 12 months.

Baseline disease activity and inadequate response to conventional therapies do not need to be re-demonstrated; however, an assessment of response to the preceding supply must be provided if a response has been demonstrated.

Initial 3 - use when treatment is resuming after an absence of PBS subsidy for at least 12 months.

Baseline disease activity must be demonstrated; however, a re-trial of conventional therapies is not required.

Transitioning from non-PBS supply commenced as a paediatric patient - use when the patient is receiving non-PBS-subsidised treatment with a targeted therapy for this condition and has been initiated on treatment on the same targeted therapy as a paediatric patient (prior to 18 years of age) via non-PBS pathways (e.g. compassionate access or public hospital individual patient use program).

Continuing treatment - use when patient has demonstrated an adequate response to the preceding supply and/or when the dose is being increased. Continuing treatment authority scripts must not be written on the same day as Initial treatment authority applications.

Balance of supply - use when the full amount of the preceding supply was not provided. This phase provides the remaining quantity that could have been obtained under the preceding authority approval or where additional time is required for an adequate response to be demonstrated.

Recency of assessments:

Where possible, all related assessment documentation (including Crohn Disease Activity Index calculations, pathology tests and diagnostic imaging studies) should be within 4 weeks of the date of authority application but no longer than 4 weeks following cessation of the most recent treatment.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note Authority applications for increased quantities may be approved by Services Australia to provide sufficient doses for the relevant treatment phase.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

18771

Severe Crohn disease

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised targeted therapy treatment for this condition, **AND**
- Patient must have an adequate response to this drug defined as a reduction in Crohn Disease Activity Index (CDAI) Score to a level no greater than 150 if assessed by CDAI or if affected by extensive small intestine disease; **OR**
- Patient must have an adequate response to this drug defined as (a) an improvement of intestinal inflammation as demonstrated by: (i) blood: normalisation of the platelet count, or an erythrocyte sedimentation rate (ESR) level no greater than 25 mm per hour, or a C-reactive protein (CRP) level no greater than 15 mg per L; or (ii) faeces: normalisation of lactoferrin or calprotectin level; or (iii) evidence of mucosal healing, as demonstrated by diagnostic imaging findings, compared to the baseline assessment; or (b) reversal of high faecal output state; or (c) avoidance of the need for surgery or total parenteral nutrition (TPN), if affected by short gut syndrome, extensive small intestine or is an ostomy patient, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction per authority application.

Treatment criteria:

- Must be treated by a gastroenterologist; **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

Population criteria:

- Patient must be at least 18 years of age.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) if applicable, current CDAI score and the date of assessment; and

(b) if applicable, details (date, unique identifying number/code or provider number) of the pathology or diagnostic imaging test(s) or details of intestinal inflammation marker/s used to assess response to therapy for patients with short gut syndrome, extensive small intestine disease or an ostomy; and

(c) the date of the most recent clinical assessment.

A patient who does not demonstrate a response to treatment will not be eligible for further PBS-subsidised treatment with this drug for this condition within the same treatment cycle. The patient will be considered not to have responded to treatment if a response assessment is not completed. A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised targeted therapy was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

Where fewer than 5 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment with this drug may be requested through the balance of supply restriction.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

12410E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	0.00	495.79	25.00	[a] Hadlima [RF]	[a] Humira [VE]
					[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

9189P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	0.00	439.27	25.00	[a] Amgevita [XT]	[a] Hadlima [RF]
					[a] Hyrimoz [SZ]	

ADALIMUMAB

Note SEVERE CROHN DISEASE - TREATMENT PHASES AND CYCLES

The following information applies to the prescribing of targeted therapies under the Pharmaceutical Benefits Scheme (PBS) for benefits with a stated indication of: 'Severe Crohn disease'. For PBS administration, the term targeted therapy includes biological and targeted synthetic disease modifying anti-rheumatic drugs.

A patient is eligible for PBS-subsidised treatment with only one targeted therapy at any one time.

Treatment cycle:

A treatment cycle begins when an authority application is approved under an Initial 1, Initial 2 patients who are accessing PBS-subsidised treatment for the first time, Initial 3 or transitioning from non-PBS-subsidised therapy that was commenced as a paediatric patient type restriction. Treatment must not continue with the same targeted therapy if it has not provided an adequate response as defined in the continuing treatment phase. A patient may trial different targeted therapies within a cycle; however, if all available targeted therapies have been trialled and have not provided an adequate response, the treatment cycle ends and a 12-month PBS exclusion period applies.

The 12-month break is measured from the date of the last PBS approval for a targeted therapy in the most recent cycle to the date of first initial treatment application under the next treatment cycle.

If a new targeted therapy with a different pharmacological mechanism of action becomes available on the PBS during a 12-month break, a patient may be prescribed the newly listed targeted therapy through the Initial 2 treatment phase, if they have never received that medicine previously. If the newly listed targeted therapy does not provide an adequate response, the treatment cycle ends and the 12-month break recommences. This will not be considered a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Treatment phases:

Initial 1 - use when the patient has never received a targeted therapy for this indication.

Baseline disease activity and inadequate response to conventional therapies must be demonstrated.

Initial 2 - use when an alternative targeted therapy is being prescribed for this indication, or when the patient has previously been treated with this targeted therapy and treatment is resuming after a break of less than 12 months.

Baseline disease activity and inadequate response to conventional therapies do not need to be re-demonstrated; however, an assessment of response to the preceding supply must be provided if a response has been demonstrated.

Initial 3 - use when treatment is resuming after an absence of PBS subsidy for at least 12 months.

Baseline disease activity must be demonstrated; however, a re-trial of conventional therapies is not required.

Transitioning from non-PBS supply commenced as a paediatric patient - use when the patient is receiving non-PBS-subsidised treatment with a targeted therapy for this condition and has been initiated on treatment on the same targeted therapy as a paediatric patient (prior to 18 years of age) via non-PBS pathways (e.g. compassionate access or public hospital individual patient use program).

Continuing treatment - use when patient has demonstrated an adequate response to the preceding supply and/or when the dose is being increased. Continuing treatment authority scripts must not be written on the same day as Initial treatment authority applications.

Balance of supply - use when the full amount of the preceding supply was not provided. This phase provides the remaining quantity that could have been obtained under the preceding authority approval or where additional time is required for an adequate response to be demonstrated.

Recency of assessments:

Where possible, all related assessment documentation (including Crohn Disease Activity Index calculations, pathology tests and diagnostic imaging studies) should be within 4 weeks of the date of authority application but no longer than 4 weeks following cessation of the most recent treatment.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note Authority applications for increased quantities may be approved by Services Australia to provide sufficient doses for the relevant treatment phase.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

18771

Severe Crohn disease

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised targeted therapy treatment for this condition, **AND**
- Patient must have an adequate response to this drug defined as a reduction in Crohn Disease Activity Index (CDAI) Score to a level no greater than 150 if assessed by CDAI or if affected by extensive small intestine disease; **OR**
- Patient must have an adequate response to this drug defined as (a) an improvement of intestinal inflammation as demonstrated by: (i) blood: normalisation of the platelet count, or an erythrocyte sedimentation rate (ESR) level no greater than 25 mm per hour, or a C-reactive protein (CRP) level no greater than 15 mg per L; or (ii) faeces: normalisation of lactoferrin or calprotectin level; or (iii) evidence of mucosal healing, as demonstrated by diagnostic imaging findings, compared to the baseline assessment; or (b) reversal of high faecal output state; or (c) avoidance of the need for surgery or total parenteral nutrition (TPN), if affected by short gut syndrome, extensive small intestine or is an ostomy patient, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction per authority application.

Treatment criteria:

- Must be treated by a gastroenterologist; **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

Population criteria:

- Patient must be at least 18 years of age.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) if applicable, current CDAI score and the date of assessment; and

(b) if applicable, details (date, unique identifying number/code or provider number) of the pathology or diagnostic imaging test(s) or details of intestinal inflammation marker/s used to assess response to therapy for patients with short gut syndrome, extensive small intestine disease or an ostomy; and

(c) the date of the most recent clinical assessment.

A patient who does not demonstrate a response to treatment will not be eligible for further PBS-subsidised treatment with this drug for this condition within the same treatment cycle. The patient will be considered not to have responded to treatment if a response assessment is not completed. A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised targeted therapy was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

Where fewer than 5 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment with this drug may be requested through the balance of supply restriction.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

12389C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	0.00	439.27	25.00	[a] Hadlima [RF]	[a] Humira [VE]
					[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

9191R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	0.00	439.27	25.00	[a] Abrilada [PF]	[a] Amgevita [XT]
					[a] Hadlima [RF]	[a] Hyrimoz [SZ]

ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits for the indication of moderate to severe ulcerative colitis (MSUC). Patients are eligible for one PBS-subsidised drug treatment indicated for MSUC at any one time.

Where the term 'biological medicine' appears in this note and restrictions, it refers to any PBS benefit indicated for MSUC.

Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

From 1 July 2021, under the PBS, all adult patients will be able to commence a treatment cycle where they may trial PBS-subsidised biological medicine without having to experience a disease flare when swapping to one of the alternate agents. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised biological medicine treatment prior to 1 July 2021 is considered to have started their first cycle as of 1 July 2021. Within the same treatment cycle, the same biological medicine cannot be trialled twice. Where 3 biological medicines have failed to provide the patient with an adequate response a treatment cycle is considered complete. There must be a 5-year break in PBS-subsidised therapy before starting the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for Initial treatment with a PBS-subsidised biological medicine under the new treatment cycle.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Selecting the correct treatment phase listing when applying for authority approval:

(1) Initial treatment.

Apply under an Initial 1 treatment listing where the patient has never received a biological medicine.

(2) Continuing treatment.

Under no circumstance is Continuing treatment to precede Initial treatment. An authority application for Continuing treatment is not to be made on the same day as Initial treatment.

(3) Changing therapy.

Apply under an Initial 2 treatment listing. The indices of disease severity (i.e. Mayo clinic score or partial Mayo clinic score), or the prior corticosteroid therapy and immunosuppressive therapy will not need to be restated. A patient may trial an alternate biological medicine treatment at any time, regardless of whether they are receiving therapy (initial or continuing) at the time of the application. However, they cannot change to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this Initial 2 treatment authority application.

(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under an Initial 3 treatment listing. Prior corticosteroid and immunosuppressive therapies need not be re-trialled.

(5) Balance of supply.

Where the full number of repeat prescriptions have not been requested under any initial or continuing listing, apply for the balance of the supply of the repeats under any treatment phase listing containing the words "balance of supply".

Note TREATMENT OF PAEDIATRIC PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) for paediatric patients with infliximab or adalimumab for moderate to severe ulcerative colitis; and infliximab for acute severe ulcerative colitis. Where the term 'biological medicine' appears in the following notes and restrictions, it refers to infliximab and adalimumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 2 biological medicines at any one time.

From 1 June 2017, under the PBS, all paediatric patients will be able to commence a treatment cycle where they may trial each PBS-subsidised biological medicine without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle and depending on the disease severity, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who received PBS-subsidised biological medicine treatment prior to 1 June 2017 is considered to have started their treatment cycle as of 1 June 2017. Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than twice. Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under the Initial 3 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine therapy after 1 June 2017.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy - Initial 1 treatment (new patient); or,

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate agent - Initial 2 treatment (Change or Recommencement of treatment after a break in biological medicine therapy of less than 5 years) [further details are under 'Swapping treatment' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy with the same agent - Initial 2 treatment (Change or Recommencement of treatment after a break in therapy of less than 5 years); or

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - recommencement of treatment after a break in biological medicine of more than 5 years).

Treatment authorisations under Initial 1, Initial 2 and Initial 3 will be limited to provide for a maximum of 16 weeks of treatment for adalimumab and 14 weeks of treatment for infliximab. From 1 June 2017, a patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of treatment for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be conducted no later than 4 weeks from the date that course was ceased.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment with that drug under the First continuing treatment and Subsequent continuing treatment restrictions providing they continue to sustain the response.

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.

For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Paediatric Ulcerative Colitis Activity Index (PUCAI) Score, confirmation of ulcerative colitis disease), or the prior conventional therapies of corticosteroids or immunosuppressives.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving treatment (initial or continuing) at the time of the application. However, a patient cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug twice within the same treatment cycle. To ensure a patient receives the maximum treatment opportunities allowed under these swapping arrangements, it is important that they are assessed for response to every course of treatment.

(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify under Initial 3 treatment restriction and meet the relevant criteria with respect to the indices of disease severity.

Note Pharmaceutical benefits that have the form adalimumab 20 mg/0.2 mL syringes and pharmaceutical benefits that have the form adalimumab 20 mg/0.4 mL syringes are equivalent for the purposes of substitution

Note Pharmaceutical benefits that have a pack size of 1 may be substituted for pharmaceutical benefits that have a pack size of 2, in combinations equivalent to the maximum quantity number of units.

Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

16991

Moderate to severe ulcerative colitis

Treatment Phase: Subsequent continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated or sustained an adequate response to treatment by having a partial Mayo clinic score less than or equal to 2, with no subscore greater than 1 while receiving treatment with this drug; **OR**
- Patient must have demonstrated or sustained an adequate response to treatment by having a Paediatric Ulcerative Colitis Activity Index (PUCAI) score less than 10 while receiving treatment with this drug if aged 6 to 17 years, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; **OR**
- Must be treated by a paediatrician; **OR**
- Must be treated by a specialist paediatric gastroenterologist.

Population criteria:

- Patient must be 6 years of age or older.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

Patients who have failed to maintain a partial Mayo clinic score of less than or equal to 2, with no subscore greater than 1, or, patients who have failed to maintain a Paediatric Ulcerative Colitis Activity Index (PUCAI) score of less than 10 (if aged 6 to 17 years) with continuing treatment with this drug, will not be eligible to receive further PBS-subsidised treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

If patients aged 6 to 17 years fail to respond to PBS-subsidised biological medicine treatment 3 times (twice with one agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

adalimumab 20 mg/0.2 mL injection, 2 x 0.2 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14996G	1	5	0.00	606.96	25.00	[a] Humira [VE]	[a] Yuflyma [EW]

adalimumab 20 mg/0.4 mL injection, 0.4 mL syringe

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12351C	2	5	0.00	*606.96	25.00	[a] Amgevita [XT]

ADALIMUMAB

Note SEVERE CROHN DISEASE - TREATMENT PHASES AND CYCLES

The following information applies to the prescribing of targeted therapies under the Pharmaceutical Benefits Scheme (PBS) for benefits with a stated indication of: 'Severe Crohn disease'. For PBS administration, the term targeted therapy includes biological and targeted synthetic disease modifying anti-rheumatic drugs.

A patient is eligible for PBS-subsidised treatment with only one targeted therapy at any one time.

Treatment cycle:

A treatment cycle begins when an authority application is approved under an Initial 1, Initial 2 patients who are accessing PBS-subsidised treatment for the first time, Initial 3 or transitioning from non-PBS-subsidised therapy that was commenced as a paediatric patient type restriction. Treatment must not continue with the same targeted therapy if it has not provided an adequate response as defined in the continuing treatment phase. A patient may trial different targeted therapies within a cycle; however, if all available targeted therapies have been trialled and have not provided an adequate response, the treatment cycle ends and a 12-month PBS exclusion period applies.

The 12-month break is measured from the date of the last PBS approval for a targeted therapy in the most recent cycle to the date of first initial treatment application under the next treatment cycle.

If a new targeted therapy with a different pharmacological mechanism of action becomes available on the PBS during a 12-month break, a patient may be prescribed the newly listed targeted therapy through the Initial 2 treatment phase, if they have never received that medicine previously. If the newly listed targeted therapy does not provide an adequate response, the treatment cycle ends and the 12-month break recommences. This will not be considered a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Treatment phases:

Initial 1 - use when the patient has never received a targeted therapy for this indication.

Baseline disease activity and inadequate response to conventional therapies must be demonstrated.

Initial 2 - use when an alternative targeted therapy is being prescribed for this indication, or when the patient has previously been treated with this targeted therapy and treatment is resuming after a break of less than 12 months.

Baseline disease activity and inadequate response to conventional therapies do not need to be re-demonstrated; however, an assessment of response to the preceding supply must be provided if a response has been demonstrated.

Initial 3 - use when treatment is resuming after an absence of PBS subsidy for at least 12 months.

Baseline disease activity must be demonstrated; however, a re-trial of conventional therapies is not required.

Transitioning from non-PBS supply commenced as a paediatric patient - use when the patient is receiving non-PBS-subsidised treatment with a targeted therapy for this condition and has been initiated on treatment on the same targeted therapy as a paediatric patient (prior to 18 years of age) via non-PBS pathways (e.g. compassionate access or public hospital individual patient use program).

Continuing treatment - use when patient has demonstrated an adequate response to the preceding supply and/or when the dose is being increased. Continuing treatment authority scripts must not be written on the same day as Initial treatment authority applications.

Balance of supply - use when the full amount of the preceding supply was not provided. This phase provides the remaining quantity that could have been obtained under the preceding authority approval or where additional time is required for an adequate response to be demonstrated.

Recency of assessments:

Where possible, all related assessment documentation (including Crohn Disease Activity Index calculations, pathology tests and diagnostic imaging studies) should be within 4 weeks of the date of authority application but no longer than 4 weeks following cessation of the most recent treatment.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note Authority applications for increased quantities may be approved by Services Australia to provide sufficient doses for the relevant treatment phase.

Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

18721

Severe Crohn disease

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised targeted therapy treatment for this condition, **AND**
- Patient must have an adequate response to this drug defined as a reduction in Crohn Disease Activity Index (CDAI) Score to a level no greater than 150 if assessed by CDAI or if affected by extensive small intestine disease; **OR**
- Patient must have an adequate response to this drug defined as (a) an improvement of intestinal inflammation as demonstrated by: (i) blood: normalisation of the platelet count, or an erythrocyte sedimentation rate (ESR) level no greater than 25 mm per hour, or a C-reactive protein (CRP) level no greater than 15 mg per L; or (ii) faeces: normalisation of lactoferrin or calprotectin level; or (iii) evidence of mucosal healing, as demonstrated by diagnostic imaging findings, compared to the baseline assessment; or (b) reversal of high faecal output state; or (c) avoidance of the need for surgery or total parenteral nutrition (TPN), if affected by short gut syndrome, extensive small intestine or is an ostomy patient, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction per authority application.

Treatment criteria:

- Must be treated by a gastroenterologist; **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

Population criteria:

- Patient must be at least 18 years of age.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

If a patient does not demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised targeted therapy was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

13225C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	0.00	439.27	25.00	[a] Hadlima [RF]	[a] Hyrimoz [SZ]
					[a] Yuflyma [EW]	

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

12352D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	0.00	439.27	25.00	[a] Abrilada [PF]	[a] Amgevita [XT]
					[a] Hadlima [RF]	[a] Hyrimoz [SZ]

ADALIMUMAB

Note TREATMENT OF PAEDIATRIC PATIENTS WITH REFRACTORY CROHN DISEASE

The following information applies to the prescribing of targeted therapies under the Pharmaceutical Benefits Scheme (PBS) for paediatric patients with adalimumab for 'severe Crohn disease' and infliximab for 'moderate to severe Crohn disease'. For PBS administration, the term targeted therapy includes biological and targeted synthetic disease modifying anti-rheumatic drugs.

A patient is eligible for PBS-subsidised treatment with only one targeted therapy at any one time.

Treatment cycle:

A treatment cycle begins when an authority application is approved under an Initial 1, Initial 2 patients who are accessing PBS-subsidised treatment for the first time or Initial 3 type restriction. Treatment must not continue with the same targeted therapy if it has not provided an adequate response as defined in the continuing treatment phase. A patient may trial different targeted therapies within a cycle; however, if 3 trials of a targeted therapy do not provide an adequate response, the treatment cycle ends and a 12-month PBS exclusion period applies. A paediatric patient cannot trial and not demonstrate an adequate response, or cease to respond to, the same PBS-subsidised targeted therapy more than twice.

The 12-month break is measured from the date of the last PBS approval for a targeted therapy in the most recent cycle to the date of first initial treatment application under the next treatment cycle.

If a new targeted therapy with a different pharmacological mechanism of action becomes available on the PBS during a 12-month break, a patient may be prescribed the newly listed targeted therapy through the Initial 2 treatment phase, if they

have never received that medicine previously. If the newly listed targeted therapy does not provide an adequate response, the treatment cycle ends and the 12-month break recommences. This will not be considered a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Treatment Phases:

Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and 14 weeks for infliximab.

Initial 1 - use when the patient has never received a PBS-subsidised targeted therapy for these indications. Inadequate response to conventional therapy must be demonstrated where required.

Initial 2 - use when:

- an alternative targeted therapy is being prescribed for these indications; or
- the patient has previously been treated with this targeted therapy; or
- treatment is resuming after a break of less than 12 months

Patients applying through this treatment phase do not have to requalify with respect to the indices of disease severity (i.e. Paediatric Crohn Disease Activity Index (PCDAI) Score, confirmation of Crohn disease). Inadequate response to conventional therapy does not need to be redemonstrated.

Initial 3 - use when treatment is resuming after a break in PBS-subsidised treatment of at least 12 months. Patients applying through this treatment phase must requalify with respect to the indices of disease severity (i.e. Paediatric Crohn Disease Activity Index (PCDAI) Score, confirmation of Crohn disease). Re-trial of conventional therapies is not required.

Continuing treatment - use when a patient has demonstrated an adequate response to the preceding supply. Patients are eligible for up to 24 weeks of treatment per continuing prescription. Continuing treatment authority scripts must not be written on the same day as Initial treatment authority applications.

Balance of supply - use when the full amount of the preceding supply was not provided. This phase provides the remaining quantity that could have been obtained under the preceding authority approval or where additional time is required for an adequate response to be determined.

Baseline measurements to determine response - a response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements provided in the first authority application for a targeted therapy. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is made within a treatment cycle and eligibility for continuing treatment must be assessed according to these revised baseline measurements.

Recency of assessments:

Where possible, all related assessment documentation (including the Paediatric Crohn Disease Activity Index calculations, pathology tests and diagnostic imaging studies) should be within 4 weeks of the date of authority application but no longer than 4 weeks following cessation of the most recent treatment.

Note Pharmaceutical benefits that have the form adalimumab 20 mg/0.2 mL syringes and pharmaceutical benefits that have the form adalimumab 20 mg/0.4 mL syringes are equivalent for the purposes of substitution

Note Pharmaceutical benefits that have a pack size of 1 may be substituted for pharmaceutical benefits that have a pack size of 2, in combinations equivalent to the maximum quantity number of units.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note Authority applications for increased quantities/repeats may be approved by Services Australia to provide sufficient doses for the relevant treatment phase.

Authority Required

18989

Severe Crohn disease

Treatment Phase: Balance of supply

Clinical criteria:

- Patient must have received insufficient treatment with this drug for this condition under any relevant initial restriction (Initial 1, 2 or 3), **AND**
- The treatment must provide no more than the balance of up to 16 weeks therapy available under Initial 1, 2 or 3 treatment.

Treatment criteria:

- Must be treated by a gastroenterologist; **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology]; **OR**
- Must be treated by a paediatrician; **OR**
- Must be treated by a specialist paediatric gastroenterologist.

adalimumab 20 mg/0.2 mL injection, 2 x 0.2 mL syringes

12423W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	0	0.00	606.96	25.00	[a] Humira [VE]	[a] Yuflyma [EW]

adalimumab 20 mg/0.4 mL injection, 0.4 mL syringe

12354F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	0	0.00	*606.96	25.00	[a] Amgevita [XT]

ADALIMUMAB

Note TREATMENT OF PATIENTS WITH MODERATE TO SEVERE HIDRADENITIS SUPPURATIVA

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed for patient with the indication of moderate to severe hidradenitis suppurativa.

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Moderate to Severe Hidradenitis Suppurativa.

Treatment cycles:

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who has been receiving PBS-subsidised adalimumab or secukinumab prior to 1 December 2025 is considered to start their first cycle as of 1 December 2025.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Where treatment has resulted in an inadequate response on 3 occasions, a treatment cycle is considered to have been completed, and there must be a 5-year break in PBS subsidy from all medicines with the PBS indication 'moderate to severe hidradenitis suppurativa' before starting a new treatment cycle.

Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle, and where a break in therapy of less than 5 years has occurred, a further course of treatment with another biological medicine may be commenced within the same treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Prescribing under the correct 'Treatment phase' listing for the authority application:

(1) Initial treatment.

Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for moderate to severe hidradenitis suppurativa.

(2) Continuing treatment.

Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to proceed initial treatment. An authority application for continuing treatment is not to be made on the same day as initial treatment.

(3) Changing/swapping therapy.

Apply under the 'Initial 2' treatment listing. Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to prior antibiotic use. A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot change to a particular biological medicine if it has failed to provide the patient with an adequate response as defined in the restriction within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this initial 2 treatment authority application.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurement of abscess and inflammatory nodule (AN) count submitted with the first authority application for a biological medicine. To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under the 'Initial 3' treatment listing. Prior antibiotic courses need not be re-trialled.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

15788

Moderate to severe hidradenitis suppurativa

Treatment Phase: Initial 1 (new patient), Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years), or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment.

Treatment criteria:

- Must be treated by a dermatologist.

A maximum of 12 weeks of treatment will be authorised under this restriction.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

12383R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	2	2	0.00	*869.18	25.00	[a] Hadlima [RF]	[a] Humira [VE]
						[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

12385W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	2	2	0.00	*869.18	25.00	[a] Abrilada [PF]	[a] Amgevita [XT]
						[a] Hadlima [RF]	[a] Hyrimoz [SZ]

ADALIMUMAB

Note TREATMENT OF PAEDIATRIC PATIENTS WITH REFRACTORY CROHN DISEASE

The following information applies to the prescribing of targeted therapies under the Pharmaceutical Benefits Scheme (PBS) for paediatric patients with adalimumab for 'severe Crohn disease' and infliximab for 'moderate to severe Crohn disease'. For PBS administration, the term targeted therapy includes biological and targeted synthetic disease modifying anti-rheumatic drugs.

A patient is eligible for PBS-subsidised treatment with only one targeted therapy at any one time.

Treatment cycle:

A treatment cycle begins when an authority application is approved under an Initial 1, Initial 2 patients who are accessing PBS-subsidised treatment for the first time or Initial 3 type restriction. Treatment must not continue with the same targeted therapy if it has not provided an adequate response as defined in the continuing treatment phase. A patient may trial different targeted therapies within a cycle; however, if 3 trials of a targeted therapy do not provide an adequate response, the treatment cycle ends and a 12-month PBS exclusion period applies. A paediatric patient cannot trial and not demonstrate an adequate response, or cease to respond to, the same PBS-subsidised targeted therapy more than twice.

The 12-month break is measured from the date of the last PBS approval for a targeted therapy in the most recent cycle to the date of first initial treatment application under the next treatment cycle.

If a new targeted therapy with a different pharmacological mechanism of action becomes available on the PBS during a 12-month break, a patient may be prescribed the newly listed targeted therapy through the Initial 2 treatment phase, if they have never received that medicine previously. If the newly listed targeted therapy does not provide an adequate response, the treatment cycle ends and the 12-month break recommences. This will not be considered a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Treatment Phases:

Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and 14 weeks for infliximab.

Initial 1 - use when the patient has never received a PBS-subsidised targeted therapy for these indications. Inadequate response to conventional therapy must be demonstrated where required.

Initial 2 - use when:

- an alternative targeted therapy is being prescribed for these indications; or
- the patient has previously been treated with this targeted therapy; or
- treatment is resuming after a break of less than 12 months

Patients applying through this treatment phase do not have to requalify with respect to the indices of disease severity (i.e. Paediatric Crohn Disease Activity Index (PCDAI) Score, confirmation of Crohn disease). Inadequate response to conventional therapy does not need to be redemonstrated.

Initial 3 - use when treatment is resuming after a break in PBS-subsidised treatment of at least 12 months. Patients applying through this treatment phase must requalify with respect to the indices of disease severity (i.e. Paediatric Crohn Disease Activity Index (PCDAI) Score, confirmation of Crohn disease). Re-trial of conventional therapies is not required.

Continuing treatment - use when a patient has demonstrated an adequate response to the preceding supply. Patients are eligible for up to 24 weeks of treatment per continuing prescription. Continuing treatment authority scripts must not be written on the same day as Initial treatment authority applications.

Balance of supply - use when the full amount of the preceding supply was not provided. This phase provides the remaining quantity that could have been obtained under the preceding authority approval or where additional time is required for an adequate response to be determined.

Baseline measurements to determine response - a response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements provided in the first authority application for a targeted therapy. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is made within a treatment cycle and eligibility for continuing treatment must be assessed according to these revised baseline measurements.

Recency of assessments:

Where possible, all related assessment documentation (including the Paediatric Crohn Disease Activity Index calculations, pathology tests and diagnostic imaging studies) should be within 4 weeks of the date of authority application but no longer than 4 weeks following cessation of the most recent treatment.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note Authority applications for increased quantities may be approved by Services Australia to provide sufficient doses for the relevant treatment phase.

Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

18991

Severe Crohn disease

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have a documented history of severe Crohn disease, **AND**
- Patient must have received this drug as their most recent course of PBS-subsidised targeted therapy treatment for this condition, **AND**
- Patient must have both: (i) a total PCDAI score of 40 points or less, and (ii) a reduction in PCDAI score by at least 15 points from baseline value; **OR**
- Patient must have an adequate response to this drug defined as an improvement of intestinal inflammation as demonstrated by: (i) blood: normalisation of the platelet count, or an erythrocyte sedimentation rate (ESR) level no greater than 25 mm per hour, or a C-reactive protein (CRP) level no greater than 15 mg per L; or (ii) faeces: normalisation of lactoferrin or calprotectin level; or (iii) evidence of mucosal healing, as demonstrated by diagnostic imaging findings, compared to the baseline assessment, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction per authority application.

Treatment criteria:

- Must be treated by a gastroenterologist; **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology]; **OR**
- Must be treated by a paediatrician; **OR**
- Must be treated by a specialist paediatric gastroenterologist.

Population criteria:

- Patient must be aged 6 to 17 years inclusive.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

If a patient does not demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition under this treatment phase. Patients may re-trial treatment with this drug under the 'Initial 2' treatment phase if eligible. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

13224B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	0.00	439.27	25.00	[a] Hadlima [RF]	[a] Humira [VE]
					[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

12420Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	0.00	439.27	25.00	[a] Abrilada [PF]	[a] Amgevita [XT]
					[a] Hadlima [RF]	[a] Hyrimoz [SZ]

ADALIMUMAB

Note TREATMENT OF PAEDIATRIC PATIENTS WITH REFRACTORY CROHN DISEASE

The following information applies to the prescribing of targeted therapies under the Pharmaceutical Benefits Scheme (PBS) for paediatric patients with adalimumab for 'severe Crohn disease' and infliximab for 'moderate to severe Crohn disease'. For PBS administration, the term targeted therapy includes biological and targeted synthetic disease modifying anti-rheumatic drugs.

A patient is eligible for PBS-subsidised treatment with only one targeted therapy at any one time.

Treatment cycle:

A treatment cycle begins when an authority application is approved under an Initial 1, Initial 2 patients who are accessing PBS-subsidised treatment for the first time or Initial 3 type restriction. Treatment must not continue with the same targeted therapy if it has not provided an adequate response as defined in the continuing treatment phase. A patient may trial different targeted therapies within a cycle; however, if 3 trials of a targeted therapy do not provide an adequate response, the treatment cycle ends and a 12-month PBS exclusion period applies. A paediatric patient cannot trial and not demonstrate an adequate response, or cease to respond to, the same PBS-subsidised targeted therapy more than twice.

The 12-month break is measured from the date of the last PBS approval for a targeted therapy in the most recent cycle to the date of first initial treatment application under the next treatment cycle.

If a new targeted therapy with a different pharmacological mechanism of action becomes available on the PBS during a 12-month break, a patient may be prescribed the newly listed targeted therapy through the Initial 2 treatment phase, if they have never received that medicine previously. If the newly listed targeted therapy does not provide an adequate response, the treatment cycle ends and the 12-month break recommences. This will not be considered a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Treatment Phases:

Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and 14 weeks for infliximab.

Initial 1 - use when the patient has never received a PBS-subsidised targeted therapy for these indications. Inadequate response to conventional therapy must be demonstrated where required.

Initial 2 - use when:

- an alternative targeted therapy is being prescribed for these indications; or
- the patient has previously been treated with this targeted therapy; or
- treatment is resuming after a break of less than 12 months

Patients applying through this treatment phase do not have to requalify with respect to the indices of disease severity (i.e. Paediatric Crohn Disease Activity Index (PCDAI) Score, confirmation of Crohn disease). Inadequate response to conventional therapy does not need to be redemonstrated.

Initial 3 - use when treatment is resuming after a break in PBS-subsidised treatment of at least 12 months. Patients applying through this treatment phase must requalify with respect to the indices of disease severity (i.e. Paediatric Crohn Disease Activity Index (PCDAI) Score, confirmation of Crohn disease). Re-trial of conventional therapies is not required.

Continuing treatment - use when a patient has demonstrated an adequate response to the preceding supply. Patients are eligible for up to 24 weeks of treatment per continuing prescription. Continuing treatment authority scripts must not be written on the same day as Initial treatment authority applications.

Balance of supply - use when the full amount of the preceding supply was not provided. This phase provides the remaining quantity that could have been obtained under the preceding authority approval or where additional time is required for an adequate response to be determined.

Baseline measurements to determine response - a response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements provided in the first authority application for a targeted therapy. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is made within a treatment cycle and eligibility for continuing treatment must be assessed according to these revised baseline measurements.

Recency of assessments:

Where possible, all related assessment documentation (including the Paediatric Crohn Disease Activity Index calculations, pathology tests and diagnostic imaging studies) should be within 4 weeks of the date of authority application but no longer than 4 weeks following cessation of the most recent treatment.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note Authority applications for increased quantities may be approved by Services Australia to provide sufficient doses for the relevant treatment phase.

Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

18991

Severe Crohn disease

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have a documented history of severe Crohn disease, **AND**
- Patient must have received this drug as their most recent course of PBS-subsidised targeted therapy treatment for this condition, **AND**
- Patient must have both: (i) a total PCDAI score of 40 points or less, and (ii) a reduction in PCDAI score by at least 15 points from baseline value; **OR**
- Patient must have an adequate response to this drug defined as an improvement of intestinal inflammation as demonstrated by: (i) blood: normalisation of the platelet count, or an erythrocyte sedimentation rate (ESR) level no greater than 25 mm per hour, or a C-reactive protein (CRP) level no greater than 15 mg per L; or (ii) faeces: normalisation of lactoferrin or calprotectin level; or (iii) evidence of mucosal healing, as demonstrated by diagnostic imaging findings, compared to the baseline assessment, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction per authority application.

Treatment criteria:

- Must be treated by a gastroenterologist; **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology]; **OR**
- Must be treated by a paediatrician; **OR**
- Must be treated by a specialist paediatric gastroenterologist.

Population criteria:

- Patient must be aged 6 to 17 years inclusive.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

If a patient does not demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition under this treatment phase. Patients may re-trial treatment with this drug under the 'Initial 2' treatment phase if eligible. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

13218Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	0.00	495.79	25.00	[a] Hadlima [RF]	[a] Humira [VE]
						[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

12434K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	0.00	439.27	25.00	[a] Amgevita [XT]	[a] Hadlima [RF]
						[a] Hyrimoz [SZ]	

ADALIMUMAB

Note SEVERE CROHN DISEASE - TREATMENT PHASES AND CYCLES

The following information applies to the prescribing of targeted therapies under the Pharmaceutical Benefits Scheme (PBS) for benefits with a stated indication of: 'Severe Crohn disease'. For PBS administration, the term targeted therapy includes biological and targeted synthetic disease modifying anti-rheumatic drugs.

A patient is eligible for PBS-subsidised treatment with only one targeted therapy at any one time.

Treatment cycle:

A treatment cycle begins when an authority application is approved under an Initial 1, Initial 2 patients who are accessing PBS-subsidised treatment for the first time, Initial 3 or transitioning from non-PBS-subsidised therapy that was commenced as a paediatric patient type restriction. Treatment must not continue with the same targeted therapy if it has not provided an adequate response as defined in the continuing treatment phase. A patient may trial different targeted therapies within a cycle; however, if all available targeted therapies have been trialled and have not provided an adequate response, the treatment cycle ends and a 12-month PBS exclusion period applies.

The 12-month break is measured from the date of the last PBS approval for a targeted therapy in the most recent cycle to the date of first initial treatment application under the next treatment cycle.

If a new targeted therapy with a different pharmacological mechanism of action becomes available on the PBS during a 12-month break, a patient may be prescribed the newly listed targeted therapy through the Initial 2 treatment phase, if they have never received that medicine previously. If the newly listed targeted therapy does not provide an adequate response, the treatment cycle ends and the 12-month break recommences. This will not be considered a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Treatment phases:

Initial 1 - use when the patient has never received a targeted therapy for this indication.

Baseline disease activity and inadequate response to conventional therapies must be demonstrated.

Initial 2 - use when an alternative targeted therapy is being prescribed for this indication, or when the patient has previously been treated with this targeted therapy and treatment is resuming after a break of less than 12 months.

Baseline disease activity and inadequate response to conventional therapies do not need to be re-demonstrated; however, an assessment of response to the preceding supply must be provided if a response has been demonstrated.

Initial 3 - use when treatment is resuming after an absence of PBS subsidy for at least 12 months.

Baseline disease activity must be demonstrated; however, a re-trial of conventional therapies is not required.

Transitioning from non-PBS supply commenced as a paediatric patient - use when the patient is receiving non-PBS-subsidised treatment with a targeted therapy for this condition and has been initiated on treatment on the same targeted therapy as a paediatric patient (prior to 18 years of age) via non-PBS pathways (e.g. compassionate access or public hospital individual patient use program).

Continuing treatment - use when patient has demonstrated an adequate response to the preceding supply and/or when the dose is being increased. Continuing treatment authority scripts must not be written on the same day as Initial treatment authority applications.

Balance of supply - use when the full amount of the preceding supply was not provided. This phase provides the remaining quantity that could have been obtained under the preceding authority approval or where additional time is required for an adequate response to be demonstrated.

Recency of assessments:

Where possible, all related assessment documentation (including Crohn Disease Activity Index calculations, pathology tests and diagnostic imaging studies) should be within 4 weeks of the date of authority application but no longer than 4 weeks following cessation of the most recent treatment.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note Authority applications for increased quantities may be approved by Services Australia to provide sufficient doses for the relevant treatment phase.

Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

18721

Severe Crohn disease

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised targeted therapy treatment for this condition, **AND**

- Patient must have an adequate response to this drug defined as a reduction in Crohn Disease Activity Index (CDAI) Score to a level no greater than 150 if assessed by CDAI or if affected by extensive small intestine disease; **OR**
- Patient must have an adequate response to this drug defined as (a) an improvement of intestinal inflammation as demonstrated by: (i) blood: normalisation of the platelet count, or an erythrocyte sedimentation rate (ESR) level no greater than 25 mm per hour, or a C-reactive protein (CRP) level no greater than 15 mg per L; or (ii) faeces: normalisation of lactoferrin or calprotectin level; or (iii) evidence of mucosal healing, as demonstrated by diagnostic imaging findings, compared to the baseline assessment; or (b) reversal of high faecal output state; or (c) avoidance of the need for surgery or total parenteral nutrition (TPN), if affected by short gut syndrome, extensive small intestine or is an ostomy patient, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction per authority application.

Treatment criteria:

- Must be treated by a gastroenterologist; **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

Population criteria:

- Patient must be at least 18 years of age.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

If a patient does not demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised targeted therapy was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

13219R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	0.00	495.79	25.00	[a] Hadlima [RF]	[a] Hyrimoz [SZ]
					[a] Yuflyma [EW]	

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

12437N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	0.00	439.27	25.00	[a] Amgevita [XT]	[a] Hadlima [RF]
					[a] Hyrimoz [SZ]	

ADALIMUMAB

Note Pharmaceutical benefits that have the form adalimumab 20 mg/0.2 mL syringes and pharmaceutical benefits that have the form adalimumab 20 mg/0.4 mL syringes are equivalent for the purposes of substitution

Note Pharmaceutical benefits that have a pack size of 1 may be substituted for pharmaceutical benefits that have a pack size of 2, in combinations equivalent to the maximum quantity number of units.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

15446

Vision threatening non-infectious uveitis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must demonstrated or sustained an adequate response to treatment with this drug for this condition, **AND**
- The treatment must not exceed 24 weeks under this restriction per authority application.

Treatment criteria:

- Must be treated by an ophthalmologist, rheumatologist or immunologist with expertise in uveitis; **OR**
- Must be treated by a medical practitioner who has consulted at least one of the above mentioned specialist types, with agreement reached that the patient should be treated with this pharmaceutical benefit on this occasion.

An adequate response to treatment is defined as:

(a) Sustained reduction in inflammation defined as a 2-step decrease from baseline in Standardisation of Uveitis Nomenclature (SUN) criteria for anterior chamber or vitreous haze; or

(b) Sustained quiescence of inflammation defined as Standardisation of Uveitis Nomenclature (SUN) criteria less than or equal to 0.5+ anterior chamber or vitreous haze, absence of active vitreous or retinal lesions or vitreous cells; or

(c) Sustained corticosteroid sparing effect, allowing reduction in prednisone to less than 7.5 mg daily; or

(d) Reduction in frequency of ocular attacks to less than or equal to 1 per year (patients with Behcet's disease only)

The patient remains eligible to receive continuing treatment with the same biological medicine in courses of up to 24 weeks providing they continue to sustain an adequate response. It is recommended that a patient be reviewed in the month prior to completing their current course of treatment.

adalimumab 20 mg/0.2 mL injection, 2 x 0.2 mL syringes

14275H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	0.00	606.96	25.00	[a] Humira [VE]	[a] Yuflyma [EW]

adalimumab 20 mg/0.4 mL injection, 0.4 mL syringe

14747E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	5	0.00	*606.96	25.00	[a] Amgevita [XT]

ADALIMUMAB

Note The assessment for Juvenile Spondyloarthritis Disease Activity Index score is available at: https://pmc.ncbi.nlm.nih.gov/articles/PMC4245319/table/T2/.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

17730

Enthesitis/spondylitis related juvenile idiopathic arthritis

Treatment Phase: Transitioning from non-PBS to PBS-subsidised treatment - Grandfather arrangements

Clinical criteria:

- Patient must have received non-PBS-subsidised treatment with this drug for this PBS indication prior to 1 January 2026, **AND**
- Patient must have, prior to initiating treatment with this drug for this condition, a diagnosis of enthesitis/spondylitis related juvenile idiopathic arthritis defined by at least one of the following: (i) peripheral arthritis and enthesitis, (ii) inflammatory sacroiliitis on Magnetic Resonance Imaging (MRI) plus at least 3 months of inflammatory back pain, (iii) arthritis or enthesitis plus at least 2 of: (a) sacroiliac joint tenderness, (b) inflammatory back pain, (c) presence of HLA-B27 antigen, (d) acute (symptomatic) anterior uveitis, (e) history of spondyloarthritis in a first-degree relative, **AND**
- Patient must have, prior to initiating treatment with this drug for this condition, failed to achieve an adequate response for axial disease (sacroiliitis and/or spondylitis), following treatment with at least 2 non-steroidal anti-inflammatory drugs (NSAIDs) whilst completing an appropriate exercise program, for a total period of 3 months; **OR**
- Patient must have, prior to initiating treatment with this drug for this condition, failed to achieve an adequate response for peripheral disease (arthritis and/or enthesitis) following treatment with at least 2 NSAIDs, and either: (i) methotrexate at a dose of 15 mg per square metre (maximum 20 mg) weekly, (ii) sulfasalazine at a dose of 20 mg/kg (maximum 1 g) twice daily, whilst completing an appropriate exercise program, for a total period of 3 months, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a paediatric rheumatologist; **OR**
- Must be treated by a rheumatologist; **OR**
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

Population criteria:

- Patient must be under 18 years of age, prior to commencement of this drug for this condition.

If the NSAID dose is less than the maximum recommended dose in the relevant TGA-approved Product Information, details must be documented in the patient's medical records.

If treatment with methotrexate, sulfasalazine or NSAIDs is contraindicated according to the relevant TGA-approved Product Information, details must be documented in the patient's medical records.

If intolerance to methotrexate, sulfasalazine or NSAID treatment develops during the relevant period of use which is of a severity to necessitate permanent treatment withdrawal, details of the toxicity must be documented in the patient's medical records.

The following criteria indicate failure to achieve an adequate response and must be demonstrated at the time of the initial application:

(a) a Juvenile Spondyloarthritis Disease Activity Index score greater than 2; or

(b) persistent symptoms of axial spondylitis or sacroiliitis with prior confirmatory Magnetic Resonance Imaging (MRI) assessed by a clinician experienced with juvenile spondyloarthropathy.

The following must be provided at the time of application and documented in the patient's medical records:

(1) details of prior treatment including dose and duration of treatment; and

(i) if applicable, a baseline Juvenile Spondyloarthritis Disease Activity Index score; or

(ii) if applicable, the current Juvenile Spondyloarthritis Disease Activity Index score; or

(iii) if applicable, details (name of the report provider, date of the report and unique identifying number/code that links report to the individual patient) of the MRI demonstrating inflammatory spondylitis or sacroiliitis; or

(iv) if applicable, details (name of the report provider, date of the report and unique identifying number/code that links report to the individual patient) demonstrating the presence of HLA-B27.

The Juvenile Spondyloarthritis Disease Activity Index score must be assessed preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment.

An adequate response is defined as an improvement from baseline in the Juvenile Spondyloarthritis Disease Activity Index score by at least 30% or an improvement in the persistent symptoms of axial spondylitis or sacroiliitis.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug, they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition until 2 years have elapsed. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Patients may qualify for PBS-subsidised treatment under this restriction once only. For continuing PBS-subsidised treatment, a 'Grandfathered' patient must qualify under the 'Continuing treatment' criteria.

Note This grandfather restriction will cease to operate from 12 months after the date specified in the clinical criteria.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
15170K	1	5	0.00	495.79	25.00	[a] Hadlima [RF]	[a] Humira [VE]
						[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
15137Q	1	5	0.00	439.27	25.00	[a] Amgevita [XT]	[a] Hadlima [RF]
						[a] Hyrimoz [SZ]	

ADALIMUMAB

Note The assessment for Juvenile Spondyloarthritis Disease Activity Index score is available at: https://pmc.ncbi.nlm.nih.gov/articles/PMC4245319/table/T2/.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

17730

Enthesitis/spondylitis related juvenile idiopathic arthritis

Treatment Phase: Transitioning from non-PBS to PBS-subsidised treatment - Grandfather arrangements

Clinical criteria:

- Patient must have received non-PBS-subsidised treatment with this drug for this PBS indication prior to 1 January 2026, **AND**
- Patient must have, prior to initiating treatment with this drug for this condition, a diagnosis of enthesitis/spondylitis related juvenile idiopathic arthritis defined by at least one of the following: (i) peripheral arthritis and enthesitis, (ii) inflammatory sacroiliitis on Magnetic Resonance Imaging (MRI) plus at least 3 months of inflammatory back pain, (iii) arthritis or enthesitis plus at least 2 of: (a) sacroiliac joint tenderness, (b) inflammatory back pain, (c) presence of HLA-B27 antigen, (d) acute (symptomatic) anterior uveitis, (e) history of spondyloarthritis in a first-degree relative, **AND**
- Patient must have, prior to initiating treatment with this drug for this condition, failed to achieve an adequate response for axial disease (sacroiliitis and/or spondylitis), following treatment with at least 2 non-steroidal anti-inflammatory drugs (NSAIDs) whilst completing an appropriate exercise program, for a total period of 3 months; **OR**
- Patient must have, prior to initiating treatment with this drug for this condition, failed to achieve an adequate response for peripheral disease (arthritis and/or enthesitis) following treatment with at least 2 NSAIDs, and either: (i) methotrexate at a dose of 15 mg per square metre (maximum 20 mg) weekly, (ii) sulfasalazine at a dose of 20 mg/kg (maximum 1 g) twice daily, whilst completing an appropriate exercise program, for a total period of 3 months, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a paediatric rheumatologist; **OR**
- Must be treated by a rheumatologist; **OR**
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

Population criteria:

- Patient must be under 18 years of age, prior to commencement of this drug for this condition.

If the NSAID dose is less than the maximum recommended dose in the relevant TGA-approved Product Information, details must be documented in the patient's medical records.

If treatment with methotrexate, sulfasalazine or NSAIDs is contraindicated according to the relevant TGA-approved Product Information, details must be documented in the patient's medical records.

If intolerance to methotrexate, sulfasalazine or NSAID treatment develops during the relevant period of use which is of a severity to necessitate permanent treatment withdrawal, details of the toxicity must be documented in the patient's medical records.

The following criteria indicate failure to achieve an adequate response and must be demonstrated at the time of the initial application:

(a) a Juvenile Spondyloarthritis Disease Activity Index score greater than 2; or

(b) persistent symptoms of axial spondylitis or sacroiliitis with prior confirmatory Magnetic Resonance Imaging (MRI) assessed by a clinician experienced with juvenile spondyloarthropathy.

The following must be provided at the time of application and documented in the patient's medical records:

(1) details of prior treatment including dose and duration of treatment; and

(i) if applicable, a baseline Juvenile Spondyloarthritis Disease Activity Index score; or

(ii) if applicable, the current Juvenile Spondyloarthritis Disease Activity Index score; or

(iii) if applicable, details (name of the report provider, date of the report and unique identifying number/code that links report to the individual patient) of the MRI demonstrating inflammatory spondylitis or sacroiliitis; or

(iv) if applicable, details (name of the report provider, date of the report and unique identifying number/code that links report to the individual patient) demonstrating the presence of HLA-B27.

The Juvenile Spondyloarthritis Disease Activity Index score must be assessed preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment.

An adequate response is defined as an improvement from baseline in the Juvenile Spondyloarthritis Disease Activity Index score by at least 30% or an improvement in the persistent symptoms of axial spondylitis or sacroiliitis.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug, they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition until 2 years have elapsed. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Patients may qualify for PBS-subsidised treatment under this restriction once only. For continuing PBS-subsidised treatment, a 'Grandfathered' patient must qualify under the 'Continuing treatment' criteria.

Note This grandfather restriction will cease to operate from 12 months after the date specified in the clinical criteria.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

15159W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	0.00	439.27	25.00	[a] Hadlima [RF]	[a] Humira [VE]
					[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

15147F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	0.00	439.27	25.00	[a] Abrilada [PF]	[a] Amgevita [XT]
					[a] Hadlima [RF]	[a] Hyrimoz [SZ]

ADALIMUMAB

Note Pharmaceutical benefits that have the form adalimumab 20 mg/0.2 mL syringes and pharmaceutical benefits that have the form adalimumab 20 mg/0.4 mL syringes are equivalent for the purposes of substitution

Note Pharmaceutical benefits that have a pack size of 1 may be substituted for pharmaceutical benefits that have a pack size of 2, in combinations equivalent to the maximum quantity number of units.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

17736

Enthesitis/spondylitis related juvenile idiopathic arthritis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

Treatment criteria:

- Must be treated by a paediatric rheumatologist; **OR**
- Must be treated by a rheumatologist; **OR**
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

An adequate response is defined as an improvement from baseline in the Juvenile Spondyloarthritis Disease Activity Index score by at least 30% or an improvement in the persistent symptoms of axial spondylitis or sacroiliitis.

If a patient fails to demonstrate a response to treatment with this drug, they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition until 2 years have elapsed. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 2 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was prescribed, and the date of the first application submitted for approval.

Where treatment was ceased for clinical reasons despite the patient experiencing improvement, an assessment of the patient's response to treatment made at the time of treatment cessation or retrospectively will be considered to determine whether the patient demonstrated or sustained an adequate response to treatment.

adalimumab 20 mg/0.2 mL injection, 2 x 0.2 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
15149H	1	5	0.00	606.96	25.00	[a] Humira [VE]	[a] Yuflyma [EW]

adalimumab 20 mg/0.4 mL injection, 0.4 mL syringe

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15180Y	2	5	0.00	*606.96	25.00	[a] Amgevita [XT]

ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who received PBS-subsidised adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.

A patient receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.

(1) Initial treatment.

An application for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab, and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab, 24 weeks of therapy for bimekizumab and 28 weeks of therapy for risankizumab, tildrakizumab and ustekinumab.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of their course of initial treatment to ensure uninterrupted biological medicine supply.

(2) Assessment of response to initial treatment.

When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment and no later than 4 weeks from the completion of this initial treatment course.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

(3) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Infliximab, adalimumab and etanercept only:

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.

For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(4) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle or have experienced treatment failure with that particular biological medicine that required permanent treatment withdrawal.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.

(5) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.

To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.

(6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 4 weeks at the time of application.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

11635

Severe chronic plaque psoriasis

Treatment Phase: Subsequent continuing treatment, Whole body

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**

- Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Authority Required (STREAMLINED)

11606

Severe chronic plaque psoriasis

Treatment Phase: Subsequent continuing treatment, Face, hand, foot

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to their most recent course of treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13217P	1	5	0.00	495.79	25.00	[a] Hadlima [RF]	[a] Hyrimoz [SZ]
						[a] Yuflyma [EW]	

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
12366W	1	5	0.00	439.27	25.00	[a] Amgevita [XT]	[a] Hadlima [RF]
						[a] Hyrimoz [SZ]	

ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who received PBS-subsidised adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.

A patient receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological

medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.

(1) Initial treatment.

An application for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab, and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab, 24 weeks of therapy for bimekizumab and 28 weeks of therapy for risankizumab, tildrakizumab and ustekinumab.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of their course of initial treatment to ensure uninterrupted biological medicine supply.

(2) Assessment of response to initial treatment.

When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment and no later than 4 weeks from the completion of this initial treatment course.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

(3) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Infliximab, adalimumab and etanercept only:

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.

For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(4) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle or have experienced treatment failure with that particular biological medicine that required permanent treatment withdrawal.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.

(5) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.

To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.

(6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 4 weeks at the time of application.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

11635

Severe chronic plaque psoriasis

Treatment Phase: Subsequent continuing treatment, Whole body

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Authority Required (STREAMLINED)

11606

Severe chronic plaque psoriasis

Treatment Phase: Subsequent continuing treatment, Face, hand, foot

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to their most recent course of treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

13215M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	0.00	439.27	25.00	[a] Hadlima [RF]	[a] Hyrimoz [SZ]
					[a] Yuflyma [EW]	

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

12403T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	0.00	439.27	25.00	[a] Abrilada [PF]	[a] Amgevita [XT]
					[a] Hadlima [RF]	[a] Hyrimoz [SZ]

ADALIMUMAB

Note TREATMENT OF PATIENTS WITH MODERATE TO SEVERE HIDRADENITIS SUPPURATIVA

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed for patient with the indication of moderate to severe hidradenitis suppurativa.

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Moderate to Severe Hidradenitis Suppurativa.

Treatment cycles:

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who has been receiving PBS-subsidised adalimumab or secukinumab prior to 1 December 2025 is considered to start their first cycle as of 1 December 2025.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Where treatment has resulted in an inadequate response on 3 occasions, a treatment cycle is considered to have been completed, and there must be a 5-year break in PBS subsidy from all medicines with the PBS indication 'moderate to severe hidradenitis suppurativa' before starting a new treatment cycle.

Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle, and where a break in therapy of less than 5 years has occurred, a further course of treatment with another biological medicine may be commenced within the same treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Prescribing under the correct 'Treatment phase' listing for the authority application:

(1) Initial treatment.

Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for moderate to severe hidradenitis suppurativa.

(2) Continuing treatment.

Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to proceed initial treatment. An authority application for continuing treatment is not to be made on the same day as initial treatment.

(3) Changing/swapping therapy.

Apply under the 'Initial 2' treatment listing. Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to prior antibiotic use. A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot change to a particular biological medicine if it has failed to provide the patient with an adequate response as defined in the restriction within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this initial 2 treatment authority application.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurement of abscess and inflammatory nodule (AN) count submitted with the first authority application for a biological medicine. To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under the 'Initial 3' treatment listing. Prior antibiotic courses need not be re-trialled.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authorisation under this restriction should be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)

Alternatively applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

17620

Moderate to severe hidradenitis suppurativa

Treatment Phase: First continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated a response to treatment with this drug for this condition.

Treatment criteria:

- Must be treated by a dermatologist.

A response to treatment is defined as:

Achieving Hidradenitis Suppurativa Clinical Response (HiSCR) of a 50% reduction in AN count compared to baseline with no increase in abscesses or draining fistulae.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A maximum of 24 weeks treatment will be authorised under this restriction per continuing treatment.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(i) the Hidradenitis Suppurativa Clinical Response (HiSCR) result.

If the application is submitted through HPOS form upload or mail, it must include:

(i) details of the proposed prescription(s); and

(ii) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Authority Required

17663

Moderate to severe hidradenitis suppurativa

Treatment Phase: Subsequent continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated a response to treatment with this drug for this condition.

Treatment criteria:

- Must be treated by a dermatologist.

A response to treatment is defined as:

Achieving Hidradenitis Suppurativa Clinical Response (HiSCR) of a 50% reduction in AN count compared to baseline with no increase in abscesses or draining fistulae.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A maximum of 24 weeks treatment will be authorised under this restriction per continuing treatment.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(i) the Hidradenitis Suppurativa Clinical Response (HiSCR) result.

If the application is submitted through HPOS form upload or mail, it must include:

(i) details of the proposed prescription(s); and

(ii) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

adalimumab 80 mg/0.8 mL injection, 0.8 mL syringe

12408C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	2	5	0.00	*1,364.94	25.00	[a] Humira [VE]	[a] Yuflyma [EW]

adalimumab 80 mg/0.8 mL injection, 0.8 mL pen device

12448E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	2	5	0.00	*1,364.94	25.00	[a] Humira [VE]	[a] Hyrimoz [SZ]
						[a] Yuflyma [EW]	

ADALIMUMAB

Note PBS AUTHORITY APPLICATIONS FOR SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) subsidy of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to all PBS benefits with the specific PBS indication of: 'severe active rheumatoid arthritis'.

Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

Only one biological medicine is to be PBS-subsidised at any one time for rheumatoid arthritis.

Upon 5 inadequate responses to biological medicines with the specific PBS indication of 'severe active rheumatoid arthritis', further subsidy is to cease. Where a particular biological medicine has provided an inadequate response, it must not be subsidised again.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

(1) Selecting the correct 'Treatment phase' listing to apply under

Initiating subsidy:

(i) Apply through 'Initial 1 treatment' where a patient has received no prior PBS-subsidised biological medicine treatment; or

(ii) Apply through 'Initial 2 treatment' where one of the following occurs: (a) PBS-subsidised treatment has at least been initiated through any Initial 1 listing, but the prescribed biological medicine is changing, (b) there has been a break in biological medicine of less than 24 months, but resumption of treatment is with the same biological medicine last prescribed, (c) there has been a break in biological medicine of less than 24 months and resumption of treatment is with a different biological medicine to that last prescribed, (d) treatment with rituximab has occurred within the past 24 months and is the most recent therapy prescribed leading up to this authority application, irrespective of the length in time elapsed between the 2 non-rituximab bDMARDs administered before and after rituximab.

Initial 2 does not require markers of inflammation/joint count to be re-established - those recorded in the first Initial 1 application can remain as baseline measures. Prerequisite DMARD treatments need not be re-proven to be inadequate.

The prescribed biological medicine may be changed at any time, regardless of whether the current prescribed biological medicine has been obtained through Initial treatment or Continuing treatment. However, the change in biological medicine cannot be back to the same biological medicine where that medicine has provided an inadequate response.

(iii) Apply through 'Initial 3 treatment' where treatment is recommencing following a break in PBS-subsidised therapy of at least 24 months. Initial 3 requires current markers of inflammation/joint count to be re-established. Prerequisite DMARD treatments need not be re-proven to be inadequate. PBS-subsidised therapy in this instance can include rituximab where prescribed as the most recent treatment - the 24 month break in therapy is from the second dose of the prior rituximab course.

Response assessment to any course of PBS-subsidised biological therapy must follow a minimum of 12 weeks of therapy. Applications made on the same day for Initial treatment and Continuing treatment clearly do reflect this requirement.

Where a response assessment is not conducted with a 'Continuing treatment' application, the biological medicine will be assumed to have failed, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. Authority applications for patients who experienced adverse reaction necessitating permanent treatment withdrawal should be submitted through 'Initial 2 treatment' or 'Initial 3 treatment'. Indicate where the adverse reaction has occurred in the authority application.

Continuing subsidy:

Apply under a 'Continuing treatment' phase listing only where treatment has initiated through an 'Initial treatment' listing and measures of disease control (i.e. ESR/CRP/joint count) demonstrate response following at least 12 weeks of treatment. Continuing treatment should never precede Initial treatment where the same biological medicine is being prescribed.

The description of 'Continuing treatment' means 'Continuing treatment of severe rheumatoid arthritis with the same biological medicine'. Where treatment of severe rheumatoid arthritis is continuing with a different biological medicine, 'Continuing treatment' is not to be interpreted as meaning 'Continuing treatment of severe rheumatoid arthritis with a different biological medicine' - see 'Initial 2 treatment' where continuing treatment is with a different biological medicine.

'Continuing treatment' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Where continuing treatment is divided into 'First continuing' and 'Subsequent continuing', the next authority application following immediately after any 'Initial treatment' authority application is to be through 'First continuing'. Following this, the next authority application is to occur under the 'Subsequent continuing' treatment phase. Assuming the drug continues to

provide an adequate response, 'Subsequent continuing' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Balance of Supply listings:

Maximum quantities and the number of repeats stated in a PBS-listing are values that prescribers may seek up to, but are not obligated to prescribe. From time to time, there may be particular reasons why a prescriber may elect not to request the full maximum quantity listed, or, the full number of repeat prescriptions. Where this occurs, the intent of Balance of Supply treatment phase listings is to circumvent the need for another written-only authority application to be completed, as a written-only authority application may not be practical in terms of providing timely access to continued treatment.

Apply under a 'Balance of Supply' treatment phase (where available) when either the full maximum quantity or repeat prescriptions available under a particular treatment phase, was not requested and where the biological medicine has had insufficient time to demonstrate an adequate response. Where the preceding supply has been adequate to provide at least 12 weeks of treatment and has resulted in an adequate response, it may be more practical to access further treatment under 'Continuing treatment'.

(2) Baseline measurements to determine response.

Determination of response to treatment must be based on baseline measurements of the joint count, ESR and/or CRP provided with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements demonstrating elevation of both joint count and markers of inflammation any time that an initial treatment authority application is provided and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.

Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.

Applications under the Initial 3 treatment restriction for recommencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

Note Applications for treatment with this drug where the dosing frequency exceeds 40 mg per fortnight will not be approved.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

14499

Severe active rheumatoid arthritis

Treatment Phase: Subsequent continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition under the First continuing treatment restriction; **OR**
- Patient must have received this drug under this treatment phase as their most recent course of PBS-subsidised biological medicine, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The assessment of response to treatment must be documented in the patient's medical records and must be no more than 4 weeks old at the time of the authority application.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

13222X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	0.00	495.79	25.00	[a] Hadlima [RF]	[a] Humira [VE]
						[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

12326R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	0.00	439.27	25.00	[a] Amgevita [XT]	[a] Hadlima [RF]
						[a] Hyrimoz [SZ]	

ADALIMUMAB

Note PBS AUTHORITY APPLICATIONS FOR SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) subsidy of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to all PBS benefits with the specific PBS indication of: 'severe active rheumatoid arthritis'.

Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

Only one biological medicine is to be PBS-subsidised at any one time for rheumatoid arthritis.

Upon 5 inadequate responses to biological medicines with the specific PBS indication of 'severe active rheumatoid arthritis', further subsidy is to cease. Where a particular biological medicine has provided an inadequate response, it must not be subsidised again.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

(1) Selecting the correct 'Treatment phase' listing to apply under

Initiating subsidy:

(i) Apply through 'Initial 1 treatment' where a patient has received no prior PBS-subsidised biological medicine treatment; or

(ii) Apply through 'Initial 2 treatment' where one of the following occurs: (a) PBS-subsidised treatment has at least been initiated through any Initial 1 listing, but the prescribed biological medicine is changing, (b) there has been a break in biological medicine of less than 24 months, but resumption of treatment is with the same biological medicine last prescribed, (c) there has been a break in biological medicine of less than 24 months and resumption of treatment is with a different biological medicine to that last prescribed, (d) treatment with rituximab has occurred within the past 24 months and is the most recent therapy prescribed leading up to this authority application, irrespective of the length in time elapsed between the 2 non-rituximab bDMARDs administered before and after rituximab.

Initial 2 does not require markers of inflammation/joint count to be re-established - those recorded in the first Initial 1 application can remain as baseline measures. Prerequisite DMARD treatments need not be re-proven to be inadequate.

The prescribed biological medicine may be changed at any time, regardless of whether the current prescribed biological medicine has been obtained through Initial treatment or Continuing treatment. However, the change in biological medicine cannot be back to the same biological medicine where that medicine has provided an inadequate response.

(iii) Apply through 'Initial 3 treatment' where treatment is recommencing following a break in PBS-subsidised therapy of at least 24 months. Initial 3 requires current markers of inflammation/joint count to be re-established. Prerequisite DMARD treatments need not be re-proven to be inadequate. PBS-subsidised therapy in this instance can include rituximab where prescribed as the most recent treatment - the 24 month break in therapy is from the second dose of the prior rituximab course.

Response assessment to any course of PBS-subsidised biological therapy must follow a minimum of 12 weeks of therapy. Applications made on the same day for Initial treatment and Continuing treatment clearly do reflect this requirement.

Where a response assessment is not conducted with a 'Continuing treatment' application, the biological medicine will be assumed to have failed, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. Authority applications for patients who experienced adverse reaction necessitating permanent treatment withdrawal should be submitted through 'Initial 2 treatment' or 'Initial 3 treatment'. Indicate where the adverse reaction has occurred in the authority application.

Continuing subsidy:

Apply under a 'Continuing treatment' phase listing only where treatment has initiated through an 'Initial treatment' listing and measures of disease control (i.e. ESR/CRP/joint count) demonstrate response following at least 12 weeks of treatment. Continuing treatment should never precede Initial treatment where the same biological medicine is being prescribed.

The description of 'Continuing treatment' means 'Continuing treatment of severe rheumatoid arthritis with the same biological medicine'. Where treatment of severe rheumatoid arthritis is continuing with a different biological medicine, 'Continuing treatment' is not to be interpreted as meaning 'Continuing treatment of severe rheumatoid arthritis with a different biological medicine' - see 'Initial 2 treatment' where continuing treatment is with a different biological medicine.

'Continuing treatment' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Where continuing treatment is divided into 'First continuing' and 'Subsequent continuing', the next authority application following immediately after any 'Initial treatment' authority application is to be through 'First continuing'. Following this, the next authority application is to occur under the 'Subsequent continuing' treatment phase. Assuming the drug continues to provide an adequate response, 'Subsequent continuing' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Balance of Supply listings:

Maximum quantities and the number of repeats stated in a PBS-listing are values that prescribers may seek up to, but are not obligated to prescribe. From time to time, there may be particular reasons why a prescriber may elect not to request the full maximum quantity listed, or, the full number of repeat prescriptions. Where this occurs, the intent of Balance of Supply treatment phase listings is to circumvent the need for another written-only authority application to be completed, as a written-only authority application may not be practical in terms of providing timely access to continued treatment.

Apply under a 'Balance of Supply' treatment phase (where available) when either the full maximum quantity or repeat prescriptions available under a particular treatment phase, was not requested and where the biological medicine has had insufficient time to demonstrate an adequate response. Where the preceding supply has been adequate to provide at least 12 weeks of treatment and has resulted in an adequate response, it may be more practical to access further treatment under 'Continuing treatment'.

(2) Baseline measurements to determine response.

Determination of response to treatment must be based on baseline measurements of the joint count, ESR and/or CRP provided with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements demonstrating elevation of both joint count and markers of inflammation any time that an initial treatment authority application is provided and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.

Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.

Applications under the Initial 3 treatment restriction for recommencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

Note Applications for treatment with this drug where the dosing frequency exceeds 40 mg per fortnight will not be approved.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

14499

Severe active rheumatoid arthritis

Treatment Phase: Subsequent continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition under the First continuing treatment restriction; **OR**
- Patient must have received this drug under this treatment phase as their most recent course of PBS-subsidised biological medicine, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The assessment of response to treatment must be documented in the patient's medical records and must be no more than 4 weeks old at the time of the authority application.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

13227E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	0.00	439.27	25.00	[a] Hadlima [RF]	[a] Humira [VE]
						[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

12329X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	0.00	439.27	25.00	[a] Abrilada [PF]	[a] Amgevita [XT]
						[a] Hadlima [RF]	[a] Hyrimoz [SZ]

ADALIMUMAB

Note TREATMENT OF COMPLEX REFRACTORY FISTULISING CROHN DISEASE

The following information applies to the prescribing of targeted therapies under the Pharmaceutical Benefits Scheme (PBS) for benefits with a stated indication of 'complex refractory fistulising Crohn disease'. For PBS administration, the term targeted therapy includes biological and targeted synthetic disease modifying anti-rheumatic drugs.

A patient is eligible for PBS-subsidised treatment with only one targeted therapy at any one time.

Treatment cycle:

A treatment cycle begins when an authority application is approved under the Initial 1 or Initial 2 who are accessing PBS-subsidised treatment for the first time. Treatment must not continue with the same targeted therapy if it has not provided an adequate response as defined in the continuing treatment phase. A patient may trial different targeted therapies within a cycle; however, if all available targeted therapies have been trialled and do not provide an adequate response, the treatment cycle ends and a 12-month PBS exclusion period applies.

The 12-month break is measured from the date of the last PBS approval for a targeted therapy in the most recent cycle to the date of first initial treatment application under the next treatment cycle.

If a new targeted therapy with a different pharmacological mechanism of action becomes available on the PBS during a 12-month break, a patient may be prescribed the newly listed targeted therapy, through the Initial 2 treatment phase, if they have never received that medicine previously. If the newly listed targeted therapy does not provide an adequate response, the treatment cycle ends and the 12-month break recommences. This will not be considered a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Treatment phases:

Initial 1 - use when the patient has never received a targeted therapy for this indication or if the patient has had a break in targeted therapy of at least 12-months. Patients who have had a break in treatment of at least 12-months must requalify for treatment with respect to the indices of disease severity.

Initial 2 - use when:

- an alternative targeted therapy is prescribed for this indication, or
- the patient has previously been treated with this targeted therapy, or
- treatment is resuming after a break of less than 12-months.

Baseline disease activity does not need to be re demonstrated; however, an assessment of response to the preceding supply must be provided if a response has been demonstrated.

Continuing treatment - use when patient has demonstrated an adequate response to the preceding supply. A response to treatment is determined by comparison of current disease activity measurements relative to the baseline measurements. Prescribers may provide new baseline measurements any time that an initial treatment authority application is made within a treatment cycle and eligibility will be assessed against the revised baseline measurements. Continuing treatment authority scripts must not be written on the same day as Initial treatment authority applications.

Balance of supply - use when the full amount of the preceding supply was not provided. This phase provides the remaining quantity that could have been obtained under the preceding authority approval or where additional time is required for an adequate response to be determined.

Recency of assessments:

Where possible, all related assessment documentation should be within 4 weeks of the date of authority application but no longer than 4 weeks following cessation of the most recent treatment.

Note For the purposes of this restriction, the fistula symptom grading total score can be calculated using the following:

(i) Discharge

- 0 - no discharge
- 1 - minimal mucous discharge

- 2 - moderate mucous discharge or purulent discharge
- 3 - substantial discharge
- 4 - gross faecal soiling

(ii) Pain

- 0 - no pain
- 1 - mild discomfort
- 2 - moderate discomfort
- 3 - marked discomfort
- 4 - severe pain

(iii) Degree of induration

- 0 - no induration
- 1 - minimal induration
- 2 - moderate induration
- 3 - substantial induration
- 4 - gross fluctuance/abscess

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

19174

Complex refractory Fistulising Crohn disease

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised targeted therapy treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug for this condition, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction per authority application.

Treatment criteria:

- Must be treated by a gastroenterologist; **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

An adequate response is defined as:

(a) a decrease from baseline in the number of open draining fistulae of greater than or equal to 50%; and/or

(b) a marked reduction in drainage of all fistula(e) from baseline, together with less pain and induration as reported by the patient.

If a patient does not demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised targeted therapy was approved in this cycle and the date of the first application under a new cycle under the Initial 1 treatment restriction.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

13230H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	0.00	439.27	25.00	[a] Hadlima [RF]	[a] Hyrimoz [SZ]
						[a] Yuflyma [EW]	

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

12353E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	0.00	439.27	25.00	[a] Abrilada [PF]	[a] Amgevita [XT]
						[a] Hadlima [RF]	[a] Hyrimoz [SZ]

ADALIMUMAB

Note TREATMENT OF COMPLEX REFRACTORY FISTULISING CROHN DISEASE

The following information applies to the prescribing of targeted therapies under the Pharmaceutical Benefits Scheme (PBS) for benefits with a stated indication of 'complex refractory fistulising Crohn disease'. For PBS administration, the term targeted therapy includes biological and targeted synthetic disease modifying anti-rheumatic drugs.

A patient is eligible for PBS-subsidised treatment with only one targeted therapy at any one time.

Treatment cycle:

A treatment cycle begins when an authority application is approved under the Initial 1 or Initial 2 who are accessing PBS-subsidised treatment for the first time. Treatment must not continue with the same targeted therapy if it has not provided an adequate response as defined in the continuing treatment phase. A patient may trial different targeted therapies within a cycle; however, if all available targeted therapies have been trialled and do not provide an adequate response, the treatment cycle ends and a 12-month PBS exclusion period applies.

The 12-month break is measured from the date of the last PBS approval for a targeted therapy in the most recent cycle to the date of first initial treatment application under the next treatment cycle.

If a new targeted therapy with a different pharmacological mechanism of action becomes available on the PBS during a 12-month break, a patient may be prescribed the newly listed targeted therapy, through the Initial 2 treatment phase, if they have never received that medicine previously. If the newly listed targeted therapy does not provide an adequate response, the treatment cycle ends and the 12-month break recommences. This will not be considered a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Treatment phases:

Initial 1 - use when the patient has never received a targeted therapy for this indication or if the patient has had a break in targeted therapy of at least 12-months. Patients who have had a break in treatment of at least 12-months must requalify for treatment with respect to the indices of disease severity.

Initial 2 - use when:

- an alternative targeted therapy is prescribed for this indication, or
- the patient has previously been treated with this targeted therapy, or
- treatment is resuming after a break of less than 12-months.

Baseline disease activity does not need to be re demonstrated; however, an assessment of response to the preceding supply must be provided if a response has been demonstrated.

Continuing treatment - use when patient has demonstrated an adequate response to the preceding supply. A response to treatment is determined by comparison of current disease activity measurements relative to the baseline measurements. Prescribers may provide new baseline measurements any time that an initial treatment authority application is made within a treatment cycle and eligibility will be assessed against the revised baseline measurements. Continuing treatment authority scripts must not be written on the same day as Initial treatment authority applications.

Balance of supply - use when the full amount of the preceding supply was not provided. This phase provides the remaining quantity that could have been obtained under the preceding authority approval or where additional time is required for an adequate response to be determined.

Recency of assessments:

Where possible, all related assessment documentation should be within 4 weeks of the date of authority application but no longer than 4 weeks following cessation of the most recent treatment.

Note For the purposes of this restriction, the fistula symptom grading total score can be calculated using the following:

(i) Discharge

- 0 - no discharge
- 1 - minimal mucous discharge
- 2 - moderate mucous discharge or purulent discharge
- 3 - substantial discharge
- 4 - gross faecal soiling

(ii) Pain

- 0 - no pain
- 1 - mild discomfort
- 2 - moderate discomfort
- 3 - marked discomfort
- 4 - severe pain

(iii) Degree of induration

- 0 - no induration
- 1 - minimal induration
- 2 - moderate induration
- 3 - substantial induration
- 4 - gross fluctuance/abscess

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

19174

Complex refractory Fistulising Crohn disease

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised targeted therapy treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug for this condition, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction per authority application.

Treatment criteria:

- Must be treated by a gastroenterologist; **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

An adequate response is defined as:

(a) a decrease from baseline in the number of open draining fistulae of greater than or equal to 50%; and/or

(b) a marked reduction in drainage of all fistula(e) from baseline, together with less pain and induration as reported by the patient.

If a patient does not demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised targeted therapy was approved in this cycle and the date of the first application under a new cycle under the Initial 1 treatment restriction.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

13220T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	0.00	495.79	25.00	[a] Hadlima [RF]	[a] Hyrimoz [SZ]
						[a] Yuflyma [EW]	

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

12367X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	0.00	439.27	25.00	[a] Amgevita [XT]	[a] Hadlima [RF]
						[a] Hyrimoz [SZ]	

ADALIMUMAB

Note TREATMENT OF PAEDIATRIC PATIENTS WITH REFRACTORY CROHN DISEASE

The following information applies to the prescribing of targeted therapies under the Pharmaceutical Benefits Scheme (PBS) for paediatric patients with adalimumab for 'severe Crohn disease' and infliximab for 'moderate to severe Crohn disease'. For PBS administration, the term targeted therapy includes biological and targeted synthetic disease modifying anti-rheumatic drugs.

A patient is eligible for PBS-subsidised treatment with only one targeted therapy at any one time.

Treatment cycle:

A treatment cycle begins when an authority application is approved under an Initial 1, Initial 2 patients who are accessing PBS-subsidised treatment for the first time or Initial 3 type restriction. Treatment must not continue with the same targeted therapy if it has not provided an adequate response as defined in the continuing treatment phase. A patient may trial different targeted therapies within a cycle; however, if 3 trials of a targeted therapy do not provide an adequate response, the treatment cycle ends and a 12-month PBS exclusion period applies. A paediatric patient cannot trial and not demonstrate an adequate response, or cease to respond to, the same PBS-subsidised targeted therapy more than twice.

The 12-month break is measured from the date of the last PBS approval for a targeted therapy in the most recent cycle to the date of first initial treatment application under the next treatment cycle.

If a new targeted therapy with a different pharmacological mechanism of action becomes available on the PBS during a 12-month break, a patient may be prescribed the newly listed targeted therapy through the Initial 2 treatment phase, if they have never received that medicine previously. If the newly listed targeted therapy does not provide an adequate response, the treatment cycle ends and the 12-month break recommences. This will not be considered a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Treatment Phases:

Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and 14 weeks for infliximab.

Initial 1 - use when the patient has never received a PBS-subsidised targeted therapy for these indications. Inadequate response to conventional therapy must be demonstrated where required.

Initial 2 - use when:

- an alternative targeted therapy is being prescribed for these indications; or
- the patient has previously been treated with this targeted therapy; or
- treatment is resuming after a break of less than 12 months

Patients applying through this treatment phase do not have to requalify with respect to the indices of disease severity (i.e. Paediatric Crohn Disease Activity Index (PCDAI) Score, confirmation of Crohn disease). Inadequate response to conventional therapy does not need to be redemonstrated.

Initial 3 - use when treatment is resuming after a break in PBS-subsidised treatment of at least 12 months. Patients applying through this treatment phase must requalify with respect to the indices of disease severity (i.e. Paediatric Crohn Disease Activity Index (PCDAI) Score, confirmation of Crohn disease). Re-trial of conventional therapies is not required.

Continuing treatment - use when a patient has demonstrated an adequate response to the preceding supply. Patients are eligible for up to 24 weeks of treatment per continuing prescription. Continuing treatment authority scripts must not be written on the same day as Initial treatment authority applications.

Balance of supply - use when the full amount of the preceding supply was not provided. This phase provides the remaining quantity that could have been obtained under the preceding authority approval or where additional time is required for an adequate response to be determined.

Baseline measurements to determine response - a response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements provided in the first authority application for a targeted therapy. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is made within a treatment cycle and eligibility for continuing treatment must be assessed according to these revised baseline measurements.

Recency of assessments:

Where possible, all related assessment documentation (including the Paediatric Crohn Disease Activity Index calculations, pathology tests and diagnostic imaging studies) should be within 4 weeks of the date of authority application but no longer than 4 weeks following cessation of the most recent treatment.

Note Pharmaceutical benefits that have the form adalimumab 20 mg/0.2 mL syringes and pharmaceutical benefits that have the form adalimumab 20 mg/0.4 mL syringes are equivalent for the purposes of substitution

Note Pharmaceutical benefits that have a pack size of 1 may be substituted for pharmaceutical benefits that have a pack size of 2, in combinations equivalent to the maximum quantity number of units.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note Authority applications for increased quantities may be approved by Services Australia to provide sufficient doses for the relevant treatment phase.

Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

18991

Severe Crohn disease

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have a documented history of severe Crohn disease, **AND**
- Patient must have received this drug as their most recent course of PBS-subsidised targeted therapy treatment for this condition, **AND**
- Patient must have both: (i) a total PCDAI score of 40 points or less, and (ii) a reduction in PCDAI score by at least 15 points from baseline value; **OR**
- Patient must have an adequate response to this drug defined as an improvement of intestinal inflammation as demonstrated by: (i) blood: normalisation of the platelet count, or an erythrocyte sedimentation rate (ESR) level no greater than 25 mm per hour, or a C-reactive protein (CRP) level no greater than 15 mg per L; or (ii) faeces: normalisation of lactoferrin or calprotectin level; or (iii) evidence of mucosal healing, as demonstrated by diagnostic imaging findings, compared to the baseline assessment, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction per authority application.

Treatment criteria:

- Must be treated by a gastroenterologist; **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology]; **OR**
- Must be treated by a paediatrician; **OR**
- Must be treated by a specialist paediatric gastroenterologist.

Population criteria:

- Patient must be aged 6 to 17 years inclusive.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

If a patient does not demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition under this treatment phase. Patients may re-trial treatment with this drug under the 'Initial 2' treatment phase if eligible. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

adalimumab 20 mg/0.2 mL injection, 2 x 0.2 mL syringes

14995F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	0.00	606.96	25.00	[a] Humira [VE]	[a] Yuflyma [EW]

adalimumab 20 mg/0.4 mL injection, 0.4 mL syringe

12436M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	0.00	*606.96	25.00	[a] Amgevita [XT]

ADALIMUMAB

Note PBS AUTHORITY APPLICATIONS FOR SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) subsidy of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to all PBS benefits with the specific PBS indication of: 'severe active rheumatoid arthritis'.

Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

Only one biological medicine is to be PBS-subsidised at any one time for rheumatoid arthritis.

Upon 5 inadequate responses to biological medicines with the specific PBS indication of 'severe active rheumatoid arthritis', further subsidy is to cease. Where a particular biological medicine has provided an inadequate response, it must not be subsidised again.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

(1) Selecting the correct 'Treatment phase' listing to apply under

Initiating subsidy:

(i) Apply through 'Initial 1 treatment' where a patient has received no prior PBS-subsidised biological medicine treatment; or

(ii) Apply through 'Initial 2 treatment' where one of the following occurs: (a) PBS-subsidised treatment has at least been initiated through any Initial 1 listing, but the prescribed biological medicine is changing, (b) there has been a break in biological medicine of less than 24 months, but resumption of treatment is with the same biological medicine last prescribed, (c) there has been a break in biological medicine of less than 24 months and resumption of treatment is with a different biological medicine to that last prescribed, (d) treatment with rituximab has occurred within the past 24 months and is the most recent therapy prescribed leading up to this authority application, irrespective of the length in time elapsed between the 2 non-rituximab bDMARDs administered before and after rituximab.

Initial 2 does not require markers of inflammation/joint count to be re-established - those recorded in the first Initial 1 application can remain as baseline measures. Prerequisite DMARD treatments need not be re-proven to be inadequate.

The prescribed biological medicine may be changed at any time, regardless of whether the current prescribed biological medicine has been obtained through Initial treatment or Continuing treatment. However, the change in biological medicine cannot be back to the same biological medicine where that medicine has provided an inadequate response.

(iii) Apply through 'Initial 3 treatment' where treatment is recommencing following a break in PBS-subsidised therapy of at least 24 months. Initial 3 requires current markers of inflammation/joint count to be re-established. Prerequisite DMARD treatments need not be re-proven to be inadequate. PBS-subsidised therapy in this instance can include rituximab where prescribed as the most recent treatment - the 24 month break in therapy is from the second dose of the prior rituximab course.

Response assessment to any course of PBS-subsidised biological therapy must follow a minimum of 12 weeks of therapy. Applications made on the same day for Initial treatment and Continuing treatment clearly do reflect this requirement.

Where a response assessment is not conducted with a 'Continuing treatment' application, the biological medicine will be assumed to have failed, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. Authority applications for patients who experienced adverse reaction necessitating permanent treatment withdrawal should be submitted through 'Initial 2 treatment' or 'Initial 3 treatment'. Indicate where the adverse reaction has occurred in the authority application.

Continuing subsidy:

Apply under a 'Continuing treatment' phase listing only where treatment has initiated through an 'Initial treatment' listing and measures of disease control (i.e. ESR/CRP/joint count) demonstrate response following at least 12 weeks of treatment. Continuing treatment should never precede Initial treatment where the same biological medicine is being prescribed.

The description of 'Continuing treatment' means 'Continuing treatment of severe rheumatoid arthritis with the same biological medicine'. Where treatment of severe rheumatoid arthritis is continuing with a different biological medicine, 'Continuing treatment' is not to be interpreted as meaning 'Continuing treatment of severe rheumatoid arthritis with a different biological medicine' - see 'Initial 2 treatment' where continuing treatment is with a different biological medicine.

'Continuing treatment' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Where continuing treatment is divided into 'First continuing' and 'Subsequent continuing', the next authority application following immediately after any 'Initial treatment' authority application is to be through 'First continuing'. Following this, the next authority application is to occur under the 'Subsequent continuing' treatment phase. Assuming the drug continues to provide an adequate response, 'Subsequent continuing' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Balance of Supply listings:

Maximum quantities and the number of repeats stated in a PBS-listing are values that prescribers may seek up to, but are not obligated to prescribe. From time to time, there may be particular reasons why a prescriber may elect not to request the full maximum quantity listed, or, the full number of repeat prescriptions. Where this occurs, the intent of Balance of Supply treatment phase listings is to circumvent the need for another written-only authority application to be completed, as a written-only authority application may not be practical in terms of providing timely access to continued treatment.

Apply under a 'Balance of Supply' treatment phase (where available) when either the full maximum quantity or repeat prescriptions available under a particular treatment phase, was not requested and where the biological medicine has had insufficient time to demonstrate an adequate response. Where the preceding supply has been adequate to provide at least 12 weeks of treatment and has resulted in an adequate response, it may be more practical to access further treatment under 'Continuing treatment'.

(2) Baseline measurements to determine response.

Determination of response to treatment must be based on baseline measurements of the joint count, ESR and/or CRP provided with the first authority application for a biological medicine. However, prescribers may provide new baseline

measurements demonstrating elevation of both joint count and markers of inflammation any time that an initial treatment authority application is provided and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.

Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.

Applications under the Initial 3 treatment restriction for recommencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

Note Applications for treatment with this drug where the dosing frequency exceeds 40 mg per fortnight will not be approved.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

14567

Severe active rheumatoid arthritis

Treatment Phase: First continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The assessment of response to treatment must be documented in the patient's medical records and must be no more than 4 weeks old at the time of the authority application.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

13703F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	0.00	439.27	25.00	[a] Hadlima [RF]	[a] Hyrimoz [SZ]
					[a] Yuflyma [EW]	

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

13686H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	0.00	439.27	25.00	[a] Abrilada [PF]	[a] Amgevita [XT]
					[a] Hadlima [RF]	[a] Hyrimoz [SZ]

ADALIMUMAB

Note PBS AUTHORITY APPLICATIONS FOR SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) subsidy of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to all PBS benefits with the specific PBS indication of: 'severe active rheumatoid arthritis'.

Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

Only one biological medicine is to be PBS-subsidised at any one time for rheumatoid arthritis.

Upon 5 inadequate responses to biological medicines with the specific PBS indication of 'severe active rheumatoid arthritis', further subsidy is to cease. Where a particular biological medicine has provided an inadequate response, it must not be subsidised again.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

(1) Selecting the correct 'Treatment phase' listing to apply under

Initiating subsidy:

(i) Apply through 'Initial 1 treatment' where a patient has received no prior PBS-subsidised biological medicine treatment; or

(ii) Apply through 'Initial 2 treatment' where one of the following occurs: (a) PBS-subsidised treatment has at least been initiated through any Initial 1 listing, but the prescribed biological medicine is changing, (b) there has been a break in biological medicine of less than 24 months, but resumption of treatment is with the same biological medicine last prescribed, (c) there has been a break in biological medicine of less than 24 months and resumption of treatment is with a different biological medicine to that last prescribed, (d) treatment with rituximab has occurred within the past 24 months and is the most recent therapy prescribed leading up to this authority application, irrespective of the length in time elapsed between the 2 non-rituximab bDMARDs administered before and after rituximab.

Initial 2 does not require markers of inflammation/joint count to be re-established - those recorded in the first Initial 1 application can remain as baseline measures. Prerequisite DMARD treatments need not be re-proven to be inadequate.

The prescribed biological medicine may be changed at any time, regardless of whether the current prescribed biological medicine has been obtained through Initial treatment or Continuing treatment. However, the change in biological medicine cannot be back to the same biological medicine where that medicine has provided an inadequate response.

(iii) Apply through 'Initial 3 treatment' where treatment is recommencing following a break in PBS-subsidised therapy of at least 24 months. Initial 3 requires current markers of inflammation/joint count to be re-established. Prerequisite DMARD treatments need not be re-proven to be inadequate. PBS-subsidised therapy in this instance can include rituximab where prescribed as the most recent treatment - the 24 month break in therapy is from the second dose of the prior rituximab course.

Response assessment to any course of PBS-subsidised biological therapy must follow a minimum of 12 weeks of therapy. Applications made on the same day for Initial treatment and Continuing treatment clearly do reflect this requirement.

Where a response assessment is not conducted with a 'Continuing treatment' application, the biological medicine will be assumed to have failed, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. Authority applications for patients who experienced adverse reaction necessitating permanent treatment withdrawal should be submitted through 'Initial 2 treatment' or 'Initial 3 treatment'. Indicate where the adverse reaction has occurred in the authority application.

Continuing subsidy:

Apply under a 'Continuing treatment' phase listing only where treatment has initiated through an 'Initial treatment' listing and measures of disease control (i.e. ESR/CRP/joint count) demonstrate response following at least 12 weeks of treatment. Continuing treatment should never precede Initial treatment where the same biological medicine is being prescribed.

The description of 'Continuing treatment' means 'Continuing treatment of severe rheumatoid arthritis with the same biological medicine'. Where treatment of severe rheumatoid arthritis is continuing with a different biological medicine, 'Continuing treatment' is not to be interpreted as meaning 'Continuing treatment of severe rheumatoid arthritis with a different biological medicine' - see 'Initial 2 treatment' where continuing treatment is with a different biological medicine.

'Continuing treatment' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Where continuing treatment is divided into 'First continuing' and 'Subsequent continuing', the next authority application following immediately after any 'Initial treatment' authority application is to be through 'First continuing'. Following this, the next authority application is to occur under the 'Subsequent continuing' treatment phase. Assuming the drug continues to provide an adequate response, 'Subsequent continuing' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Balance of Supply listings:

Maximum quantities and the number of repeats stated in a PBS-listing are values that prescribers may seek up to, but are not obligated to prescribe. From time to time, there may be particular reasons why a prescriber may elect not to request the full maximum quantity listed, or, the full number of repeat prescriptions. Where this occurs, the intent of Balance of Supply treatment phase listings is to circumvent the need for another written-only authority application to be completed, as a written-only authority application may not be practical in terms of providing timely access to continued treatment.

Apply under a 'Balance of Supply' treatment phase (where available) when either the full maximum quantity or repeat prescriptions available under a particular treatment phase, was not requested and where the biological medicine has had insufficient time to demonstrate an adequate response. Where the preceding supply has been adequate to provide at least 12 weeks of treatment and has resulted in an adequate response, it may be more practical to access further treatment under 'Continuing treatment'.

(2) Baseline measurements to determine response.

Determination of response to treatment must be based on baseline measurements of the joint count, ESR and/or CRP provided with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements demonstrating elevation of both joint count and markers of inflammation any time that an initial treatment authority application is provided and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.

Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.

Applications under the Initial 3 treatment restriction for recommencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

Note Applications for treatment with this drug where the dosing frequency exceeds 40 mg per fortnight will not be approved.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

14567

Severe active rheumatoid arthritis

Treatment Phase: First continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The assessment of response to treatment must be documented in the patient's medical records and must be no more than 4 weeks old at the time of the authority application.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

13732R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	0.00	495.79	25.00	[a] Hadlima [RF]	[a] Hyrimoz [SZ]
					[a] Yuflyma [EW]	

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

13721E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	0.00	439.27	25.00	[a] Amgevita [XT]	[a] Hadlima [RF]

13721E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
						[a] Hyrimoz [SZ]	

ADALIMUMAB

Note The assessment for Juvenile Spondyloarthritis Disease Activity Index score is available at: https://pmc.ncbi.nlm.nih.gov/articles/PMC4245319/table/T2/.

Note Pharmaceutical benefits that have the form adalimumab 20 mg/0.2 mL syringes and pharmaceutical benefits that have the form adalimumab 20 mg/0.4 mL syringes are equivalent for the purposes of substitution

Note Pharmaceutical benefits that have a pack size of 1 may be substituted for pharmaceutical benefits that have a pack size of 2, in combinations equivalent to the maximum quantity number of units.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

17730

Enthesitis/spondylitis related juvenile idiopathic arthritis

Treatment Phase: Transitioning from non-PBS to PBS-subsidised treatment - Grandfather arrangements

Clinical criteria:

- Patient must have received non-PBS-subsidised treatment with this drug for this PBS indication prior to 1 January 2026, **AND**
- Patient must have, prior to initiating treatment with this drug for this condition, a diagnosis of enthesitis/spondylitis related juvenile idiopathic arthritis defined by at least one of the following: (i) peripheral arthritis and enthesitis, (ii) inflammatory sacroiliitis on Magnetic Resonance Imaging (MRI) plus at least 3 months of inflammatory back pain, (iii) arthritis or enthesitis plus at least 2 of: (a) sacroiliac joint tenderness, (b) inflammatory back pain, (c) presence of HLA-B27 antigen, (d) acute (symptomatic) anterior uveitis, (e) history of spondyloarthritis in a first-degree relative, **AND**
- Patient must have, prior to initiating treatment with this drug for this condition, failed to achieve an adequate response for axial disease (sacroiliitis and/or spondylitis), following treatment with at least 2 non-steroidal anti-inflammatory drugs (NSAIDs) whilst completing an appropriate exercise program, for a total period of 3 months; **OR**
- Patient must have, prior to initiating treatment with this drug for this condition, failed to achieve an adequate response for peripheral disease (arthritis and/or enthesitis) following treatment with at least 2 NSAIDs, and either: (i) methotrexate at a dose of 15 mg per square metre (maximum 20 mg) weekly, (ii) sulfasalazine at a dose of 20 mg/kg (maximum 1 g) twice daily, whilst completing an appropriate exercise program, for a total period of 3 months, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a paediatric rheumatologist; **OR**
- Must be treated by a rheumatologist; **OR**
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

Population criteria:

- Patient must be under 18 years of age, prior to commencement of this drug for this condition.

If the NSAID dose is less than the maximum recommended dose in the relevant TGA-approved Product Information, details must be documented in the patient's medical records.

If treatment with methotrexate, sulfasalazine or NSAIDs is contraindicated according to the relevant TGA-approved Product Information, details must be documented in the patient's medical records.

If intolerance to methotrexate, sulfasalazine or NSAID treatment develops during the relevant period of use which is of a severity to necessitate permanent treatment withdrawal, details of the toxicity must be documented in the patient's medical records.

The following criteria indicate failure to achieve an adequate response and must be demonstrated at the time of the initial application:

(a) a Juvenile Spondyloarthritis Disease Activity Index score greater than 2; or

(b) persistent symptoms of axial spondylitis or sacroiliitis with prior confirmatory Magnetic Resonance Imaging (MRI) assessed by a clinician experienced with juvenile spondyloarthropathy.

The following must be provided at the time of application and documented in the patient's medical records:

(1) details of prior treatment including dose and duration of treatment; and

(i) if applicable, a baseline Juvenile Spondyloarthritis Disease Activity Index score; or

(ii) if applicable, the current Juvenile Spondyloarthritis Disease Activity Index score; or

(iii) if applicable, details (name of the report provider, date of the report and unique identifying number/code that links report to the individual patient) of the MRI demonstrating inflammatory spondylitis or sacroiliitis; or

(iv) if applicable, details (name of the report provider, date of the report and unique identifying number/code that links report to the individual patient) demonstrating the presence of HLA-B27.

The Juvenile Spondyloarthritis Disease Activity Index score must be assessed preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment.

An adequate response is defined as an improvement from baseline in the Juvenile Spondyloarthritis Disease Activity Index score by at least 30% or an improvement in the persistent symptoms of axial spondylitis or sacroiliitis.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug, they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition until 2 years have elapsed. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Patients may qualify for PBS-subsidised treatment under this restriction once only. For continuing PBS-subsidised treatment, a 'Grandfathered' patient must qualify under the 'Continuing treatment' criteria.

Note This grandfather restriction will cease to operate from 12 months after the date specified in the clinical criteria.

adalimumab 20 mg/0.2 mL injection, 2 x 0.2 mL syringes

15190L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	0.00	606.96	25.00	[a] Humira [VE]	[a] Yuflyma [EW]

adalimumab 20 mg/0.4 mL injection, 0.4 mL syringe

15172M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	5	0.00	*606.96	25.00	[a] Amgevita [XT]

ADALIMUMAB

Note PBS AUTHORITY APPLICATIONS FOR SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) subsidy of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to all PBS benefits with the specific PBS indication of: 'severe active rheumatoid arthritis'.

Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

Only one biological medicine is to be PBS-subsidised at any one time for rheumatoid arthritis.

Upon 5 inadequate responses to biological medicines with the specific PBS indication of 'severe active rheumatoid arthritis', further subsidy is to cease. Where a particular biological medicine has provided an inadequate response, it must not be subsidised again.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

(1) Selecting the correct 'Treatment phase' listing to apply under

Initiating subsidy:

(i) Apply through 'Initial 1 treatment' where a patient has received no prior PBS-subsidised biological medicine treatment; or

(ii) Apply through 'Initial 2 treatment' where one of the following occurs: (a) PBS-subsidised treatment has at least been initiated through any Initial 1 listing, but the prescribed biological medicine is changing, (b) there has been a break in biological medicine of less than 24 months, but resumption of treatment is with the same biological medicine last prescribed, (c) there has been a break in biological medicine of less than 24 months and resumption of treatment is with a different biological medicine to that last prescribed, (d) treatment with rituximab has occurred within the past 24 months and is the most recent therapy prescribed leading up to this authority application, irrespective of the length in time elapsed between the 2 non-rituximab bDMARDs administered before and after rituximab.

Initial 2 does not require markers of inflammation/joint count to be re-established - those recorded in the first Initial 1 application can remain as baseline measures. Prerequisite DMARD treatments need not be re-proven to be inadequate.

The prescribed biological medicine may be changed at any time, regardless of whether the current prescribed biological medicine has been obtained through Initial treatment or Continuing treatment. However, the change in biological medicine cannot be back to the same biological medicine where that medicine has provided an inadequate response.

(iii) Apply through 'Initial 3 treatment' where treatment is recommencing following a break in PBS-subsidised therapy of at least 24 months. Initial 3 requires current markers of inflammation/joint count to be re-established. Prerequisite DMARD treatments need not be re-proven to be inadequate. PBS-subsidised therapy in this instance can include rituximab where prescribed as the most recent treatment - the 24 month break in therapy is from the second dose of the prior rituximab course.

Response assessment to any course of PBS-subsidised biological therapy must follow a minimum of 12 weeks of therapy. Applications made on the same day for Initial treatment and Continuing treatment clearly do reflect this requirement.

Where a response assessment is not conducted with a 'Continuing treatment' application, the biological medicine will be assumed to have failed, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. Authority applications for patients who experienced adverse reaction necessitating permanent treatment withdrawal should be submitted through 'Initial 2 treatment' or 'Initial 3 treatment'. Indicate where the adverse reaction has occurred in the authority application.

Continuing subsidy:

Apply under a 'Continuing treatment' phase listing only where treatment has initiated through an 'Initial treatment' listing and measures of disease control (i.e. ESR/CRP/joint count) demonstrate response following at least 12 weeks of treatment. Continuing treatment should never precede Initial treatment where the same biological medicine is being prescribed.

The description of 'Continuing treatment' means 'Continuing treatment of severe rheumatoid arthritis with the same biological medicine'. Where treatment of severe rheumatoid arthritis is continuing with a different biological medicine,

'Continuing treatment' is not to be interpreted as meaning 'Continuing treatment of severe rheumatoid arthritis with a different biological medicine' - see 'Initial 2 treatment' where continuing treatment is with a different biological medicine.

'Continuing treatment' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Where continuing treatment is divided into 'First continuing' and 'Subsequent continuing', the next authority application following immediately after any 'Initial treatment' authority application is to be through 'First continuing'. Following this, the next authority application is to occur under the 'Subsequent continuing' treatment phase. Assuming the drug continues to provide an adequate response, 'Subsequent continuing' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Balance of Supply listings:

Maximum quantities and the number of repeats stated in a PBS-listing are values that prescribers may seek up to, but are not obligated to prescribe. From time to time, there may be particular reasons why a prescriber may elect not to request the full maximum quantity listed, or, the full number of repeat prescriptions. Where this occurs, the intent of Balance of Supply treatment phase listings is to circumvent the need for another written-only authority application to be completed, as a written-only authority application may not be practical in terms of providing timely access to continued treatment.

Apply under a 'Balance of Supply' treatment phase (where available) when either the full maximum quantity or repeat prescriptions available under a particular treatment phase, was not requested and where the biological medicine has had insufficient time to demonstrate an adequate response. Where the preceding supply has been adequate to provide at least 12 weeks of treatment and has resulted in an adequate response, it may be more practical to access further treatment under 'Continuing treatment'.

(2) Baseline measurements to determine response.

Determination of response to treatment must be based on baseline measurements of the joint count, ESR and/or CRP provided with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements demonstrating elevation of both joint count and markers of inflammation any time that an initial treatment authority application is provided and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.

Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.

Applications under the Initial 3 treatment restriction for recommencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

Note Applications for treatment with this drug where the dosing frequency exceeds 40 mg per fortnight will not be approved.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

16725

Severe active rheumatoid arthritis

Treatment Phase: First continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

14507

Severe active rheumatoid arthritis

Treatment Phase: First continuing treatment - balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

12430F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	0.00	495.79	25.00	[a] Hadlima [RF]	[a] Humira [VE]
						[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

8741C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	0.00	439.27	25.00	[a] Amgevita [XT]	[a] Hadlima [RF]
						[a] Hyrimoz [SZ]	

ADALIMUMAB

Note PBS AUTHORITY APPLICATIONS FOR SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) subsidy of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to all PBS benefits with the specific PBS indication of: 'severe active rheumatoid arthritis'.

Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

Only one biological medicine is to be PBS-subsidised at any one time for rheumatoid arthritis.

Upon 5 inadequate responses to biological medicines with the specific PBS indication of 'severe active rheumatoid arthritis', further subsidy is to cease. Where a particular biological medicine has provided an inadequate response, it must not be subsidised again.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

(1) Selecting the correct 'Treatment phase' listing to apply under

Initiating subsidy:

(i) Apply through 'Initial 1 treatment' where a patient has received no prior PBS-subsidised biological medicine treatment; or

(ii) Apply through 'Initial 2 treatment' where one of the following occurs: (a) PBS-subsidised treatment has at least been initiated through any Initial 1 listing, but the prescribed biological medicine is changing, (b) there has been a break in biological medicine of less than 24 months, but resumption of treatment is with the same biological medicine last prescribed, (c) there has been a break in biological medicine of less than 24 months and resumption of treatment is with a different biological medicine to that last prescribed, (d) treatment with rituximab has occurred within the past 24 months and is the most recent therapy prescribed leading up to this authority application, irrespective of the length in time elapsed between the 2 non-rituximab bDMARDs administered before and after rituximab.

Initial 2 does not require markers of inflammation/joint count to be re-established - those recorded in the first Initial 1 application can remain as baseline measures. Prerequisite DMARD treatments need not be re-proven to be inadequate.

The prescribed biological medicine may be changed at any time, regardless of whether the current prescribed biological medicine has been obtained through Initial treatment or Continuing treatment. However, the change in biological medicine cannot be back to the same biological medicine where that medicine has provided an inadequate response.

(iii) Apply through 'Initial 3 treatment' where treatment is recommencing following a break in PBS-subsidised therapy of at least 24 months. Initial 3 requires current markers of inflammation/joint count to be re-established. Prerequisite DMARD treatments need not be re-proven to be inadequate. PBS-subsidised therapy in this instance can include rituximab where prescribed as the most recent treatment - the 24 month break in therapy is from the second dose of the prior rituximab course.

Response assessment to any course of PBS-subsidised biological therapy must follow a minimum of 12 weeks of therapy. Applications made on the same day for Initial treatment and Continuing treatment clearly do reflect this requirement.

Where a response assessment is not conducted with a 'Continuing treatment' application, the biological medicine will be assumed to have failed, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. Authority applications for patients who experienced adverse reaction necessitating permanent treatment withdrawal should be submitted through 'Initial 2 treatment' or 'Initial 3 treatment'. Indicate where the adverse reaction has occurred in the authority application.

Continuing subsidy:

Apply under a 'Continuing treatment' phase listing only where treatment has initiated through an 'Initial treatment' listing and measures of disease control (i.e. ESR/CRP/joint count) demonstrate response following at least 12 weeks of treatment. Continuing treatment should never precede Initial treatment where the same biological medicine is being prescribed.

The description of 'Continuing treatment' means 'Continuing treatment of severe rheumatoid arthritis with the same biological medicine'. Where treatment of severe rheumatoid arthritis is continuing with a different biological medicine, 'Continuing treatment' is not to be interpreted as meaning 'Continuing treatment of severe rheumatoid arthritis with a different biological medicine' - see 'Initial 2 treatment' where continuing treatment is with a different biological medicine.

'Continuing treatment' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Where continuing treatment is divided into 'First continuing' and 'Subsequent continuing', the next authority application following immediately after any 'Initial treatment' authority application is to be through 'First continuing'. Following this, the next authority application is to occur under the 'Subsequent continuing' treatment phase. Assuming the drug continues to provide an adequate response, 'Subsequent continuing' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Balance of Supply listings:

Maximum quantities and the number of repeats stated in a PBS-listing are values that prescribers may seek up to, but are not obligated to prescribe. From time to time, there may be particular reasons why a prescriber may elect not to request the full maximum quantity listed, or, the full number of repeat prescriptions. Where this occurs, the intent of Balance of Supply treatment phase listings is to circumvent the need for another written-only authority application to be completed, as a written-only authority application may not be practical in terms of providing timely access to continued treatment.

Apply under a 'Balance of Supply' treatment phase (where available) when either the full maximum quantity or repeat prescriptions available under a particular treatment phase, was not requested and where the biological medicine has had insufficient time to demonstrate an adequate response. Where the preceding supply has been adequate to provide at least 12 weeks of treatment and has resulted in an adequate response, it may be more practical to access further treatment under 'Continuing treatment'.

(2) Baseline measurements to determine response.

Determination of response to treatment must be based on baseline measurements of the joint count, ESR and/or CRP provided with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements demonstrating elevation of both joint count and markers of inflammation any time that an initial treatment authority application is provided and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.

Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.

Applications under the Initial 3 treatment restriction for recommencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

Note Applications for treatment with this drug where the dosing frequency exceeds 40 mg per fortnight will not be approved.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

16725

Severe active rheumatoid arthritis

Treatment Phase: First continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

14507

Severe active rheumatoid arthritis

Treatment Phase: First continuing treatment - balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

12390D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	0.00	439.27	25.00	[a] Hadlima [RF]	[a] Humira [VE]
					[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

9100Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	0.00	439.27	25.00	[a] Abrilada [PF]	[a] Amgevita [XT]
					[a] Hadlima [RF]	[a] Hyrimoz [SZ]

ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits for the indication of moderate to severe ulcerative colitis (MSUC). Patients are eligible for one PBS-subsidised drug treatment indicated for MSUC at any one time.

Where the term 'biological medicine' appears in this note and restrictions, it refers to any PBS benefit indicated for MSUC.

Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

From 1 July 2021, under the PBS, all adult patients will be able to commence a treatment cycle where they may trial PBS-subsidised biological medicine without having to experience a disease flare when swapping to one of the alternate agents. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised biological medicine treatment prior to 1 July 2021 is considered to have started their first cycle as of 1 July 2021. Within the same treatment cycle, the same biological medicine cannot be trialled twice. Where 3 biological medicines have failed to provide the patient with an adequate response a treatment cycle is considered complete. There must be a 5-year break in PBS-subsidised therapy before starting the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for Initial treatment with a PBS-subsidised biological medicine under the new treatment cycle.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Selecting the correct treatment phase listing when applying for authority approval:

(1) Initial treatment.

Apply under an Initial 1 treatment listing where the patient has never received a biological medicine.

(2) Continuing treatment.

Under no circumstance is Continuing treatment to precede Initial treatment. An authority application for Continuing treatment is not to be made on the same day as Initial treatment.

(3) Changing therapy.

Apply under an Initial 2 treatment listing. The indices of disease severity (i.e. Mayo clinic score or partial Mayo clinic score), or the prior corticosteroid therapy and immunosuppressive therapy will not need to be restated. A patient may trial an alternate biological medicine treatment at any time, regardless of whether they are receiving therapy (initial or continuing) at the time of the application. However, they cannot change to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this Initial 2 treatment authority application.

(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under an Initial 3 treatment listing. Prior corticosteroid and immunosuppressive therapies need not be re-trialled.

(5) Balance of supply.

Where the full number of repeat prescriptions have not been requested under any initial or continuing listing, apply for the balance of the supply of the repeats under any treatment phase listing containing the words "balance of supply".

Note TREATMENT OF PAEDIATRIC PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) for paediatric patients with infliximab or adalimumab for moderate to severe ulcerative colitis; and infliximab for acute severe ulcerative colitis.

Where the term 'biological medicine' appears in the following notes and restrictions, it refers to infliximab and adalimumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 2 biological medicines at any one time.

From 1 June 2017, under the PBS, all paediatric patients will be able to commence a treatment cycle where they may trial each PBS-subsidised biological medicine without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle and depending on the disease severity, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who received PBS-subsidised biological medicine treatment prior to 1 June 2017 is considered to have started their treatment cycle as of 1 June 2017. Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than twice. Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under the Initial 3 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine therapy after 1 June 2017.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy - Initial 1 treatment (new patient); or,

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate agent - Initial 2 treatment (Change or Recommencement of treatment after a break in biological medicine therapy of less than 5 years) [further details are under 'Swapping treatment' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy with the same agent - Initial 2 treatment (Change or Recommencement of treatment after a break in therapy of less than 5 years); or

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - recommencement of treatment after a break in biological medicine of more than 5 years).

Treatment authorisations under Initial 1, Initial 2 and Initial 3 will be limited to provide for a maximum of 16 weeks of treatment for adalimumab and 14 weeks of treatment for infliximab. From 1 June 2017, a patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of treatment for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be conducted no later than 4 weeks from the date that course was ceased.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment with that drug under the First continuing treatment and Subsequent continuing treatment restrictions providing they continue to sustain the response.

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.

For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Paediatric Ulcerative Colitis Activity Index (PUCAI) Score, confirmation of ulcerative colitis disease), or the prior conventional therapies of corticosteroids or immunosuppressives.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving treatment (initial or continuing) at the time of the application. However, a patient cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug twice within the same treatment cycle. To ensure a patient receives the maximum treatment opportunities allowed under these swapping arrangements, it is important that they are assessed for response to every course of treatment.

(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify under Initial 3 treatment restriction and meet the relevant criteria with respect to the indices of disease severity.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum number of repeats may be authorised.

Authority Required

16993

Moderate to severe ulcerative colitis

Treatment Phase: First continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated or sustained an adequate response to treatment by having a partial Mayo clinic score less than or equal to 2, with no subscore greater than 1 while receiving treatment with this drug; **OR**
- Patient must have demonstrated or sustained an adequate response to treatment by having a Paediatric Ulcerative Colitis Activity Index (PUCAI) score less than 10 while receiving treatment with this drug if aged 6 to 17 years.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; **OR**
- Must be treated by a paediatrician; **OR**
- Must be treated by a specialist paediatric gastroenterologist.

Population criteria:

- Patient must be 6 years of age or older.

Patients who have failed to maintain a partial Mayo clinic score of less than or equal to 2, with no subscore greater than 1, or, patients who have failed to maintain a Paediatric Ulcerative Colitis Activity Index (PUCAI) score of less than 10 (if aged 6 to 17 years) with continuing treatment with this drug, will not be eligible to receive further PBS-subsidised treatment with this drug.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

At the time of the authority application, medical practitioners should request sufficient quantity for up to 24 weeks of treatment under this restriction.

Authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment with this drug may be requested through the balance of supply restriction for patients who:

(i) received fewer than 5 repeats at the time of application; and/or

(ii) required changes to their dosing regimen during this treatment phase.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

If patients aged 6 to 17 years fail to respond to PBS-subsidised biological medicine treatment 3 times (twice with one agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

Authority Required

17030

Moderate to severe ulcerative colitis

Treatment Phase: Continuing treatment - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment or subsequent continuing treatment restrictions to complete 24 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under this restriction.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; **OR**
- Must be treated by a paediatrician; **OR**
- Must be treated by a specialist paediatric gastroenterologist.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

12391E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	0.00	495.79	25.00	[a] Hadlima [RF]	[a] Humira [VE]

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
12391E						[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10960W	1	5	0.00	439.27	25.00	[a] Amgevita [XT]	[a] Hadlima [RF]
						[a] Hyrimoz [SZ]	

ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits for the indication of moderate to severe ulcerative colitis (MSUC). Patients are eligible for one PBS-subsidised drug treatment indicated for MSUC at any one time.

Where the term 'biological medicine' appears in this note and restrictions, it refers to any PBS benefit indicated for MSUC.

Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

From 1 July 2021, under the PBS, all adult patients will be able to commence a treatment cycle where they may trial PBS-subsidised biological medicine without having to experience a disease flare when swapping to one of the alternate agents. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised biological medicine treatment prior to 1 July 2021 is considered to have started their first cycle as of 1 July 2021. Within the same treatment cycle, the same biological medicine cannot be trialled twice. Where 3 biological medicines have failed to provide the patient with an adequate response a treatment cycle is considered complete. There must be a 5-year break in PBS-subsidised therapy before starting the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for Initial treatment with a PBS-subsidised biological medicine under the new treatment cycle.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Selecting the correct treatment phase listing when applying for authority approval:

(1) Initial treatment.

Apply under an Initial 1 treatment listing where the patient has never received a biological medicine.

(2) Continuing treatment.

Under no circumstance is Continuing treatment to precede Initial treatment. An authority application for Continuing treatment is not to be made on the same day as Initial treatment.

(3) Changing therapy.

Apply under an Initial 2 treatment listing. The indices of disease severity (i.e. Mayo clinic score or partial Mayo clinic score), or the prior corticosteroid therapy and immunosuppressive therapy will not need to be restated. A patient may trial an alternate biological medicine treatment at any time, regardless of whether they are receiving therapy (initial or continuing) at the time of the application. However, they cannot change to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this Initial 2 treatment authority application.

(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under an Initial 3 treatment listing. Prior corticosteroid and immunosuppressive therapies need not be re-trialled.

(5) Balance of supply.

Where the full number of repeat prescriptions have not been requested under any initial or continuing listing, apply for the balance of the supply of the repeats under any treatment phase listing containing the words "balance of supply".

Note TREATMENT OF PAEDIATRIC PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) for paediatric patients with infliximab or adalimumab for moderate to severe ulcerative colitis; and infliximab for acute severe ulcerative colitis. Where the term 'biological medicine' appears in the following notes and restrictions, it refers to infliximab and adalimumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 2 biological medicines at any one time.

From 1 June 2017, under the PBS, all paediatric patients will be able to commence a treatment cycle where they may trial each PBS-subsidised biological medicine without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle and depending on the disease severity, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who received PBS-subsidised biological medicine treatment prior to 1 June 2017 is considered to have started their treatment cycle as of 1 June 2017. Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than twice. Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive

multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under the Initial 3 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine therapy after 1 June 2017.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy - Initial 1 treatment (new patient); or,

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate agent - Initial 2 treatment (Change or Recommencement of treatment after a break in biological medicine therapy of less than 5 years) [further details are under 'Swapping treatment' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy with the same agent - Initial 2 treatment (Change or Recommencement of treatment after a break in therapy of less than 5 years); or

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - recommencement of treatment after a break in biological medicine of more than 5 years).

Treatment authorisations under Initial 1, Initial 2 and Initial 3 will be limited to provide for a maximum of 16 weeks of treatment for adalimumab and 14 weeks of treatment for infliximab. From 1 June 2017, a patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of treatment for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be conducted no later than 4 weeks from the date that course was ceased.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment with that drug under the First continuing treatment and Subsequent continuing treatment restrictions providing they continue to sustain the response.

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.

For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Paediatric Ulcerative Colitis Activity Index (PUCAI) Score, confirmation of ulcerative colitis disease), or the prior conventional therapies of corticosteroids or immunosuppressives.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving treatment (initial or continuing) at the time of the application. However, a patient cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug twice within the same treatment cycle. To ensure a patient receives the maximum treatment opportunities allowed under these swapping arrangements, it is important that they are assessed for response to every course of treatment.

(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify under Initial 3 treatment restriction and meet the relevant criteria with respect to the indices of disease severity.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum number of repeats may be authorised.

Authority Required

16993

Moderate to severe ulcerative colitis

Treatment Phase: First continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated or sustained an adequate response to treatment by having a partial Mayo clinic score less than or equal to 2, with no subscore greater than 1 while receiving treatment with this drug; **OR**
- Patient must have demonstrated or sustained an adequate response to treatment by having a Paediatric Ulcerative Colitis Activity Index (PUCAI) score less than 10 while receiving treatment with this drug if aged 6 to 17 years.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; **OR**
- Must be treated by a paediatrician; **OR**
- Must be treated by a specialist paediatric gastroenterologist.

Population criteria:

- Patient must be 6 years of age or older.

Patients who have failed to maintain a partial Mayo clinic score of less than or equal to 2, with no subscore greater than 1, or, patients who have failed to maintain a Paediatric Ulcerative Colitis Activity Index (PUCAI) score of less than 10 (if aged 6 to 17 years) with continuing treatment with this drug, will not be eligible to receive further PBS-subsidised treatment with this drug.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

At the time of the authority application, medical practitioners should request sufficient quantity for up to 24 weeks of treatment under this restriction.

Authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment with this drug may be requested through the balance of supply restriction for patients who:

(i) received fewer than 5 repeats at the time of application; and/or

(ii) required changes to their dosing regimen during this treatment phase.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

If patients aged 6 to 17 years fail to respond to PBS-subsidised biological medicine treatment 3 times (twice with one agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

Authority Required

17030

Moderate to severe ulcerative colitis

Treatment Phase: Continuing treatment - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment or subsequent continuing treatment restrictions to complete 24 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under this restriction.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; **OR**
- Must be treated by a paediatrician; **OR**
- Must be treated by a specialist paediatric gastroenterologist.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
12358K	1	5	0.00	439.27	25.00	[a] Hadlima [RF]	[a] Humira [VE]
						[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10961X	1	5	0.00	439.27	25.00	[a] Abrilada [PF]	[a] Amgevita [XT]
						[a] Hadlima [RF]	[a] Hyrimoz [SZ]

ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed for adult patients with the indication of ankylosing spondylitis (AS).

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Ankylosing spondylitis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

Treatment cycles:

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who has been receiving PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab and secukinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Where treatment has resulted in an inadequate response on 3 occasions a treatment cycle is considered to have been completed and there must be a 5-year break in PBS subsidy from all medicines with the PBS indication: 'Ankylosing spondylitis' before starting a new treatment cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle and where a break in therapy of less than 5 years has occurred, a further course of treatment may be commenced within the same treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Prescribing under the correct 'Treatment phase' listing for the authority application:

(1) Initial treatment.

Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for ankylosing spondylitis.

(2) Continuing treatment.

Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to proceed initial treatment. An authority application for continuing treatment is not to be made on the same day as initial treatment.

(3) Changing therapy.

Apply under the 'Initial 2' treatment listing. Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to prior NSAID therapy and exercise program requirements. Where a patient is changing from a biosimilar medicine the prescriber must submit baseline indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI). A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot change to a particular biological medicine if it has failed to provide the patient with an adequate response within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this initial 2 treatment authority application.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological medicine. To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under the 'Initial 3' treatment listing. Prior NSAID and exercise therapies need not be re-trialled.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

14683

Ankylosing spondylitis

Treatment Phase: First continuing treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

An adequate response is defined as an improvement from baseline of at least 2 units (on a scale of 0-10) in the BASDAI score combined with at least 1 of the following:

(a) an ESR measurement no greater than 25 mm per hour; or

(b) a CRP measurement no greater than 10 mg per L; or

(c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and used to assess all future responses to treatment.

The assessment of response to treatment must be documented in the patient's medical records and must be no more than 4 weeks old at the time of the authority application.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Authority Required (STREAMLINED)

14701

Ankylosing spondylitis

Treatment Phase: Subsequent continuing treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition under the First continuing treatment restriction; **OR**
- Patient must have received this drug under this treatment phase as their most recent course of PBS-subsidised biological medicine, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

An adequate response is defined as an improvement from baseline of at least 2 units (on a scale of 0-10) in the BASDAI score combined with at least 1 of the following:

(a) an ESR measurement no greater than 25 mm per hour; or

(b) a CRP measurement no greater than 10 mg per L; or

(c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and used to assess all future responses to treatment.

The assessment of response to treatment must be documented in the patient's medical records and must be no more than 4 weeks old at the time of the authority application.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

13208E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	0.00	495.79	25.00	[a] Hadlima [RF]	[a] Hyrimoz [SZ]
					[a] Yuflyma [EW]	

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

12327T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	0.00	439.27	25.00	[a] Amgevita [XT]	[a] Hadlima [RF]
					[a] Hyrimoz [SZ]	

ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed for adult patients with the indication of ankylosing spondylitis (AS).

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Ankylosing spondylitis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

Treatment cycles:

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who has been receiving PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab and secukinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Where treatment has resulted in an inadequate response on 3 occasions a treatment cycle is considered to have been completed and there must be a 5-year break in PBS subsidy from all medicines with the PBS indication: 'Ankylosing spondylitis' before starting a new treatment cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle and where a break in therapy of less than 5 years has occurred, a further course of treatment may be commenced within the same treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Prescribing under the correct 'Treatment phase' listing for the authority application:

(1) Initial treatment.

Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for ankylosing spondylitis.

(2) Continuing treatment.

Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to proceed initial treatment. An authority application for continuing treatment is not to be made on the same day as initial treatment.

(3) Changing therapy.

Apply under the 'Initial 2' treatment listing. Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to prior NSAID therapy and exercise program requirements. Where a patient is changing from a biosimilar medicine the prescriber must submit baseline indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI). A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot change to a particular biological medicine if it has failed to provide the patient with an adequate response within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this initial 2 treatment authority application.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological medicine. To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under the 'Initial 3' treatment listing. Prior NSAID and exercise therapies need not be re-trialled.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

14683

Ankylosing spondylitis

Treatment Phase: First continuing treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

An adequate response is defined as an improvement from baseline of at least 2 units (on a scale of 0-10) in the BASDAI score combined with at least 1 of the following:

(a) an ESR measurement no greater than 25 mm per hour; or

(b) a CRP measurement no greater than 10 mg per L; or

(c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and used to assess all future responses to treatment.

The assessment of response to treatment must be documented in the patient's medical records and must be no more than 4 weeks old at the time of the authority application.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Authority Required (STREAMLINED)

14701

Ankylosing spondylitis

Treatment Phase: Subsequent continuing treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition under the First continuing treatment restriction; **OR**
- Patient must have received this drug under this treatment phase as their most recent course of PBS-subsidised biological medicine, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

An adequate response is defined as an improvement from baseline of at least 2 units (on a scale of 0-10) in the BASDAI score combined with at least 1 of the following:

(a) an ESR measurement no greater than 25 mm per hour; or

(b) a CRP measurement no greater than 10 mg per L; or

(c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and used to assess all future responses to treatment.

The assessment of response to treatment must be documented in the patient's medical records and must be no more than 4 weeks old at the time of the authority application.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

13226D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	0.00	439.27	25.00	[a] Hadlima [RF]	[a] Hyrimoz [SZ]
					[a] Yuflyma [EW]	

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

12328W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	0.00	439.27	25.00	[a] Abrilada [PF]	[a] Amgevita [XT]
					[a] Hadlima [RF]	[a] Hyrimoz [SZ]

ADALIMUMAB

Note TREATMENT OF PATIENTS WITH MODERATE TO SEVERE HIDRADENITIS SUPPURATIVA

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed for patient with the indication of moderate to severe hidradenitis suppurativa.

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Moderate to Severe Hidradenitis Suppurativa.

Treatment cycles:

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who has been receiving PBS-subsidised adalimumab or secukinumab prior to 1 December 2025 is considered to start their first cycle as of 1 December 2025.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Where treatment has resulted in an inadequate response on 3 occasions, a treatment cycle is considered to have been completed, and there must be a 5-year break in PBS subsidy from all medicines with the PBS indication 'moderate to severe hidradenitis suppurativa' before starting a new treatment cycle.

Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle, and where a break in therapy of less than 5 years has occurred, a further course of treatment with another biological medicine may be commenced within the same treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Prescribing under the correct 'Treatment phase' listing for the authority application:

(1) Initial treatment.

Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for moderate to severe hidradenitis suppurativa.

(2) Continuing treatment.

Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to proceed initial treatment. An authority application for continuing treatment is not to be made on the same day as initial treatment.

(3) Changing/swapping therapy.

Apply under the 'Initial 2' treatment listing. Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to prior antibiotic use. A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot change to a particular biological medicine if it has failed to provide the patient with an adequate response as defined in the restriction within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this initial 2 treatment authority application.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurement of abscess and inflammatory nodule (AN) count submitted with the first authority application for a biological medicine. To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under the 'Initial 3' treatment listing. Prior antibiotic courses need not be re-trialled.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authorisation under this restriction should be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)

Alternatively applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

17620

Moderate to severe hidradenitis suppurativa

Treatment Phase: First continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated a response to treatment with this drug for this condition.

Treatment criteria:

- Must be treated by a dermatologist.

A response to treatment is defined as:

Achieving Hidradenitis Suppurativa Clinical Response (HiSCR) of a 50% reduction in AN count compared to baseline with no increase in abscesses or draining fistulae.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A maximum of 24 weeks treatment will be authorised under this restriction per continuing treatment.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(i) the Hidradenitis Suppurativa Clinical Response (HiSCR) result.

If the application is submitted through HPOS form upload or mail, it must include:

(i) details of the proposed prescription(s); and

(ii) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Authority Required

17663

Moderate to severe hidradenitis suppurativa

Treatment Phase: Subsequent continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated a response to treatment with this drug for this condition.

Treatment criteria:

- Must be treated by a dermatologist.

A response to treatment is defined as:

Achieving Hidradenitis Suppurativa Clinical Response (HiSCR) of a 50% reduction in AN count compared to baseline with no increase in abscesses or draining fistulae.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A maximum of 24 weeks treatment will be authorised under this restriction per continuing treatment.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(i) the Hidradenitis Suppurativa Clinical Response (HiSCR) result.

If the application is submitted through HPOS form upload or mail, it must include:

(i) details of the proposed prescription(s); and

(ii) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

12414J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	0.00	*869.18	25.00	[a] Hadlima [RF]	[a] Humira [VE]
					[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

12369B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	0.00	*869.18	25.00	[a] Abrilada [PF]	[a] Amgevita [XT]
					[a] Hadlima [RF]	[a] Hyrimoz [SZ]

ADALIMUMAB

Note Biosimilar prescribing policy

Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

15474

Vision threatening non-infectious uveitis

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have non-infectious uveitis that is vision threatening with the diagnosis confirmed by an ophthalmologist, rheumatologist, or immunologist, **AND**
- Patient must have failed to achieve an adequate response to corticosteroid therapy in combination with at least 1 immunosuppressive agent; **OR**
- Patient must have flared when corticosteroid therapy was tapered to a dose of less than or equal to 7.5 mg per day of prednisone or equivalent while on immunomodulatory therapy; **OR**
- Patient must have failed to achieve an adequate response to at least one immunosuppressive agent in patients for whom corticosteroids are not clinically appropriate; **OR**
- Patient must have a documented intolerance of a severity necessitating permanent treatment withdrawal or a contraindication to corticosteroid and immunomodulatory therapy, **AND**
- The treatment must not exceed 25 weeks under this restriction.

Treatment criteria:

- Must be treated by an ophthalmologist, rheumatologist or immunologist with expertise in uveitis; **OR**
- Must be treated by a medical practitioner who has consulted at least one of the above mentioned specialist types, with agreement reached that the patient should be treated with this pharmaceutical benefit on this occasion.

Vision threatening disease is defined as at least 1 of the following:

(a) A decrease in visual acuity of at least 10 letters using an ETDRS chart or equivalent;

(b) A 2-step increase in anterior chamber cells or vitreous haze;

(c) New retinal vasculitis;

(d) New retinal or choroidal lesions;

(e) Other signs of disease progression including visual field changes or electroretinogram changes

A failure to achieve an adequate response is defined as failure to meet one or more of the below criteria:

(a) Sustained reduction in inflammation defined as a 2-step decrease from baseline in Standardisation of Uveitis Nomenclature (SUN) criteria for anterior chamber or vitreous haze; or

(b) Sustained quiescence of inflammation defined as Standardisation of Uveitis Nomenclature (SUN) criteria less than or equal to 0.5+ anterior chamber or vitreous haze, absence of active vitreous or retinal lesions or vitreous cells; or

(c) Sustained corticosteroid sparing effect, allowing reduction in prednisone to less than 7.5 mg daily; or

(d) Reduction in frequency of ocular attacks to less than or equal to 1 per year (patients with Behcet's disease only)

Details of prior immunomodulatory agent and corticosteroid treatment, or details of contraindications or developed intolerances necessitating treatment withdrawal, must be documented in the patient's medical record.

The authority application must be made via the Online PBS Authorities System (real time assessment), or in writing via HPOS form upload or mail and must include details of vision threatening disease.

If the application is submitted through HPOS form upload or mail, it must include:

(i) details of the proposed prescription; and

(ii) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authorisation under this restriction should be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)

Alternatively, applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

15489

Vision threatening non-infectious uveitis

Treatment Phase: Recommencement of treatment

Clinical criteria:

- Patient must have a documented history of non-infectious uveitis that is vision threatening, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated or sustained an adequate response to treatment prior to having a break in therapy with this drug for this condition, **AND**
- The treatment must not exceed 25 weeks under this restriction.

Treatment criteria:

- Must be treated by an ophthalmologist, rheumatologist or immunologist with expertise in uveitis; **OR**
- Must be treated by a medical practitioner who has consulted at least one of the above mentioned specialist types, with agreement reached that the patient should be treated with this pharmaceutical benefit on this occasion.

An adequate response to treatment is defined as:

(a) Sustained reduction in inflammation defined as a 2-step decrease from baseline in Standardisation of Uveitis Nomenclature (SUN) criteria for anterior chamber or vitreous haze; or

(b) Sustained quiescence of inflammation defined as Standardisation of Uveitis Nomenclature (SUN) criteria less than or equal to 0.5+ anterior chamber or vitreous haze, absence of active vitreous or retinal lesions or vitreous cells; or

(c) Sustained corticosteroid sparing effect, allowing reduction in prednisone to less than 7.5 mg daily; or

(d) Reduction in frequency of ocular attacks to less than or equal to 1 per year (patients with Behcet's disease only)

The patient remains eligible to receive continuing treatment with the same biological medicine in courses of up to 24 weeks providing they continue to sustain an adequate response. It is recommended that a patient be reviewed in the month prior to completing their current course of treatment.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14628X	1	6	0.00	495.79	25.00	[a] Hadlima [RF]	[a] Humira [VE]
						[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14222M	1	6	0.00	439.27	25.00	[a] Amgevita [XT]	[a] Hadlima [RF]
						[a] Hyrimoz [SZ]	

ADALIMUMAB

Note Biosimilar prescribing policy

Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

15474

Vision threatening non-infectious uveitis

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have non-infectious uveitis that is vision threatening with the diagnosis confirmed by an ophthalmologist, rheumatologist, or immunologist, **AND**
- Patient must have failed to achieve an adequate response to corticosteroid therapy in combination with at least 1 immunosuppressive agent; **OR**
- Patient must have flared when corticosteroid therapy was tapered to a dose of less than or equal to 7.5 mg per day of prednisone or equivalent while on immunomodulatory therapy; **OR**
- Patient must have failed to achieve an adequate response to at least one immunosuppressive agent in patients for whom corticosteroids are not clinically appropriate; **OR**
- Patient must have a documented intolerance of a severity necessitating permanent treatment withdrawal or a contraindication to corticosteroid and immunomodulatory therapy, **AND**
- The treatment must not exceed 25 weeks under this restriction.

Treatment criteria:

- Must be treated by an ophthalmologist, rheumatologist or immunologist with expertise in uveitis; **OR**
- Must be treated by a medical practitioner who has consulted at least one of the above mentioned specialist types, with agreement reached that the patient should be treated with this pharmaceutical benefit on this occasion.

Vision threatening disease is defined as at least 1 of the following:

(a) A decrease in visual acuity of at least 10 letters using an ETDRS chart or equivalent;

(b) A 2-step increase in anterior chamber cells or vitreous haze;

(c) New retinal vasculitis;

(d) New retinal or choroidal lesions;

(e) Other signs of disease progression including visual field changes or electroretinogram changes

A failure to achieve an adequate response is defined as failure to meet one or more of the below criteria:

(a) Sustained reduction in inflammation defined as a 2-step decrease from baseline in Standardisation of Uveitis Nomenclature (SUN) criteria for anterior chamber or vitreous haze; or

(b) Sustained quiescence of inflammation defined as Standardisation of Uveitis Nomenclature (SUN) criteria less than or equal to 0.5+ anterior chamber or vitreous haze, absence of active vitreous or retinal lesions or vitreous cells; or

(c) Sustained corticosteroid sparing effect, allowing reduction in prednisone to less than 7.5 mg daily; or

(d) Reduction in frequency of ocular attacks to less than or equal to 1 per year (patients with Behcet's disease only)

Details of prior immunomodulatory agent and corticosteroid treatment, or details of contraindications or developed intolerances necessitating treatment withdrawal, must be documented in the patient's medical record.

The authority application must be made via the Online PBS Authorities System (real time assessment), or in writing via HPOS form upload or mail and must include details of vision threatening disease.

If the application is submitted through HPOS form upload or mail, it must include:

(i) details of the proposed prescription; and

(ii) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authorisation under this restriction should be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)

Alternatively, applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

15489

Vision threatening non-infectious uveitis

Treatment Phase: Recommencement of treatment

Clinical criteria:

- Patient must have a documented history of non-infectious uveitis that is vision threatening, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated or sustained an adequate response to treatment prior to having a break in therapy with this drug for this condition, **AND**
- The treatment must not exceed 25 weeks under this restriction.

Treatment criteria:

- Must be treated by an ophthalmologist, rheumatologist or immunologist with expertise in uveitis; **OR**
- Must be treated by a medical practitioner who has consulted at least one of the above mentioned specialist types, with agreement reached that the patient should be treated with this pharmaceutical benefit on this occasion.

An adequate response to treatment is defined as:

(a) Sustained reduction in inflammation defined as a 2-step decrease from baseline in Standardisation of Uveitis Nomenclature (SUN) criteria for anterior chamber or vitreous haze; or

(b) Sustained quiescence of inflammation defined as Standardisation of Uveitis Nomenclature (SUN) criteria less than or equal to 0.5+ anterior chamber or vitreous haze, absence of active vitreous or retinal lesions or vitreous cells; or

(c) Sustained corticosteroid sparing effect, allowing reduction in prednisone to less than 7.5 mg daily; or

(d) Reduction in frequency of ocular attacks to less than or equal to 1 per year (patients with Behcet's disease only)

The patient remains eligible to receive continuing treatment with the same biological medicine in courses of up to 24 weeks providing they continue to sustain an adequate response. It is recommended that a patient be reviewed in the month prior to completing their current course of treatment.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

14272E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	6	0.00	439.27	25.00	[a] Hadlima [RF]	[a] Humira [VE]
						[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

14284T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	6	0.00	439.27	25.00	[a] Abrilada [PF]	[a] Amgevita [XT]
						[a] Hadlima [RF]	[a] Hyrimoz [SZ]

ADALIMUMAB

Note TREATMENT OF PATIENTS UNDER 18 YEARS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, etanercept and ustekinumab for patients under 18 years of age with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, etanercept and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who is receiving PBS-subsidised treatment for severe chronic plaque psoriasis is able to commence a treatment cycle where they may trial a biological medicine without having to experience a disease flare when swapping to an alternate biological medicine within the same treatment cycle.

Under these arrangements, within a treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was prescribed in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 times in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 times in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

There are separate restrictions for the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hand and foot.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

(i) a patient has never received PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - Biological medicine-naive patient); or

(ii) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years); or

(iii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine or recommence with the same biological medicine within the same treatment cycle (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or

(iv) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

Etanercept only:

After completing 24-weeks of treatment with PBS-subsidised etanercept, a patient is eligible for re-treatment with etanercept within 12 months (Initial 4) due to a disease flare with psoriasis affecting the whole body if:

(i) there is at least a 50% change in the patients PASI score compared to the most recent response assessment following cessation of the most recent 24 weeks of PBS-subsidised etanercept; or

(ii) the patient has a current PASI score greater than 15

Etanercept only:

After completing 24-weeks of treatment with PBS-subsidised etanercept, a patient is eligible for re-treatment with etanercept (Initial 4) due to a disease flare with psoriasis affecting the face, hand or foot if:

(i) all subscores are rated moderate to severe; or

(ii) 2 of the three subscores are rated severe to very severe; or

(iii) the affected area of skin has increased by at least 50% compared to that at the time of the last assessment following cessation of the most recent 24 weeks of PBS-subsidised etanercept; or

(iv) the area affected is 30% or more of the face, palm of a hand or sole of a foot,

(2) Assessment of response to initial treatment.

After prescribing initial treatment with a biological medicine, a PASI assessment must be conducted after at least 12 weeks of treatment. This assessment will be used to determine eligibility for continuing treatment and must be conducted within 8 weeks of the last administered dose.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

Adalimumab and Ustekinumab only:

To avoid an interruption of supply for First continuing treatment, the assessment should be submitted no later than 2 weeks prior to when the next dose (under the new authority application) is due, unless the patient is currently on a treatment break.

(3) Continuing treatment

Etanercept only:

Following the completion of an initial 16-week treatment course with etanercept, a patient may receive a further 8 weeks of treatment (under the 'Completion of course' treatment phase) to complete a 24-week treatment course, providing they have demonstrated an adequate response to treatment to the initial supply.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be documented in the patient's medical records. Where a response assessment is not conducted, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Adalimumab and Ustekinumab only:

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks per continuing treatment course under the First continuing treatment restriction with that drug, provided they demonstrate an adequate response to treatment. The patient remains eligible to receive continuing treatment in courses of up to 24 weeks under the Subsequent continuing treatment restriction with that drug, provided they continue to sustain the response. It is recommended that a patient be reviewed 4 weeks prior to when their next dose (under a new authority application) is due to ensure uninterrupted supply, but no later than 8 weeks after the date of the last administered dose.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be

deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(4) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to the prior non-biological therapy requirements. If the patient has had a break in therapy of more than 5 years, the indices of disease severity need to be met, but a re-trial of non-biological therapy is not required.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to that biological medicine more than once within the same treatment cycle or have failed to respond to biological medicines, as an aggregate, on 3 occasions within the same treatment cycle.

To ensure patients receive the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.

(5) Baseline measurements to determine response.

A response to treatment must be demonstrated based on the baseline PASI assessment provided with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is provided within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment. Where a patient is changing from treatment with etanercept to adalimumab or ustekinumab the prescriber must provide a baseline PASI measurement, as well as a PASI score demonstrating a response to treatment.

To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.

(6A) Recommencement of treatment after a break of less than 5 years in PBS-subsidised therapy (all drugs except etanercept).

A patient who wishes to resume treatment following a break in PBS-subsidised therapy of less than 5 years must resume under the 'Initial 2' treatment phase. The most recent PASI assessment demonstrating disease flare must be no more than 4 weeks old at the time of application.

(6B) Re-treatment (etanercept only)

A patient may be re-treated, in certain circumstances, with etanercept after completing a 24-week treatment course under the 'Initial 4' treatment phase.

(7) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to undertake a new treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under an 'Initial 3' treatment phase.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

17065

Severe chronic plaque psoriasis

Treatment Phase: Subsequent continuing treatment, Whole body

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must have been assessed for response to treatment after at least 12 weeks treatment with the preceding supply of this biological medicine, **AND**
- Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction.

Treatment criteria:

- Must be treated by a dermatologist.

Population criteria:

- Patient must have been under 18 years of age at the time of initial treatment with this drug.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

The assessment of response to treatment must be documented in the patient's medical records.

Authority Required (STREAMLINED)

16999

Severe chronic plaque psoriasis

Treatment Phase: Subsequent continuing treatment, Face, hand, foot

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must have been assessed for response to treatment after at least 12 weeks treatment with the preceding supply of this biological medicine, **AND**
- Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction.

Treatment criteria:

- Must be treated by a dermatologist.

Population criteria:

- Patient must have been under 18 years of age at the time of initial treatment with this drug.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:
(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or
(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.
The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.
The assessment of response to treatment must be documented in the patient's medical records.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
15007W	1	5	0.00	495.79	25.00	[a] Hadlima [RF]	[a] Humira [VE]
						[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14958G	1	5	0.00	439.27	25.00	[a] Amgevita [XT]	[a] Hadlima [RF]
						[a] Hyrimoz [SZ]	

ADALIMUMAB

Note TREATMENT OF PATIENTS UNDER 18 YEARS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, etanercept and ustekinumab for patients under 18 years of age with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, etanercept and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who is receiving PBS-subsidised treatment for severe chronic plaque psoriasis is able to commence a treatment cycle where they may trial a biological medicine without having to experience a disease flare when swapping to an alternate biological medicine within the same treatment cycle.

Under these arrangements, within a treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was prescribed in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 times in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 times in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

There are separate restrictions for the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hand and foot.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

(i) a patient has never received PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - Biological medicine-naive patient); or

(ii) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years); or

(iii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine or recommence with the same biological medicine within the same treatment cycle (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or

(iv) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

Etanercept only:

After completing 24-weeks of treatment with PBS-subsidised etanercept, a patient is eligible for re-treatment with etanercept within 12 months (Initial 4) due to a disease flare with psoriasis affecting the whole body if:

(i) there is at least a 50% change in the patients PASI score compared to the most recent response assessment following cessation of the most recent 24 weeks of PBS-subsidised etanercept; or

(ii) the patient has a current PASI score greater than 15

Etanercept only:

After completing 24-weeks of treatment with PBS-subsidised etanercept, a patient is eligible for re-treatment with etanercept (Initial 4) due to a disease flare with psoriasis affecting the face, hand or foot if:

(i) all subscores are rated moderate to severe; or

(ii) 2 of the three subscores are rated severe to very severe; or

(iii) the affected area of skin has increased by at least 50% compared to that at the time of the last assessment following cessation of the most recent 24 weeks of PBS-subsidised etanercept; or

(iv) the area affected is 30% or more of the face, palm of a hand or sole of a foot,

(2) Assessment of response to initial treatment.

After prescribing initial treatment with a biological medicine, a PASI assessment must be conducted after at least 12 weeks of treatment. This assessment will be used to determine eligibility for continuing treatment and must be conducted within 8 weeks of the last administered dose.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

Adalimumab and Ustekinumab only:

To avoid an interruption of supply for First continuing treatment, the assessment should be submitted no later than 2 weeks prior to when the next dose (under the new authority application) is due, unless the patient is currently on a treatment break.

(3) Continuing treatment

Etanercept only:

Following the completion of an initial 16-week treatment course with etanercept, a patient may receive a further 8 weeks of treatment (under the 'Completion of course' treatment phase) to complete a 24-week treatment course, providing they have demonstrated an adequate response to treatment to the initial supply.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be documented in the patient's medical records. Where a response assessment is not conducted, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Adalimumab and Ustekinumab only:

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks per continuing treatment course under the First continuing treatment restriction with that drug, provided they demonstrate an adequate response to treatment. The patient remains eligible to receive continuing treatment in courses of up to 24 weeks under the Subsequent continuing treatment restriction with that drug, provided they continue to sustain the response. It is recommended that a patient be reviewed 4 weeks prior to when their next dose (under a new authority application) is due to ensure uninterrupted supply, but no later than 8 weeks after the date of the last administered dose.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(4) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to the prior non-biological therapy requirements. If the patient has had a break in therapy of more than 5 years, the indices of disease severity need to be met, but a re-trial of non-biological therapy is not required.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to that biological medicine more than once within the same treatment cycle or have failed to respond to biological medicines, as an aggregate, on 3 occasions within the same treatment cycle.

To ensure patients receive the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.

(5) Baseline measurements to determine response.

A response to treatment must be demonstrated based on the baseline PASI assessment provided with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an

initial or change or recommencement treatment application is provided within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment. Where a patient is changing from treatment with etanercept to adalimumab or ustekinumab the prescriber must provide a baseline PASI measurement, as well as a PASI score demonstrating a response to treatment.

To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.

(6A) Recommencement of treatment after a break of less than 5 years in PBS-subsidised therapy (all drugs except etanercept).

A patient who wishes to resume treatment following a break in PBS-subsidised therapy of less than 5 years must resume under the 'Initial 2' treatment phase. The most recent PASI assessment demonstrating disease flare must be no more than 4 weeks old at the time of application.

(6B) Re-treatment (etanercept only)

A patient may be re-treated, in certain circumstances, with etanercept after completing a 24-week treatment course under the 'Initial 4' treatment phase.

(7) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to undertake a new treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under an 'Initial 3' treatment phase.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authorisation under this restriction should be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)

Alternatively applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

17002

Severe chronic plaque psoriasis

Treatment Phase: First continuing treatment, Whole body

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- The treatment must be as systemic monotherapy; **OR**
- The treatment must be in combination with methotrexate, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must have been assessed for response to treatment after at least 12 weeks treatment with the preceding supply of this biological medicine, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a dermatologist.

Population criteria:

- Patient must have been under 18 years of age at the time of initial treatment with this drug.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(a) details of the proposed prescription(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed Psoriasis Area and Severity Index (PASI) calculation sheet including the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

The PASI assessment for continuing treatment must be performed on the same affected area assessed at baseline.

Authority Required

17003

Severe chronic plaque psoriasis

Treatment Phase: First continuing treatment, Face, hand, foot

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- The treatment must be as systemic monotherapy; **OR**
- The treatment must be in combination with methotrexate, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must have been assessed for response to treatment after at least 12 weeks treatment with the preceding supply of this biological medicine, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a dermatologist.

Population criteria:

- Patient must have been under 18 years of age at the time of initial treatment with this drug.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(a) details of the proposed prescription(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed Psoriasis Area and Severity Index (PASI) calculation sheet and face, hand, foot area diagrams including the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

The PASI assessment for continuing treatment must be performed on the same affected area assessed at baseline.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

14973C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	0.00	439.27	25.00	[a] Hadlima [RF]	[a] Humira [VE]
						[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

15019L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	0.00	439.27	25.00	[a] Abrilada [PF]	[a] Amgevita [XT]
						[a] Hadlima [RF]	[a] Hyrimoz [SZ]

ADALIMUMAB

Note TREATMENT OF PATIENTS UNDER 18 YEARS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, etanercept and ustekinumab for patients under 18 years of age with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, etanercept and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who is receiving PBS-subsidised treatment for severe chronic plaque psoriasis is able to commence a treatment cycle where they may trial a biological medicine without having to experience a disease flare when swapping to an alternate biological medicine within the same treatment cycle.

Under these arrangements, within a treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was prescribed in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 times in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 times in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

There are separate restrictions for the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hand and foot.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

(i) a patient has never received PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - Biological medicine-naive patient); or

(ii) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years); or

(iii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine or recommence with the same biological medicine within the same treatment cycle (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or

(iv) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

Etanercept only:

After completing 24-weeks of treatment with PBS-subsidised etanercept, a patient is eligible for re-treatment with etanercept within 12 months (Initial 4) due to a disease flare with psoriasis affecting the whole body if:

(i) there is at least a 50% change in the patients PASI score compared to the most recent response assessment following cessation of the most recent 24 weeks of PBS-subsidised etanercept; or

(ii) the patient has a current PASI score greater than 15

Etanercept only:

After completing 24-weeks of treatment with PBS-subsidised etanercept, a patient is eligible for re-treatment with etanercept (Initial 4) due to a disease flare with psoriasis affecting the face, hand or foot if:

(i) all subscores are rated moderate to severe; or

(ii) 2 of the three subscores are rated severe to very severe; or

(iii) the affected area of skin has increased by at least 50% compared to that at the time of the last assessment following cessation of the most recent 24 weeks of PBS-subsidised etanercept; or

(iv) the area affected is 30% or more of the face, palm of a hand or sole of a foot,

(2) Assessment of response to initial treatment.

After prescribing initial treatment with a biological medicine, a PASI assessment must be conducted after at least 12 weeks of treatment. This assessment will be used to determine eligibility for continuing treatment and must be conducted within 8 weeks of the last administered dose.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

Adalimumab and Ustekinumab only:

To avoid an interruption of supply for First continuing treatment, the assessment should be submitted no later than 2 weeks prior to when the next dose (under the new authority application) is due, unless the patient is currently on a treatment break.

(3) Continuing treatment

Etanercept only:

Following the completion of an initial 16-week treatment course with etanercept, a patient may receive a further 8 weeks of treatment (under the 'Completion of course' treatment phase) to complete a 24-week treatment course, providing they have demonstrated an adequate response to treatment to the initial supply.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be documented in the patient's medical records. Where a response assessment is not conducted, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Adalimumab and Ustekinumab only:

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks per continuing treatment course under the First continuing treatment restriction with that drug, provided they demonstrate an adequate response to treatment. The patient remains eligible to receive continuing treatment in courses of up to 24 weeks under the Subsequent continuing treatment restriction with that drug, provided they continue to sustain the response. It is recommended that a patient be reviewed 4 weeks prior to when their next dose (under a new authority application) is due to ensure uninterrupted supply, but no later than 8 weeks after the date of the last administered dose.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(4) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to the prior non-biological therapy requirements. If the patient has had a break in therapy of more than 5 years, the indices of disease severity need to be met, but a re-trial of non-biological therapy is not required.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to that biological medicine more than once within the same treatment cycle or have failed to respond to biological medicines, as an aggregate, on 3 occasions within the same treatment cycle.

To ensure patients receive the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.

(5) Baseline measurements to determine response.

A response to treatment must be demonstrated based on the baseline PASI assessment provided with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is provided within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment. Where a patient is changing from treatment with etanercept to adalimumab or ustekinumab the prescriber must provide a baseline PASI measurement, as well as a PASI score demonstrating a response to treatment.

To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.

(6A) Recommencement of treatment after a break of less than 5 years in PBS-subsidised therapy (all drugs except etanercept).

A patient who wishes to resume treatment following a break in PBS-subsidised therapy of less than 5 years must resume under the 'Initial 2' treatment phase. The most recent PASI assessment demonstrating disease flare must be no more than 4 weeks old at the time of application.

(6B) Re-treatment (etanercept only)

A patient may be re-treated, in certain circumstances, with etanercept after completing a 24-week treatment course under the 'Initial 4' treatment phase.

(7) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to undertake a new treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under an 'Initial 3' treatment phase.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

17065

Severe chronic plaque psoriasis

Treatment Phase: Subsequent continuing treatment, Whole body

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must have been assessed for response to treatment after at least 12 weeks treatment with the preceding supply of this biological medicine, **AND**
- Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction.

Treatment criteria:

- Must be treated by a dermatologist.

Population criteria:

- Patient must have been under 18 years of age at the time of initial treatment with this drug.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

The assessment of response to treatment must be documented in the patient's medical records.

Authority Required (STREAMLINED)

16999

Severe chronic plaque psoriasis

Treatment Phase: Subsequent continuing treatment, Face, hand, foot

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must have been assessed for response to treatment after at least 12 weeks treatment with the preceding supply of this biological medicine, **AND**
- Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction.

Treatment criteria:

- Must be treated by a dermatologist.

Population criteria:

- Patient must have been under 18 years of age at the time of initial treatment with this drug.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

The assessment of response to treatment must be documented in the patient's medical records.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

15038L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	0.00	439.27	25.00	[a] Hadlima [RF]	[a] Humira [VE]
					[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

15006T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	0.00	439.27	25.00	[a] Abrilada [PF]	[a] Amgevita [XT]
					[a] Hadlima [RF]	[a] Hyrimoz [SZ]

ADALIMUMAB

Note TREATMENT OF PATIENTS UNDER 18 YEARS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, etanercept and ustekinumab for patients under 18 years of age with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, etanercept and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who is receiving PBS-subsidised treatment for severe chronic plaque psoriasis is able to commence a treatment cycle where they may trial a biological medicine without having to experience a disease flare when swapping to an alternate biological medicine within the same treatment cycle.

Under these arrangements, within a treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was prescribed in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 times in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 times in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

There are separate restrictions for the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hand and foot.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

(i) a patient has never received PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - Biological medicine-naive patient); or

(ii) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years); or

(iii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine or recommence with the same biological medicine within the same treatment cycle (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or

(iv) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

Etanercept only:

After completing 24-weeks of treatment with PBS-subsidised etanercept, a patient is eligible for re-treatment with etanercept within 12 months (Initial 4) due to a disease flare with psoriasis affecting the whole body if:

(i) there is at least a 50% change in the patients PASI score compared to the most recent response assessment following cessation of the most recent 24 weeks of PBS-subsidised etanercept; or

(ii) the patient has a current PASI score greater than 15

Etanercept only:

After completing 24-weeks of treatment with PBS-subsidised etanercept, a patient is eligible for re-treatment with etanercept (Initial 4) due to a disease flare with psoriasis affecting the face, hand or foot if:

(i) all subscores are rated moderate to severe; or

(ii) 2 of the three subscores are rated severe to very severe; or

(iii) the affected area of skin has increased by at least 50% compared to that at the time of the last assessment following cessation of the most recent 24 weeks of PBS-subsidised etanercept; or

(iv) the area affected is 30% or more of the face, palm of a hand or sole of a foot,

(2) Assessment of response to initial treatment.

After prescribing initial treatment with a biological medicine, a PASI assessment must be conducted after at least 12 weeks of treatment. This assessment will be used to determine eligibility for continuing treatment and must be conducted within 8 weeks of the last administered dose.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

Adalimumab and Ustekinumab only:

To avoid an interruption of supply for First continuing treatment, the assessment should be submitted no later than 2 weeks prior to when the next dose (under the new authority application) is due, unless the patient is currently on a treatment break.

(3) Continuing treatment

Etanercept only:

Following the completion of an initial 16-week treatment course with etanercept, a patient may receive a further 8 weeks of treatment (under the 'Completion of course' treatment phase) to complete a 24-week treatment course, providing they have demonstrated an adequate response to treatment to the initial supply.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be documented in the patient's medical records. Where a response assessment is not conducted, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Adalimumab and Ustekinumab only:

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks per continuing treatment course under the First continuing treatment restriction with that drug, provided they demonstrate an adequate response to treatment. The patient remains eligible to receive continuing treatment in courses of up to 24 weeks under the Subsequent continuing treatment restriction with that drug, provided they continue to sustain the response. It is recommended that a patient be reviewed 4 weeks prior to when their next dose (under a new authority application) is due to ensure uninterrupted supply, but no later than 8 weeks after the date of the last administered dose.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(4) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to the prior non-biological therapy requirements. If the patient has had a break in therapy of more than 5 years, the indices of disease severity need to be met, but a re-trial of non-biological therapy is not required.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to that biological medicine more than once within the same treatment cycle or have failed to respond to biological medicines, as an aggregate, on 3 occasions within the same treatment cycle.

To ensure patients receive the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.

(5) Baseline measurements to determine response.

A response to treatment must be demonstrated based on the baseline PASI assessment provided with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is provided within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment. Where a patient is changing from

treatment with etanercept to adalimumab or ustekinumab the prescriber must provide a baseline PASI measurement, as well as a PASI score demonstrating a response to treatment.

To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.

(6A) Recommencement of treatment after a break of less than 5 years in PBS-subsidised therapy (all drugs except etanercept).

A patient who wishes to resume treatment following a break in PBS-subsidised therapy of less than 5 years must resume under the 'Initial 2' treatment phase. The most recent PASI assessment demonstrating disease flare must be no more than 4 weeks old at the time of application.

(6B) Re-treatment (etanercept only)

A patient may be re-treated, in certain circumstances, with etanercept after completing a 24-week treatment course under the 'Initial 4' treatment phase.

(7) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to undertake a new treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under an 'Initial 3' treatment phase.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authorisation under this restriction should be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)

Alternatively applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

17002

Severe chronic plaque psoriasis

Treatment Phase: First continuing treatment, Whole body

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- The treatment must be as systemic monotherapy; **OR**
- The treatment must be in combination with methotrexate, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must have been assessed for response to treatment after at least 12 weeks treatment with the preceding supply of this biological medicine, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a dermatologist.

Population criteria:

- Patient must have been under 18 years of age at the time of initial treatment with this drug.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(a) details of the proposed prescription(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed Psoriasis Area and Severity Index (PASI) calculation sheet including the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

The PASI assessment for continuing treatment must be performed on the same affected area assessed at baseline.

Authority Required

17003

Severe chronic plaque psoriasis

Treatment Phase: First continuing treatment, Face, hand, foot

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- The treatment must be as systemic monotherapy; **OR**
- The treatment must be in combination with methotrexate, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must have been assessed for response to treatment after at least 12 weeks treatment with the preceding supply of this biological medicine, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a dermatologist.

Population criteria:

- Patient must have been under 18 years of age at the time of initial treatment with this drug.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:
(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or
(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:
(a) details of the proposed prescription(s); and
(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed Psoriasis Area and Severity Index (PASI) calculation sheet and face, hand, foot area diagrams including the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

The PASI assessment for continuing treatment must be performed on the same affected area assessed at baseline.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
15009Y	1	5	0.00	495.79	25.00	[a] Hadlima [RF]	[a] Humira [VE]
						[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
15008X	1	5	0.00	439.27	25.00	[a] Amgevita [XT]	[a] Hadlima [RF]
						[a] Hyrimoz [SZ]	

ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE PSORIATIC ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) listed for adult patients with severe psoriatic arthritis.

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Severe Psoriatic Arthritis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

A patient is eligible for PBS-subsidised treatment with only 1 of the biological medicines at any one time.

Under these arrangements, within a single treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib or ustekinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe psoriatic arthritis.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or,

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or,

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than the 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements. An authority application must be made under the 'Initial 2' treatment phase.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.

However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response to the PBS-subsidised treatment.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment restriction according to the criteria of the relevant restriction and index of disease severity. The application must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

11867

Severe psoriatic arthritis

Treatment Phase: First continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

11906

Severe psoriatic arthritis

Treatment Phase: Continuing treatment - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment restriction to complete 24 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the subsequent continuing Authority Required (in writing) treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority Required

11865

Severe psoriatic arthritis

Treatment Phase: Subsequent continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug within this treatment cycle, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

12398M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	0.00	495.79	25.00	[a] Hadlima [RF]	[a] Humira [VE]
					[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

9034L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	0.00	439.27	25.00	[a] Amgevita [XT]	[a] Hadlima [RF]
					[a] Hyrimoz [SZ]	

ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed for adult patients with the indication of ankylosing spondylitis (AS).

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Ankylosing spondylitis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

Treatment cycles:

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who has been receiving PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab and secukinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Where treatment has resulted in an inadequate response on 3 occasions a treatment cycle is considered to have been completed and there must be a 5-year break in PBS subsidy from all medicines with the PBS indication: 'Ankylosing spondylitis' before starting a new treatment cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle and where a break in therapy of less than 5 years has occurred, a further course of treatment may be commenced within the same treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Prescribing under the correct 'Treatment phase' listing for the authority application:

(1) Initial treatment.

Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for ankylosing spondylitis.

(2) Continuing treatment.

Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to proceed initial treatment. An authority application for continuing treatment is not to be made on the same day as initial treatment.

(3) Changing therapy.

Apply under the 'Initial 2' treatment listing. Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to prior NSAID therapy and exercise program requirements. Where a patient is changing from a biosimilar medicine the prescriber must submit baseline indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI). A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot change to a particular biological medicine if it has failed to provide the patient with an adequate response within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this initial 2 treatment authority application.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological medicine. To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under the 'Initial 3' treatment listing. Prior NSAID and exercise therapies need not be re-trialled.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

14713

Ankylosing spondylitis

Treatment Phase: First continuing treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An adequate response is defined as an improvement from baseline of at least 2 units (on a scale of 0-10) in the BASDAI score combined with at least 1 of the following:

(a) an ESR measurement no greater than 25 mm per hour; or

(b) a CRP measurement no greater than 10 mg per L; or

(c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and used to assess all future responses to treatment.

The assessment of response to treatment must be documented in the patient's medical records.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

14730

Ankylosing spondylitis

Treatment Phase: Continuing treatment - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment restriction to complete 24 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the subsequent continuing Authority Required (in writing) treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority Required

14656

Ankylosing spondylitis

Treatment Phase: Subsequent continuing treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition under the First continuing treatment restriction; **OR**
- Patient must have received this drug under this treatment phase as their most recent course of PBS-subsidised biological medicine, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**

- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An adequate response is defined as an improvement from baseline of at least 2 units (on a scale of 0-10) in the BASDAI score combined with at least 1 of the following:

(a) an ESR measurement no greater than 25 mm per hour; or

(b) a CRP measurement no greater than 10 mg per L; or

(c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and used to assess all future responses to treatment.

The assessment of response to treatment must be documented in the patient's medical records.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
12361N	1	5	0.00	495.79	25.00	[a] Hadlima [RF]	[a] Humira [VE]
						[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9078T	1	5	0.00	439.27	25.00	[a] Amgevita [XT]	[a] Hadlima [RF]
						[a] Hyrimoz [SZ]	

ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE PSORIATIC ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) listed for adult patients with severe psoriatic arthritis.

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Severe Psoriatic Arthritis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

A patient is eligible for PBS-subsidised treatment with only 1 of the biological medicines at any one time.

Under these arrangements, within a single treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib or ustekinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe psoriatic arthritis.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or,

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or,

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than the 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements. An authority application must be made under the 'Initial 2' treatment phase.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.

However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response to the PBS-subsidised treatment.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment restriction according to the criteria of the relevant restriction and index of disease severity. The application must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

11867

Severe psoriatic arthritis

Treatment Phase: First continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

11906

Severe psoriatic arthritis

Treatment Phase: Continuing treatment - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment restriction to complete 24 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the subsequent continuing Authority Required (in writing) treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority Required

11865

Severe psoriatic arthritis

Treatment Phase: Subsequent continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug within this treatment cycle, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

12375H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	0.00	439.27	25.00	[a] Hadlima [RF]	[a] Humira [VE]
					[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

9102C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	0.00	439.27	25.00	[a] Abrilada [PF]	[a] Amgevita [XT]

9102C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
						[a] Hadlima [RF]	[a] Hyrimoz [SZ]

ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed for adult patients with the indication of ankylosing spondylitis (AS).

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Ankylosing spondylitis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

Treatment cycles:

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who has been receiving PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab and secukinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Where treatment has resulted in an inadequate response on 3 occasions a treatment cycle is considered to have been completed and there must be a 5-year break in PBS subsidy from all medicines with the PBS indication: 'Ankylosing spondylitis' before starting a new treatment cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle and where a break in therapy of less than 5 years has occurred, a further course of treatment may be commenced within the same treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Prescribing under the correct 'Treatment phase' listing for the authority application:

(1) Initial treatment.

Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for ankylosing spondylitis.

(2) Continuing treatment.

Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to proceed initial treatment. An authority application for continuing treatment is not to be made on the same day as initial treatment.

(3) Changing therapy.

Apply under the 'Initial 2' treatment listing. Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to prior NSAID therapy and exercise program requirements. Where a patient is changing from a biosimilar medicine the prescriber must submit baseline indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI). A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot change to a particular biological medicine if it has failed to provide the patient with an adequate response within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this initial 2 treatment authority application.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological medicine. To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under the 'Initial 3' treatment listing. Prior NSAID and exercise therapies need not be re-trialled.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

14713

Ankylosing spondylitis

Treatment Phase: First continuing treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An adequate response is defined as an improvement from baseline of at least 2 units (on a scale of 0-10) in the BASDAI score combined with at least 1 of the following:

(a) an ESR measurement no greater than 25 mm per hour; or

(b) a CRP measurement no greater than 10 mg per L; or

(c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and used to assess all future responses to treatment.

The assessment of response to treatment must be documented in the patient's medical records.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

14730

Ankylosing spondylitis

Treatment Phase: Continuing treatment - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment restriction to complete 24 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the subsequent continuing Authority Required (in writing) treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority Required

14656

Ankylosing spondylitis

Treatment Phase: Subsequent continuing treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition under the First continuing treatment restriction; **OR**
- Patient must have received this drug under this treatment phase as their most recent course of PBS-subsidised biological medicine, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**

- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An adequate response is defined as an improvement from baseline of at least 2 units (on a scale of 0-10) in the BASDAI score combined with at least 1 of the following:

(a) an ESR measurement no greater than 25 mm per hour; or

(b) a CRP measurement no greater than 10 mg per L; or

(c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and used to assess all future responses to treatment.

The assessment of response to treatment must be documented in the patient's medical records.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

12363Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	0.00	439.27	25.00	[a] Hadlima [RF]	[a] Humira [VE]
						[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

9104E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	0.00	439.27	25.00	[a] Abrilada [PF]	[a] Amgevita [XT]
						[a] Hadlima [RF]	[a] Hyrimoz [SZ]

ADALIMUMAB

Note TREATMENT OF COMPLEX REFRACTORY FISTULISING CROHN DISEASE

The following information applies to the prescribing of targeted therapies under the Pharmaceutical Benefits Scheme (PBS) for benefits with a stated indication of 'complex refractory fistulising Crohn disease'. For PBS administration, the term targeted therapy includes biological and targeted synthetic disease modifying anti-rheumatic drugs.

A patient is eligible for PBS-subsidised treatment with only one targeted therapy at any one time.

Treatment cycle:

A treatment cycle begins when an authority application is approved under the Initial 1 or Initial 2 who are accessing PBS-subsidised treatment for the first time. Treatment must not continue with the same targeted therapy if it has not provided an adequate response as defined in the continuing treatment phase. A patient may trial different targeted therapies within a cycle; however, if all available targeted therapies have been trialled and do not provide an adequate response, the treatment cycle ends and a 12-month PBS exclusion period applies.

The 12-month break is measured from the date of the last PBS approval for a targeted therapy in the most recent cycle to the date of first initial treatment application under the next treatment cycle.

If a new targeted therapy with a different pharmacological mechanism of action becomes available on the PBS during a 12-month break, a patient may be prescribed the newly listed targeted therapy, through the Initial 2 treatment phase, if they have never received that medicine previously. If the newly listed targeted therapy does not provide an adequate response, the treatment cycle ends and the 12-month break recommences. This will not be considered a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Treatment phases:

Initial 1 - use when the patient has never received a targeted therapy for this indication or if the patient has had a break in targeted therapy of at least 12-months. Patients who have had a break in treatment of at least 12-months must requalify for treatment with respect to the indices of disease severity.

Initial 2 - use when:

- an alternative targeted therapy is prescribed for this indication, or
- the patient has previously been treated with this targeted therapy, or
- treatment is resuming after a break of less than 12-months.

Baseline disease activity does not need to be re demonstrated; however, an assessment of response to the preceding supply must be provided if a response has been demonstrated.

Continuing treatment - use when patient has demonstrated an adequate response to the preceding supply. A response to treatment is determined by comparison of current disease activity measurements relative to the baseline measurements. Prescribers may provide new baseline measurements any time that an initial treatment authority application is made within a treatment cycle and eligibility will be assessed against the revised baseline measurements. Continuing treatment authority scripts must not be written on the same day as Initial treatment authority applications.

Balance of supply - use when the full amount of the preceding supply was not provided. This phase provides the remaining quantity that could have been obtained under the preceding authority approval or where additional time is required for an adequate response to be determined.

Recency of assessments:

Where possible, all related assessment documentation should be within 4 weeks of the date of authority application but no longer than 4 weeks following cessation of the most recent treatment.

Note For the purposes of this restriction, the fistula symptom grading total score can be calculated using the following:

(i) Discharge

- 0 - no discharge
- 1 - minimal mucous discharge
- 2 - moderate mucous discharge or purulent discharge
- 3 - substantial discharge
- 4 - gross faecal soiling

(ii) Pain

- 0 - no pain
- 1 - mild discomfort
- 2 - moderate discomfort
- 3 - marked discomfort
- 4 - severe pain

(iii) Degree of induration

- 0 - no induration
- 1 - minimal induration
- 2 - moderate induration
- 3 - substantial induration
- 4 - gross fluctuance/abscess

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

19157

Complex refractory Fistulising Crohn disease

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised targeted therapy treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug for this condition, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction per authority application.

Treatment criteria:

- Must be treated by a gastroenterologist; **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; **OR**

- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

The current number of externally draining complex fistulae, fistula symptom grading scores (discharge/pain/induration) and the date of assessment of the patient's condition must be provided by the prescriber at the time of application and documented in the patient's medical records.

An adequate response is defined as:

(a) a decrease from baseline in the number of open draining fistulae of greater than or equal to 50%; and/or

(b) a marked reduction in drainage of all fistula(e) from baseline, together with less pain and induration as reported by the patient.

A patient who does not demonstrate a response to treatment will not be eligible for further PBS-subsidised treatment with this drug for this condition within the same treatment cycle. The patient will be considered not to have responded to treatment if a response assessment is not completed. A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as treatment failure.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

Where fewer than 5 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment with this drug may be requested through the balance of supply restriction.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised targeted therapy was approved in this cycle and the date of the first application under a new cycle under the Initial 1 treatment restriction.

Authority Required

19158

Complex refractory Fistulising Crohn disease

Treatment Phase: Balance of supply

Clinical criteria:

- Patient must have received insufficient treatment with this drug for this condition under the Continuing treatment restriction, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

Treatment criteria:

- Must be treated by a gastroenterologist; **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

12405X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	0.00	495.79	25.00	[a] Hadlima [RF]	[a] Humira [VE]
						[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

8964T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	0.00	439.27	25.00	[a] Amgevita [XT]	[a] Hadlima [RF]
						[a] Hyrimoz [SZ]	

ADALIMUMAB

Note TREATMENT OF COMPLEX REFRACTORY FISTULISING CROHN DISEASE

The following information applies to the prescribing of targeted therapies under the Pharmaceutical Benefits Scheme (PBS) for benefits with a stated indication of 'complex refractory fistulising Crohn disease'. For PBS administration, the term targeted therapy includes biological and targeted synthetic disease modifying anti-rheumatic drugs.

A patient is eligible for PBS-subsidised treatment with only one targeted therapy at any one time.

Treatment cycle:

A treatment cycle begins when an authority application is approved under the Initial 1 or Initial 2 who are accessing PBS-subsidised treatment for the first time. Treatment must not continue with the same targeted therapy if it has not provided an adequate response as defined in the continuing treatment phase. A patient may trial different targeted therapies within a cycle; however, if all available targeted therapies have been trialled and do not provide an adequate response, the treatment cycle ends and a 12-month PBS exclusion period applies.

The 12-month break is measured from the date of the last PBS approval for a targeted therapy in the most recent cycle to the date of first initial treatment application under the next treatment cycle.

If a new targeted therapy with a different pharmacological mechanism of action becomes available on the PBS during a 12-month break, a patient may be prescribed the newly listed targeted therapy, through the Initial 2 treatment phase, if they have never received that medicine previously. If the newly listed targeted therapy does not provide an adequate response, the treatment cycle ends and the 12-month break recommences. This will not be considered a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Treatment phases:

Initial 1 - use when the patient has never received a targeted therapy for this indication or if the patient has had a break in targeted therapy of at least 12-months. Patients who have had a break in treatment of at least 12-months must requalify for treatment with respect to the indices of disease severity.

Initial 2 - use when:

- an alternative targeted therapy is prescribed for this indication, or

- the patient has previously been treated with this targeted therapy, or
- treatment is resuming after a break of less than 12-months.

Baseline disease activity does not need to be re demonstrated; however, an assessment of response to the preceding supply must be provided if a response has been demonstrated.

Continuing treatment - use when patient has demonstrated an adequate response to the preceding supply. A response to treatment is determined by comparison of current disease activity measurements relative to the baseline measurements. Prescribers may provide new baseline measurements any time that an initial treatment authority application is made within a treatment cycle and eligibility will be assessed against the revised baseline measurements. Continuing treatment authority scripts must not be written on the same day as Initial treatment authority applications.

Balance of supply - use when the full amount of the preceding supply was not provided. This phase provides the remaining quantity that could have been obtained under the preceding authority approval or where additional time is required for an adequate response to be determined.

Recency of assessments:

Where possible, all related assessment documentation should be within 4 weeks of the date of authority application but no longer than 4 weeks following cessation of the most recent treatment.

Note For the purposes of this restriction, the fistula symptom grading total score can be calculated using the following:

(i) Discharge

- 0 - no discharge
- 1 - minimal mucous discharge
- 2 - moderate mucous discharge or purulent discharge
- 3 - substantial discharge
- 4 - gross faecal soiling

(ii) Pain

- 0 - no pain
- 1 - mild discomfort
- 2 - moderate discomfort
- 3 - marked discomfort
- 4 - severe pain

(iii) Degree of induration

- 0 - no induration
- 1 - minimal induration
- 2 - moderate induration
- 3 - substantial induration
- 4 - gross fluctuance/abscess

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

19157

Complex refractory Fistulising Crohn disease

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised targeted therapy treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug for this condition, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction per authority application.

Treatment criteria:

- Must be treated by a gastroenterologist; **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

The current number of externally draining complex fistulae, fistula symptom grading scores (discharge/pain/induration) and the date of assessment of the patient's condition must be provided by the prescriber at the time of application and documented in the patient's medical records.

An adequate response is defined as:

(a) a decrease from baseline in the number of open draining fistulae of greater than or equal to 50%; and/or

(b) a marked reduction in drainage of all fistula(e) from baseline, together with less pain and induration as reported by the patient.

A patient who does not demonstrate a response to treatment will not be eligible for further PBS-subsidised treatment with this drug for this condition within the same treatment cycle. The patient will be considered not to have responded to

treatment if a response assessment is not completed. A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as treatment failure.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

Where fewer than 5 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment with this drug may be requested through the balance of supply restriction.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised targeted therapy was approved in this cycle and the date of the first application under a new cycle under the Initial 1 treatment restriction.

Authority Required

19158

Complex refractory Fistulising Crohn disease

Treatment Phase: Balance of supply

Clinical criteria:

- Patient must have received insufficient treatment with this drug for this condition under the Continuing treatment restriction, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

Treatment criteria:

- Must be treated by a gastroenterologist; **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

12446C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	0.00	439.27	25.00	[a] Hadlima [RF]	[a] Humira [VE]
					[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

8966X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	0.00	439.27	25.00	[a] Abrilada [PF]	[a] Amgevita [XT]
					[a] Hadlima [RF]	[a] Hyrimoz [SZ]

ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits for the indication of moderate to severe ulcerative colitis (MSUC). Patients are eligible for one PBS-subsidised drug treatment indicated for MSUC at any one time.

Where the term 'biological medicine' appears in this note and restrictions, it refers to any PBS benefit indicated for MSUC.

Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

From 1 July 2021, under the PBS, all adult patients will be able to commence a treatment cycle where they may trial PBS-subsidised biological medicine without having to experience a disease flare when swapping to one of the alternate agents. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised biological medicine treatment prior to 1 July 2021 is considered to have started their first cycle as of 1 July 2021. Within the same treatment cycle, the same biological medicine cannot be trialled twice. Where 3 biological medicines have failed to provide the patient with an adequate response a treatment cycle is considered complete. There must be a 5-year break in PBS-subsidised therapy before starting the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for Initial treatment with a PBS-subsidised biological medicine under the new treatment cycle.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Selecting the correct treatment phase listing when applying for authority approval:

(1) Initial treatment.

Apply under an Initial 1 treatment listing where the patient has never received a biological medicine.

(2) Continuing treatment.

Under no circumstance is Continuing treatment to precede Initial treatment. An authority application for Continuing treatment is not to be made on the same day as Initial treatment.

(3) Changing therapy.

Apply under an Initial 2 treatment listing. The indices of disease severity (i.e. Mayo clinic score or partial Mayo clinic score), or the prior corticosteroid therapy and immunosuppressive therapy will not need to be restated. A patient may trial an alternate biological medicine treatment at any time, regardless of whether they are receiving therapy (initial or continuing) at the time of the application. However, they cannot change to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this Initial 2 treatment authority application.

(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under an Initial 3 treatment listing. Prior corticosteroid and immunosuppressive therapies need not be re-trialled.

(5) Balance of supply.

Where the full number of repeat prescriptions have not been requested under any initial or continuing listing, apply for the balance of the supply of the repeats under any treatment phase listing containing the words "balance of supply".

Note TREATMENT OF PAEDIATRIC PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) for paediatric patients with infliximab or adalimumab for moderate to severe ulcerative colitis; and infliximab for acute severe ulcerative colitis. Where the term 'biological medicine' appears in the following notes and restrictions, it refers to infliximab and adalimumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 2 biological medicines at any one time.

From 1 June 2017, under the PBS, all paediatric patients will be able to commence a treatment cycle where they may trial each PBS-subsidised biological medicine without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle and depending on the disease severity, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who received PBS-subsidised biological medicine treatment prior to 1 June 2017 is considered to have started their treatment cycle as of 1 June 2017. Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than twice. Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under the Initial 3 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine therapy after 1 June 2017.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy - Initial 1 treatment (new patient); or,

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate agent - Initial 2 treatment (Change or Recommencement of treatment after a break in biological medicine therapy of less than 5 years) [further details are under 'Swapping treatment' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy with the same agent - Initial 2 treatment (Change or Recommencement of treatment after a break in therapy of less than 5 years); or

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - recommencement of treatment after a break in biological medicine of more than 5 years).

Treatment authorisations under Initial 1, Initial 2 and Initial 3 will be limited to provide for a maximum of 16 weeks of treatment for adalimumab and 14 weeks of treatment for infliximab. From 1 June 2017, a patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of treatment for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be conducted no later than 4 weeks from the date that course was ceased.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment with that drug under the First continuing treatment and Subsequent continuing treatment restrictions providing they continue to sustain the response.

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.

For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Paediatric Ulcerative Colitis Activity Index (PUCAI) Score, confirmation of ulcerative colitis disease), or the prior conventional therapies of corticosteroids or immunosuppressives.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving treatment (initial or continuing) at the time of the application. However, a patient cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug twice within the same treatment cycle. To ensure a patient receives the

maximum treatment opportunities allowed under these swapping arrangements, it is important that they are assessed for response to every course of treatment.

(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify under Initial 3 treatment restriction and meet the relevant criteria with respect to the indices of disease severity.

Note Pharmaceutical benefits that have the form adalimumab 20 mg/0.2 mL syringes and pharmaceutical benefits that have the form adalimumab 20 mg/0.4 mL syringes are equivalent for the purposes of substitution

Note Pharmaceutical benefits that have a pack size of 1 may be substituted for pharmaceutical benefits that have a pack size of 2, in combinations equivalent to the maximum quantity number of units.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum number of repeats may be authorised.

Authority Required

16993

Moderate to severe ulcerative colitis

Treatment Phase: First continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated or sustained an adequate response to treatment by having a partial Mayo clinic score less than or equal to 2, with no subscore greater than 1 while receiving treatment with this drug; **OR**
- Patient must have demonstrated or sustained an adequate response to treatment by having a Paediatric Ulcerative Colitis Activity Index (PUCAI) score less than 10 while receiving treatment with this drug if aged 6 to 17 years.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; **OR**
- Must be treated by a paediatrician; **OR**
- Must be treated by a specialist paediatric gastroenterologist.

Population criteria:

- Patient must be 6 years of age or older.

Patients who have failed to maintain a partial Mayo clinic score of less than or equal to 2, with no subscore greater than 1, or, patients who have failed to maintain a Paediatric Ulcerative Colitis Activity Index (PUCAI) score of less than 10 (if aged 6 to 17 years) with continuing treatment with this drug, will not be eligible to receive further PBS-subsidised treatment with this drug.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

At the time of the authority application, medical practitioners should request sufficient quantity for up to 24 weeks of treatment under this restriction.

Authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment with this drug may be requested through the balance of supply restriction for patients who:

(i) received fewer than 5 repeats at the time of application; and/or

(ii) required changes to their dosing regimen during this treatment phase.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

If patients aged 6 to 17 years fail to respond to PBS-subsidised biological medicine treatment 3 times (twice with one agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

Authority Required

17030

Moderate to severe ulcerative colitis

Treatment Phase: Continuing treatment - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment or subsequent continuing treatment restrictions to complete 24 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under this restriction.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; **OR**
- Must be treated by a paediatrician; **OR**
- Must be treated by a specialist paediatric gastroenterologist.

adalimumab 20 mg/0.2 mL injection, 2 x 0.2 mL syringes

12337H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	0.00	606.96	25.00	[a] Humira [VE]	[a] Yuflyma [EW]

adalimumab 20 mg/0.4 mL injection, 0.4 mL syringe

12357J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	0.00	*606.96	25.00	[a] Amgevita [XT]

ADALIMUMAB

Note Biosimilar prescribing policy

Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Pharmaceutical benefits that have the form adalimumab 20 mg/0.2 mL syringes and pharmaceutical benefits that have the form adalimumab 20 mg/0.4 mL syringes are equivalent for the purposes of substitution

Note Pharmaceutical benefits that have a pack size of 1 may be substituted for pharmaceutical benefits that have a pack size of 2, in combinations equivalent to the maximum quantity number of units.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

15474

Vision threatening non-infectious uveitis

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have non-infectious uveitis that is vision threatening with the diagnosis confirmed by an ophthalmologist, rheumatologist, or immunologist, **AND**
- Patient must have failed to achieve an adequate response to corticosteroid therapy in combination with at least 1 immunosuppressive agent; **OR**
- Patient must have flared when corticosteroid therapy was tapered to a dose of less than or equal to 7.5 mg per day of prednisone or equivalent while on immunomodulatory therapy; **OR**
- Patient must have failed to achieve an adequate response to at least one immunosuppressive agent in patients for whom corticosteroids are not clinically appropriate; **OR**
- Patient must have a documented intolerance of a severity necessitating permanent treatment withdrawal or a contraindication to corticosteroid and immunomodulatory therapy, **AND**
- The treatment must not exceed 25 weeks under this restriction.

Treatment criteria:

- Must be treated by an ophthalmologist, rheumatologist or immunologist with expertise in uveitis; **OR**
- Must be treated by a medical practitioner who has consulted at least one of the above mentioned specialist types, with agreement reached that the patient should be treated with this pharmaceutical benefit on this occasion.

Vision threatening disease is defined as at least 1 of the following:

(a) A decrease in visual acuity of at least 10 letters using an ETDRS chart or equivalent;

(b) A 2-step increase in anterior chamber cells or vitreous haze;

(c) New retinal vasculitis;

(d) New retinal or choroidal lesions;

(e) Other signs of disease progression including visual field changes or electroretinogram changes

A failure to achieve an adequate response is defined as failure to meet one or more of the below criteria:

(a) Sustained reduction in inflammation defined as a 2-step decrease from baseline in Standardisation of Uveitis Nomenclature (SUN) criteria for anterior chamber or vitreous haze; or

(b) Sustained quiescence of inflammation defined as Standardisation of Uveitis Nomenclature (SUN) criteria less than or equal to 0.5+ anterior chamber or vitreous haze, absence of active vitreous or retinal lesions or vitreous cells; or

(c) Sustained corticosteroid sparing effect, allowing reduction in prednisone to less than 7.5 mg daily; or

(d) Reduction in frequency of ocular attacks to less than or equal to 1 per year (patients with Behcet's disease only)

Details of prior immunomodulatory agent and corticosteroid treatment, or details of contraindications or developed intolerances necessitating treatment withdrawal, must be documented in the patient's medical record.

The authority application must be made via the Online PBS Authorities System (real time assessment), or in writing via HPOS form upload or mail and must include details of vision threatening disease.

If the application is submitted through HPOS form upload or mail, it must include:

(i) details of the proposed prescription; and

(ii) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authorisation under this restriction should be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)

Alternatively, applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

15489

Vision threatening non-infectious uveitis

Treatment Phase: Recommencement of treatment

Clinical criteria:

- Patient must have a documented history of non-infectious uveitis that is vision threatening, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated or sustained an adequate response to treatment prior to having a break in therapy with this drug for this condition, **AND**
- The treatment must not exceed 25 weeks under this restriction.

Treatment criteria:

- Must be treated by an ophthalmologist, rheumatologist or immunologist with expertise in uveitis; **OR**
- Must be treated by a medical practitioner who has consulted at least one of the above mentioned specialist types, with agreement reached that the patient should be treated with this pharmaceutical benefit on this occasion.

An adequate response to treatment is defined as:

(a) Sustained reduction in inflammation defined as a 2-step decrease from baseline in Standardisation of Uveitis Nomenclature (SUN) criteria for anterior chamber or vitreous haze; or

(b) Sustained quiescence of inflammation defined as Standardisation of Uveitis Nomenclature (SUN) criteria less than or equal to 0.5+ anterior chamber or vitreous haze, absence of active vitreous or retinal lesions or vitreous cells; or

(c) Sustained corticosteroid sparing effect, allowing reduction in prednisone to less than 7.5 mg daily; or

(d) Reduction in frequency of ocular attacks to less than or equal to 1 per year (patients with Behcet's disease only)

The patient remains eligible to receive continuing treatment with the same biological medicine in courses of up to 24 weeks providing they continue to sustain an adequate response. It is recommended that a patient be reviewed in the month prior to completing their current course of treatment.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

adalimumab 20 mg/0.2 mL injection, 2 x 0.2 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14244Q	1	6	0.00	606.96	25.00	[a] Humira [VE]	[a] Yuflyma [EW]

adalimumab 20 mg/0.4 mL injection, 0.4 mL syringe

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14748F	2	6	0.00	*606.96	25.00	[a] Amgevita [XT]

ADALIMUMAB

Note TREATMENT OF PATIENTS UNDER 18 YEARS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, etanercept and ustekinumab for patients under 18 years of age with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, etanercept and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who is receiving PBS-subsidised treatment for severe chronic plaque psoriasis is able to commence a treatment cycle where they may trial a biological medicine without having to experience a disease flare when swapping to an alternate biological medicine within the same treatment cycle.

Under these arrangements, within a treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was prescribed in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 times in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 times in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

There are separate restrictions for the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hand and foot.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

(i) a patient has never received PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - Biological medicine-naive patient); or

(ii) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years); or

(iii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine or recommence with the same biological medicine within the same treatment cycle (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or

(iv) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

Etanercept only:

After completing 24-weeks of treatment with PBS-subsidised etanercept, a patient is eligible for re-treatment with etanercept within 12 months (Initial 4) due to a disease flare with psoriasis affecting the whole body if:

(i) there is at least a 50% change in the patients PASI score compared to the most recent response assessment following cessation of the most recent 24 weeks of PBS-subsidised etanercept; or

(ii) the patient has a current PASI score greater than 15

Etanercept only:

After completing 24-weeks of treatment with PBS-subsidised etanercept, a patient is eligible for re-treatment with etanercept (Initial 4) due to a disease flare with psoriasis affecting the face, hand or foot if:

(i) all subscores are rated moderate to severe; or

(ii) 2 of the three subscores are rated severe to very severe; or

(iii) the affected area of skin has increased by at least 50% compared to that at the time of the last assessment following cessation of the most recent 24 weeks of PBS-subsidised etanercept; or

(iv) the area affected is 30% or more of the face, palm of a hand or sole of a foot,

(2) Assessment of response to initial treatment.

After prescribing initial treatment with a biological medicine, a PASI assessment must be conducted after at least 12 weeks of treatment. This assessment will be used to determine eligibility for continuing treatment and must be conducted within 8 weeks of the last administered dose.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

Adalimumab and Ustekinumab only:

To avoid an interruption of supply for First continuing treatment, the assessment should be submitted no later than 2 weeks prior to when the next dose (under the new authority application) is due, unless the patient is currently on a treatment break.

(3) Continuing treatment

Etanercept only:

Following the completion of an initial 16-week treatment course with etanercept, a patient may receive a further 8 weeks of treatment (under the 'Completion of course' treatment phase) to complete a 24-week treatment course, providing they have demonstrated an adequate response to treatment to the initial supply.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be documented in the patient's medical records. Where a response assessment is not conducted, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Adalimumab and Ustekinumab only:

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks per continuing treatment course under the First continuing treatment restriction with that drug, provided they demonstrate an adequate response to treatment. The patient remains eligible to receive continuing treatment in courses of up to 24 weeks under the Subsequent continuing treatment restriction with that drug, provided they continue to sustain the

response. It is recommended that a patient be reviewed 4 weeks prior to when their next dose (under a new authority application) is due to ensure uninterrupted supply, but no later than 8 weeks after the date of the last administered dose.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(4) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to the prior non-biological therapy requirements. If the patient has had a break in therapy of more than 5 years, the indices of disease severity need to be met, but a re-trial of non-biological therapy is not required.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to that biological medicine more than once within the same treatment cycle or have failed to respond to biological medicines, as an aggregate, on 3 occasions within the same treatment cycle.

To ensure patients receive the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.

(5) Baseline measurements to determine response.

A response to treatment must be demonstrated based on the baseline PASI assessment provided with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is provided within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment. Where a patient is changing from treatment with etanercept to adalimumab or ustekinumab the prescriber must provide a baseline PASI measurement, as well as a PASI score demonstrating a response to treatment.

To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.

(6A) Recommencement of treatment after a break of less than 5 years in PBS-subsidised therapy (all drugs except etanercept).

A patient who wishes to resume treatment following a break in PBS-subsidised therapy of less than 5 years must resume under the 'Initial 2' treatment phase. The most recent PASI assessment demonstrating disease flare must be no more than 4 weeks old at the time of application.

(6B) Re-treatment (etanercept only)

A patient may be re-treated, in certain circumstances, with etanercept after completing a 24-week treatment course under the 'Initial 4' treatment phase.

(7) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to undertake a new treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under an 'Initial 3' treatment phase.

Note Pharmaceutical benefits that have the form adalimumab 20 mg/0.2 mL syringes and pharmaceutical benefits that have the form adalimumab 20 mg/0.4 mL syringes are equivalent for the purposes of substitution

Note Pharmaceutical benefits that have a pack size of 1 may be substituted for pharmaceutical benefits that have a pack size of 2, in combinations equivalent to the maximum quantity number of units.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authorisation under this restriction should be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)

Alternatively applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

17002

Severe chronic plaque psoriasis

Treatment Phase: First continuing treatment, Whole body

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- The treatment must be as systemic monotherapy; **OR**

- The treatment must be in combination with methotrexate, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must have been assessed for response to treatment after at least 12 weeks treatment with the preceding supply of this biological medicine, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a dermatologist.

Population criteria:

- Patient must have been under 18 years of age at the time of initial treatment with this drug.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(a) details of the proposed prescription(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed Psoriasis Area and Severity Index (PASI) calculation sheet including the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

The PASI assessment for continuing treatment must be performed on the same affected area assessed at baseline.

Authority Required

17003

Severe chronic plaque psoriasis

Treatment Phase: First continuing treatment, Face, hand, foot

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- The treatment must be as systemic monotherapy; **OR**
- The treatment must be in combination with methotrexate, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must have been assessed for response to treatment after at least 12 weeks treatment with the preceding supply of this biological medicine, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a dermatologist.

Population criteria:

- Patient must have been under 18 years of age at the time of initial treatment with this drug.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(a) details of the proposed prescription(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed Psoriasis Area and Severity Index (PASI) calculation sheet and face, hand, foot area diagrams including the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

The PASI assessment for continuing treatment must be performed on the same affected area assessed at baseline.

adalimumab 20 mg/0.2 mL injection, 2 x 0.2 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14997H	1	5	0.00	606.96	25.00	[a] Humira [VE]	[a] Yuflyma [EW]

adalimumab 20 mg/0.4 mL injection, 0.4 mL syringe

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14998J	2	5	0.00	*606.96	25.00	[a] Amgevita [XT]

ADALIMUMAB

Note TREATMENT OF PATIENTS UNDER 18 YEARS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, etanercept and ustekinumab for patients under 18 years of age with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, etanercept and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who is receiving PBS-subsidised treatment for severe chronic plaque psoriasis is able to commence a treatment cycle where they may trial a biological medicine without having to experience a disease flare when swapping to an alternate biological medicine within the same treatment cycle.

Under these arrangements, within a treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was prescribed in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 times in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 times in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

There are separate restrictions for the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hand and foot.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

(i) a patient has never received PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - Biological medicine-naive patient); or

(ii) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years); or

(iii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine or recommence with the same biological medicine within the same treatment cycle (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or

(iv) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

Etanercept only:

After completing 24-weeks of treatment with PBS-subsidised etanercept, a patient is eligible for re-treatment with etanercept within 12 months (Initial 4) due to a disease flare with psoriasis affecting the whole body if:

(i) there is at least a 50% change in the patients PASI score compared to the most recent response assessment following cessation of the most recent 24 weeks of PBS-subsidised etanercept; or

(ii) the patient has a current PASI score greater than 15

Etanercept only:

After completing 24-weeks of treatment with PBS-subsidised etanercept, a patient is eligible for re-treatment with etanercept (Initial 4) due to a disease flare with psoriasis affecting the face, hand or foot if:

(i) all subscores are rated moderate to severe; or

(ii) 2 of the three subscores are rated severe to very severe; or

(iii) the affected area of skin has increased by at least 50% compared to that at the time of the last assessment following cessation of the most recent 24 weeks of PBS-subsidised etanercept; or

(iv) the area affected is 30% or more of the face, palm of a hand or sole of a foot,

(2) Assessment of response to initial treatment.

After prescribing initial treatment with a biological medicine, a PASI assessment must be conducted after at least 12 weeks of treatment. This assessment will be used to determine eligibility for continuing treatment and must be conducted within 8 weeks of the last administered dose.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

Adalimumab and Ustekinumab only:

To avoid an interruption of supply for First continuing treatment, the assessment should be submitted no later than 2 weeks prior to when the next dose (under the new authority application) is due, unless the patient is currently on a treatment break.

(3) Continuing treatment

Etanercept only:

Following the completion of an initial 16-week treatment course with etanercept, a patient may receive a further 8 weeks of treatment (under the 'Completion of course' treatment phase) to complete a 24-week treatment course, providing they have demonstrated an adequate response to treatment to the initial supply.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be documented in the patient's medical records. Where a response assessment is not conducted, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Adalimumab and Ustekinumab only:

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks per continuing treatment course under the First continuing treatment restriction with that drug, provided they demonstrate an adequate response to treatment. The patient remains eligible to receive continuing treatment in courses of up to 24 weeks under the Subsequent continuing treatment restriction with that drug, provided they continue to sustain the response. It is recommended that a patient be reviewed 4 weeks prior to when their next dose (under a new authority application) is due to ensure uninterrupted supply, but no later than 8 weeks after the date of the last administered dose.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(4) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to the prior non-biological therapy requirements. If the patient has had a break in therapy of more than 5 years, the indices of disease severity need to be met, but a re-trial of non-biological therapy is not required.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to that biological medicine more than once within the same treatment cycle or have failed to respond to biological medicines, as an aggregate, on 3 occasions within the same treatment cycle.

To ensure patients receive the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.

(5) Baseline measurements to determine response.

A response to treatment must be demonstrated based on the baseline PASI assessment provided with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is provided within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment. Where a patient is changing from treatment with etanercept to adalimumab or ustekinumab the prescriber must provide a baseline PASI measurement, as well as a PASI score demonstrating a response to treatment.

To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.

(6A) Recommencement of treatment after a break of less than 5 years in PBS-subsidised therapy (all drugs except etanercept).

A patient who wishes to resume treatment following a break in PBS-subsidised therapy of less than 5 years must resume under the 'Initial 2' treatment phase. The most recent PASI assessment demonstrating disease flare must be no more than 4 weeks old at the time of application.

(6B) Re-treatment (etanercept only)

A patient may be re-treated, in certain circumstances, with etanercept after completing a 24-week treatment course under the 'Initial 4' treatment phase.

(7) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to undertake a new treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under an 'Initial 3' treatment phase.

Note Pharmaceutical benefits that have the form adalimumab 20 mg/0.2 mL syringes and pharmaceutical benefits that have the form adalimumab 20 mg/0.4 mL syringes are equivalent for the purposes of substitution

Note Pharmaceutical benefits that have a pack size of 1 may be substituted for pharmaceutical benefits that have a pack size of 2, in combinations equivalent to the maximum quantity number of units.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

17065

Severe chronic plaque psoriasis

Treatment Phase: Subsequent continuing treatment, Whole body

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must have been assessed for response to treatment after at least 12 weeks treatment with the preceding supply of this biological medicine, **AND**
- Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction.

Treatment criteria:

- Must be treated by a dermatologist.

Population criteria:

- Patient must have been under 18 years of age at the time of initial treatment with this drug.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

The assessment of response to treatment must be documented in the patient's medical records.

Authority Required (STREAMLINED)

16999

Severe chronic plaque psoriasis

Treatment Phase: Subsequent continuing treatment, Face, hand, foot

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must have been assessed for response to treatment after at least 12 weeks treatment with the preceding supply of this biological medicine, **AND**
- Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction.

Treatment criteria:

- Must be treated by a dermatologist.

Population criteria:

- Patient must have been under 18 years of age at the time of initial treatment with this drug.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

The assessment of response to treatment must be documented in the patient's medical records.

adalimumab 20 mg/0.2 mL injection, 2 x 0.2 mL syringes

15039M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	0.00	606.96	25.00	[a] Humira [VE]	[a] Yuflyma [EW]

adalimumab 20 mg/0.4 mL injection, 0.4 mL syringe

15005R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	0.00	*606.96	25.00	[a] Amgevita [XT]

ADALIMUMAB

Note SEVERE CROHN DISEASE - TREATMENT PHASES AND CYCLES

The following information applies to the prescribing of targeted therapies under the Pharmaceutical Benefits Scheme (PBS) for benefits with a stated indication of: 'Severe Crohn disease'. For PBS administration, the term targeted therapy includes biological and targeted synthetic disease modifying anti-rheumatic drugs.

A patient is eligible for PBS-subsidised treatment with only one targeted therapy at any one time.

Treatment cycle:

A treatment cycle begins when an authority application is approved under an Initial 1, Initial 2 patients who are accessing PBS-subsidised treatment for the first time, Initial 3 or transitioning from non-PBS-subsidised therapy that was commenced as a paediatric patient type restriction. Treatment must not continue with the same targeted therapy if it has not provided an adequate response as defined in the continuing treatment phase. A patient may trial different targeted therapies within a cycle; however, if all available targeted therapies have been trialled and have not provided an adequate response, the treatment cycle ends and a 12-month PBS exclusion period applies.

The 12-month break is measured from the date of the last PBS approval for a targeted therapy in the most recent cycle to the date of first initial treatment application under the next treatment cycle.

If a new targeted therapy with a different pharmacological mechanism of action becomes available on the PBS during a 12-month break, a patient may be prescribed the newly listed targeted therapy through the Initial 2 treatment phase, if they

have never received that medicine previously. If the newly listed targeted therapy does not provide an adequate response, the treatment cycle ends and the 12-month break recommences. This will not be considered a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Treatment phases:

Initial 1 - use when the patient has never received a targeted therapy for this indication.

Baseline disease activity and inadequate response to conventional therapies must be demonstrated.

Initial 2 - use when an alternative targeted therapy is being prescribed for this indication, or when the patient has previously been treated with this targeted therapy and treatment is resuming after a break of less than 12 months.

Baseline disease activity and inadequate response to conventional therapies do not need to be re-demonstrated; however, an assessment of response to the preceding supply must be provided if a response has been demonstrated.

Initial 3 - use when treatment is resuming after an absence of PBS subsidy for at least 12 months.

Baseline disease activity must be demonstrated; however, a re-trial of conventional therapies is not required.

Transitioning from non-PBS supply commenced as a paediatric patient - use when the patient is receiving non-PBS-subsidised treatment with a targeted therapy for this condition and has been initiated on treatment on the same targeted therapy as a paediatric patient (prior to 18 years of age) via non-PBS pathways (e.g. compassionate access or public hospital individual patient use program).

Continuing treatment - use when patient has demonstrated an adequate response to the preceding supply and/or when the dose is being increased. Continuing treatment authority scripts must not be written on the same day as Initial treatment authority applications.

Balance of supply - use when the full amount of the preceding supply was not provided. This phase provides the remaining quantity that could have been obtained under the preceding authority approval or where additional time is required for an adequate response to be demonstrated.

Recency of assessments:

Where possible, all related assessment documentation (including Crohn Disease Activity Index calculations, pathology tests and diagnostic imaging studies) should be within 4 weeks of the date of authority application but no longer than 4 weeks following cessation of the most recent treatment.

Note Biosimilar prescribing policy

Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for targeted therapies, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note Authority applications for increased quantities/repeats may be approved by Services Australia to provide sufficient doses for the relevant treatment phase.

Authority Required

18813

Severe Crohn disease

Treatment Phase: Initial 1 (new patient)

Clinical criteria:

- Patient must have confirmed severe Crohn disease, defined by standard clinical, endoscopic and/or imaging features, including histological evidence, with the diagnosis confirmed by a gastroenterologist or a consultant physician, **AND**
- Patient must not have achieved an adequate response to a tapered course of steroids, starting at a dose of at least 40 mg prednisolone (or equivalent), over a 6 week period, **AND**
- Patient must not have achieved an adequate response to prior treatment with a thiopurine at a clinically optimised dose for 3 or more consecutive months; **OR**
- Patient must not have achieved an adequate response to methotrexate at a dose of at least 15 mg weekly for 3 or more consecutive months, **AND**
- Patient must have a Crohn Disease Activity Index (CDAI) Score greater than or equal to 300 as evidence of not achieving an adequate response to prior systemic therapy; **OR**
- Patient must have short gut syndrome with diagnostic imaging or surgical evidence, or have had an ileostomy or colostomy; and must have evidence of intestinal inflammation; and must have evidence of not achieving an adequate response to prior systemic therapy as specified below; **OR**
- Patient must have extensive intestinal inflammation affecting more than 50 cm of the small intestine as evidenced by radiological imaging; and must have a Crohn Disease Activity Index (CDAI) Score greater than or equal to 220; and must have evidence of not achieving an adequate response to prior systemic therapy as specified below, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a gastroenterologist; **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

Population criteria:

- Patient must be at least 18 years of age.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) details of prior systemic drug therapy [dosage, date of commencement and duration of therapy]; and

(b) if applicable, details (date, unique identifying number/code or provider number) of the pathology or diagnostic imaging test(s) nominated as the response criteria; and

(c) if applicable, details of intestinal inflammation marker/s; and

(d) if applicable, the CDAI score and the date of assessment; and

(e) the date of the most recent clinical assessment.

Evidence of not achieving an adequate response to prior therapy must include at least one of the following:

(a) patient must have evidence of intestinal inflammation;

(b) patient must be assessed clinically as being in a high faecal output state;

(c) patient must be assessed clinically as requiring surgery or total parenteral nutrition (TPN) as the next therapeutic option, in the absence of this drug, if affected by short gut syndrome, extensive small intestine disease or is an ostomy patient.

Evidence of intestinal inflammation includes:

(i) blood: higher than normal platelet count, or, an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour, or, a C-reactive protein (CRP) level greater than 15 mg per L; or

(ii) faeces: higher than normal lactoferrin or calprotectin level; or

(iii) diagnostic imaging: demonstration of increased uptake of intravenous contrast with thickening of the bowel wall or mesenteric lymphadenopathy or fat streaking in the mesentery.

Where fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment with adalimumab may be requested under the balance of supply restriction.

If treatment with any of the specified prior conventional drugs is contraindicated according to the relevant contraindications or precautions in the TGA-approved Product Information, please provide details at the time of application. Patients must attempt to trial alternate conventional therapies that are not contraindicated.

If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, details of this toxicity must be provided at the time of application.

Any one of the baseline criteria may be used to determine response to an initial course of treatment and eligibility for continued therapy, according to the criteria included in the continuing treatment restriction. However, the same criterion must be used for any subsequent determination of response to treatment, for the purpose of eligibility for continuing PBS-subsidised therapy.

A patient who does not demonstrate a response to treatment will not be eligible for further PBS-subsidised treatment with this drug for this condition within the same treatment cycle. The patient will be considered not to have responded to treatment if a response assessment is not completed. A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as treatment failure.

Authority Required

18814

Severe Crohn disease

Treatment Phase: Initial 2 (change or recommencement of treatment after a break in targeted therapy of less than 12 months)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a targeted therapy for this condition in this treatment cycle; **OR**
- Patient must have been eligible for prior PBS-subsidised treatment with a targeted therapy for this condition in this treatment cycle, **AND**
- Patient must have either: (i) not previously received this drug for this condition in the current treatment cycle, (ii) previously received this drug and demonstrated/maintained an adequate clinical response, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction per authority application.

Treatment criteria:

- Must be treated by a gastroenterologist; **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

Population criteria:

- Patient must be at least 18 years of age.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) if applicable, the CDAI score and the date of assessment; and

(b) if applicable, details (date, unique identifying number/code or provider number) of the pathology or diagnostic imaging test(s) used to assess response to therapy for patients with short gut syndrome, extensive small intestine disease or an ostomy; and

(c) if applicable, the date of the most recent clinical assessment; and

(d) details of the most recent targeted therapy in the current treatment cycle, including the date and duration of treatment.

If a patient was eligible for prior PBS-subsidised treatment with a targeted therapy for this condition but did not receive PBS-subsidised treatment at the time, the application must provide a declaration that the patient met all 'Initial 1' eligibility requirements when targeted therapy treatment commenced. The following information must also be provided at the time of application:

(a) the baseline CDAI score and the date of assessment; and/or

(b) details (date, unique identifying number/code or provider number) of the pathology or diagnostic imaging test(s) used to assess response to therapy for patients with short gut syndrome, extensive small intestine disease or an ostomy.

Where fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment with adalimumab may be requested under the balance of supply restriction.

A patient who does not demonstrate a response to treatment will not be eligible for further PBS-subsidised treatment with this drug for this condition within the same treatment cycle. The patient will be considered not to have responded to treatment if a response assessment is not completed. A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised targeted therapy was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Authority Required

18815

Severe Crohn disease

Treatment Phase: Initial 3 (recommencement of treatment after a break in targeted therapy of more than 12 months)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a targeted therapy for this condition, **AND**
- Patient must have had a break in treatment of 12 months or more from the most recently approved PBS-subsidised targeted therapy for this condition, **AND**
- Patient must have confirmed severe Crohn disease, defined by standard clinical, endoscopic and/or imaging features, including histological evidence, with the diagnosis confirmed by a gastroenterologist or a consultant physician, **AND**
- Patient must have a Crohn Disease Activity Index (CDAI) Score of greater than or equal to 300 while off treatment with targeted therapy; **OR**
- Patient must have a documented history of intestinal inflammation and have diagnostic imaging or surgical evidence of short gut syndrome if affected by the syndrome or has an ileostomy or colostomy; and evidence of flared disease while off treatment with targeted therapy; **OR**
- Patient must have a documented history and radiological evidence of intestinal inflammation if the patient has extensive small intestinal disease affecting more than 50 cm of the small intestine, together with a Crohn Disease Activity Index (CDAI) Score greater than or equal to 220; and evidence of flared disease while off treatment with targeted therapy, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction per authority application.

Treatment criteria:

- Must be treated by a gastroenterologist; **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

Population criteria:

- Patient must be at least 18 years of age.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) if applicable, current CDAI score and the date of assessment; and

(b) if applicable, details (date, unique identifying number/code or provider number) of the pathology or diagnostic imaging test(s) or details of intestinal inflammation marker/s used to assess response to therapy for patients with short gut syndrome, extensive small intestine disease or an ostomy; and

(c) the date of the most recent clinical assessment.

Evidence of flared disease must include at least one of the following:

(a) patient must have evidence of intestinal inflammation;

(b) patient must be assessed clinically as being in a high faecal output state;

(c) patient must be assessed clinically as requiring surgery or total parenteral nutrition (TPN) as the next therapeutic option, in the absence of this drug, if affected by short gut syndrome, extensive small intestine disease or is an ostomy patient.

Evidence of intestinal inflammation includes:

(i) blood: higher than normal platelet count, or, an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour, or, a C-reactive protein (CRP) level greater than 15 mg per L; or

(ii) faeces: higher than normal lactoferrin or calprotectin level; or

(iii) diagnostic imaging: demonstration of increased uptake of intravenous contrast with thickening of the bowel wall or mesenteric lymphadenopathy or fat streaking in the mesentery.

Where fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment with adalimumab may be requested under the balance of supply restriction.

Any one of the baseline criteria may be used to determine response to an initial course of treatment and eligibility for continued therapy, according to the criteria included in the continuing treatment restriction. However, the same criterion must be used for any subsequent determination of response to treatment, for the purpose of eligibility for continuing PBS-subsidised therapy.

A patient who does not demonstrate a response to treatment will not be eligible for further PBS-subsidised treatment with this drug for this condition within the same treatment cycle. The patient will be considered not to have responded to treatment if a response assessment is not completed. A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised targeted therapy was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

adalimumab 80 mg/0.8 mL injection, 0.8 mL syringe

12372E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	3	0	0.00	*2,042.73	25.00	[a] Humira [VE]	[a] Yuflyma [EW]

adalimumab 80 mg/0.8 mL injection, 0.8 mL pen device

12419P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	3	0	0.00	*2,042.73	25.00	[a] Humira [VE]	[a] Hyrimoz [SZ]
						[a] Yuflyma [EW]	

ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH A HISTORY OF JUVENILE IDIOPATHIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, etanercept and tocilizumab for a patient over 18 years who has a history of juvenile idiopathic arthritis with onset prior to the age of 18 years. Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, etanercept and tocilizumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 3 biological medicines at any one time.

From 1 April 2014, a patient receiving PBS-subsidised biological medicine therapy is considered to be in a treatment cycle where they may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements, within a single treatment cycle, a patient may:

(i) continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy; and

(ii) fail to respond or to sustain a response to each PBS-subsidised biological medicine once only. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single treatment cycle and they must have, at a minimum, a 5 year break in PBS-subsidised biological medicine therapy before they are eligible to receive further PBS-subsidised biological medicine therapy.

The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine was approved to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who received PBS-subsidised biological medicine treatment immediately prior to 1 April 2014 is considered to be in their first cycle as of 1 April 2014. A patient who has had a break in biological medicine treatment of at least 24 months immediately prior to making a new application, on or after 1 April 2014, will commence a new treatment cycle under the Initial 3 treatment restriction

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 24 months may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 24 months must commence a new treatment cycle under the Initial 3 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine therapy after 1 April 2014.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or recommencement of treatment after a break in biological medicine of less than 24 months) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 24 months with the same medicine (Initial 2 - Change or recommencement of treatment after a break in biological medicine therapy of less than 24 months); or

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 24 months (Initial 3 - recommencement of treatment after a break in biological medicine of more than 24 months).

Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy.

A patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Adalimumab and infliximab only:

Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (joint count and ESR/CRP) or the prior non-biological medicine therapy requirements, except if the patient has had a break in therapy of more than 24 months who would then need to requalify under the Initial 3 restrictions with respect to the indices of disease severity.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the joint count submitted with the first authority application for a biological medicine. However, prescribers may provide a new baseline measurement any time that an initial treatment authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after 24 months break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological medicine therapy of at least 24 months, must qualify under the Initial 3 restriction and meet the relevant criteria and index of disease severity.

Note Biosimilar prescribing policy

Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

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Authority Required

18593

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have a documented history of severe active juvenile idiopathic arthritis with onset prior to the age of 18 years, **AND**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with disease modifying anti-rheumatic drugs (DMARDs) which must include at least 3 months continuous treatment with each of at least 2 DMARDs, one of which must be methotrexate at a dose of at least 20 mg weekly and one of which must be: (i) hydroxychloroquine at a dose of at least 200 mg daily; or (ii) leflunomide at a dose of at least 10 mg daily; or (iii) sulfasalazine at a dose of at least 2 g daily; **OR**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with DMARDs which, if methotrexate is contraindicated according to the Therapeutic Goods Administration (TGA)-approved Product Information or cannot be tolerated at a 20 mg weekly dose, must include at least 3 months continuous treatment with each of at least 2 of the following DMARDs: (i) hydroxychloroquine at a dose of at least 200 mg daily; and/or (ii) leflunomide at a dose of at least 10 mg daily; and/or (iii) sulfasalazine at a dose of at least 2 g daily; **OR**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 3 months of continuous treatment with a DMARD where 2 of: (i) hydroxychloroquine, (ii) leflunomide, (iii) sulfasalazine, are either contraindicated according to the relevant TGA-approved Product Information or cannot be tolerated at the doses specified above in addition to having a contraindication or intolerance to methotrexate: the remaining tolerated DMARD must be trialled at a minimum dose as mentioned above; **OR**
- Patient must have a contraindication/severe intolerance to each of: (i) methotrexate, (ii) hydroxychloroquine, (iii) leflunomide, (iv) sulfasalazine; in such cases, provide details for each of the contraindications/severe intolerances claimed in the authority application, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

If methotrexate is contraindicated according to the TGA-approved Product Information or cannot be tolerated at a 20 mg weekly dose, the application must include details of the contraindication or intolerance to methotrexate. The maximum tolerated dose of methotrexate must be documented in the application, if applicable.

The application must include details of the DMARDs trialled, their doses and duration of treatment, and all relevant contraindications and/or intolerances.

The requirement to trial at least 2 DMARDs for periods of at least 3 months each can be met using single agents sequentially or by using one or more combinations of DMARDs.

If the requirement to trial 6 months of intensive DMARD therapy with at least 2 DMARDs cannot be met because of contraindications and/or intolerances of a severity necessitating permanent treatment withdrawal to all of the DMARDs specified above, details of the contraindication or intolerance and dose for each DMARD must be provided in the authority application.

The following criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; AND either

(a) an active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The joint count and ESR and/or CRP must be determined at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. All measurements must be no more than 4 weeks old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18550

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after break in biological medicine of less than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have a documented history of severe active juvenile idiopathic arthritis with onset prior to the age of 18 years, **AND**
- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**

- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) an active joint count of fewer than 10 active (swollen and tender) joints; or

(b) a reduction in the active (swollen and tender) joint count by at least 50% from baseline; or

(c) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to change or recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient who fails to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18549

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 24 months or more from the most recently approved PBS-subsidised biological medicine for this condition; **OR**
- Patient must not have received PBS-subsidised biological medicine for at least 5 years if they failed or ceased to respond to PBS-subsidised biological medicine treatment 3 times in their last treatment cycle, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; **OR**
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**

- The condition must have either (a) a total active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active major joints, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Active joints are defined as:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measurements must be no more than 4 weeks old at the time of this application.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18557

Severe active juvenile idiopathic arthritis

Treatment Phase: Balance of supply - Initial treatment - Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after break of less than 24 months) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months) to complete 16 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

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adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

12364R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	0.00	495.79	25.00	[a] Hadlima [RF]	[a] Humira [VE]
					[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

5281Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	0.00	439.27	25.00	[a] Amgevita [XT]	[a] Hadlima [RF]
					[a] Hyrimoz [SZ]	

ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH A HISTORY OF JUVENILE IDIOPATHIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, etanercept and tocilizumab for a patient over 18 years who has a history of juvenile idiopathic arthritis with onset prior to the age of 18 years. Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, etanercept and tocilizumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 3 biological medicines at any one time.

From 1 April 2014, a patient receiving PBS-subsidised biological medicine therapy is considered to be in a treatment cycle where they may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements, within a single treatment cycle, a patient may:

(i) continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy; and

(ii) fail to respond or to sustain a response to each PBS-subsidised biological medicine once only. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single treatment cycle and they must have, at a minimum, a 5 year break in PBS-subsidised biological medicine therapy before they are eligible to receive further PBS-subsidised biological medicine therapy.

The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine was approved to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who received PBS-subsidised biological medicine treatment immediately prior to 1 April 2014 is considered to be in their first cycle as of 1 April 2014. A patient who has had a break in biological medicine treatment of at least 24 months immediately prior to making a new application, on or after 1 April 2014, will commence a new treatment cycle under the Initial 3 treatment restriction

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 24 months may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 24 months must commence a new treatment cycle under the Initial 3 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine therapy after 1 April 2014.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or recommencement of treatment after a break in biological medicine of less than 24 months) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 24 months with the same medicine (Initial 2 - Change or recommencement of treatment after a break in biological medicine therapy of less than 24 months); or

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 24 months (Initial 3 - recommencement of treatment after a break in biological medicine of more than 24 months).

Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy.

A patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Adalimumab and infliximab only:

Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (joint count and ESR/CRP) or the prior non-biological medicine therapy requirements, except if the patient has had a break in therapy of more than 24 months who would then need to requalify under the Initial 3 restrictions with respect to the indices of disease severity.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the joint count submitted with the first authority application for a biological medicine. However, prescribers may provide a new baseline measurement any time that an initial treatment authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after 24 months break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological medicine therapy of at least 24 months, must qualify under the Initial 3 restriction and meet the relevant criteria and index of disease severity.

Note Biosimilar prescribing policy

Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

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Authority Required

18593

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have a documented history of severe active juvenile idiopathic arthritis with onset prior to the age of 18 years, **AND**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with disease modifying anti-rheumatic drugs (DMARDs) which must include at least 3 months continuous treatment with each of at least 2 DMARDs, one of which must be methotrexate at a dose of at least 20 mg weekly and one of which must be: (i) hydroxychloroquine at a dose of at least 200 mg daily; or (ii) leflunomide at a dose of at least 10 mg daily; or (iii) sulfasalazine at a dose of at least 2 g daily; **OR**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with DMARDs which, if methotrexate is contraindicated according to the Therapeutic Goods Administration (TGA)-approved Product Information or cannot be tolerated at a 20 mg weekly dose, must include at least 3 months continuous treatment with each of at least 2 of the following DMARDs: (i) hydroxychloroquine at a dose of at least 200 mg daily; and/or (ii) leflunomide at a dose of at least 10 mg daily; and/or (iii) sulfasalazine at a dose of at least 2 g daily; **OR**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 3 months of continuous treatment with a DMARD where 2 of: (i) hydroxychloroquine, (ii) leflunomide, (iii) sulfasalazine, are either contraindicated according to the relevant TGA-approved Product Information or cannot be tolerated at the doses specified above in addition to having a contraindication or intolerance to methotrexate: the remaining tolerated DMARD must be trialled at a minimum dose as mentioned above; **OR**
- Patient must have a contraindication/severe intolerance to each of: (i) methotrexate, (ii) hydroxychloroquine, (iii) leflunomide, (iv) sulfasalazine; in such cases, provide details for each of the contraindications/severe intolerances claimed in the authority application, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

If methotrexate is contraindicated according to the TGA-approved Product Information or cannot be tolerated at a 20 mg weekly dose, the application must include details of the contraindication or intolerance to methotrexate. The maximum tolerated dose of methotrexate must be documented in the application, if applicable.

The application must include details of the DMARDs trialled, their doses and duration of treatment, and all relevant contraindications and/or intolerances.

The requirement to trial at least 2 DMARDs for periods of at least 3 months each can be met using single agents sequentially or by using one or more combinations of DMARDs.

If the requirement to trial 6 months of intensive DMARD therapy with at least 2 DMARDs cannot be met because of contraindications and/or intolerances of a severity necessitating permanent treatment withdrawal to all of the DMARDs specified above, details of the contraindication or intolerance and dose for each DMARD must be provided in the authority application.

The following criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; AND either

(a) an active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The joint count and ESR and/or CRP must be determined at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. All measurements must be no more than 4 weeks old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18550

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after break in biological medicine of less than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have a documented history of severe active juvenile idiopathic arthritis with onset prior to the age of 18 years, **AND**
- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) an active joint count of fewer than 10 active (swollen and tender) joints; or

(b) a reduction in the active (swollen and tender) joint count by at least 50% from baseline; or

(c) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to change or recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient who fails to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18549

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 24 months or more from the most recently approved PBS-subsidised biological medicine for this condition; **OR**
- Patient must not have received PBS-subsidised biological medicine for at least 5 years if they failed or ceased to respond to PBS-subsidised biological medicine treatment 3 times in their last treatment cycle, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; **OR**
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either (a) a total active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active major joints, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Active joints are defined as:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measurements must be no more than 4 weeks old at the time of this application.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18557

Severe active juvenile idiopathic arthritis

Treatment Phase: Balance of supply - Initial treatment - Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after break of less than 24 months) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months) to complete 16 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

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adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

12428D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	0.00	439.27	25.00	[a] Hadlima [RF]	[a] Humira [VE]
					[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

5282B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	0.00	439.27	25.00	[a] Abrilada [PF]	[a] Amgevita [XT]
					[a] Hadlima [RF]	[a] Hyrimoz [SZ]

ADALIMUMAB

Note TREATMENT OF COMPLEX REFRACTORY FISTULISING CROHN DISEASE

The following information applies to the prescribing of targeted therapies under the Pharmaceutical Benefits Scheme (PBS) for benefits with a stated indication of 'complex refractory fistulising Crohn disease'. For PBS administration, the term targeted therapy includes biological and targeted synthetic disease modifying anti-rheumatic drugs.

A patient is eligible for PBS-subsidised treatment with only one targeted therapy at any one time.

Treatment cycle:

A treatment cycle begins when an authority application is approved under the Initial 1 or Initial 2 who are accessing PBS-subsidised treatment for the first time. Treatment must not continue with the same targeted therapy if it has not provided an adequate response as defined in the continuing treatment phase. A patient may trial different targeted therapies within a cycle; however, if all available targeted therapies have been trialled and do not provide an adequate response, the treatment cycle ends and a 12-month PBS exclusion period applies.

The 12-month break is measured from the date of the last PBS approval for a targeted therapy in the most recent cycle to the date of first initial treatment application under the next treatment cycle.

If a new targeted therapy with a different pharmacological mechanism of action becomes available on the PBS during a 12-month break, a patient may be prescribed the newly listed targeted therapy, through the Initial 2 treatment phase, if they have never received that medicine previously. If the newly listed targeted therapy does not provide an adequate response, the treatment cycle ends and the 12-month break recommences. This will not be considered a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Treatment phases:

Initial 1 - use when the patient has never received a targeted therapy for this indication or if the patient has had a break in targeted therapy of at least 12-months. Patients who have had a break in treatment of at least 12-months must requalify for treatment with respect to the indices of disease severity.

Initial 2 - use when:

- an alternative targeted therapy is prescribed for this indication, or
- the patient has previously been treated with this targeted therapy, or
- treatment is resuming after a break of less than 12-months.

Baseline disease activity does not need to be re demonstrated; however, an assessment of response to the preceding supply must be provided if a response has been demonstrated.

Continuing treatment - use when patient has demonstrated an adequate response to the preceding supply. A response to treatment is determined by comparison of current disease activity measurements relative to the baseline measurements. Prescribers may provide new baseline measurements any time that an initial treatment authority application is made within a treatment cycle and eligibility will be assessed against the revised baseline measurements. Continuing treatment authority scripts must not be written on the same day as Initial treatment authority applications.

Balance of supply - use when the full amount of the preceding supply was not provided. This phase provides the remaining quantity that could have been obtained under the preceding authority approval or where additional time is required for an adequate response to be determined.

Recency of assessments:

Where possible, all related assessment documentation should be within 4 weeks of the date of authority application but no longer than 4 weeks following cessation of the most recent treatment.

Note Biosimilar prescribing policy

Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for targeted therapies, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note For the purposes of this restriction, the fistula symptom grading total score can be calculated using the following:

(i) Discharge

- 0 - no discharge
- 1 - minimal mucous discharge
- 2 - moderate mucous discharge or purulent discharge
- 3 - substantial discharge
- 4 - gross faecal soiling

(ii) Pain

- 0 - no pain
- 1 - mild discomfort
- 2 - moderate discomfort
- 3 - marked discomfort
- 4 - severe pain

(iii) Degree of induration

- 0 - no induration
- 1 - minimal induration
- 2 - moderate induration
- 3 - substantial induration
- 4 - gross fluctuance/abscess

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

19106

Complex refractory Fistulising Crohn disease

Treatment Phase: Initial 1 (new patient or recommencement of treatment after a break in targeted therapy of more than 12 months)

Clinical criteria:

- Patient must have confirmed Crohn disease, defined by standard clinical, endoscopic and/or imaging features, including histological evidence, with the diagnosis confirmed by a gastroenterologist or a consultant physician, **AND**
- Patient must have an externally draining enterocutaneous or rectovaginal fistula, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a gastroenterologist; **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

The number of externally draining complex fistulae, fistula symptom grading scores (discharge/pain/induration) and the date of assessment of the patient's condition must be provided by the prescriber at the time of application and documented in the patient's medical records.

A patient who does not demonstrate a response to treatment will not be eligible for further PBS-subsidised treatment with this drug for this condition within the same treatment cycle. The patient will be considered not to have responded to treatment if a response assessment is not completed. A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as treatment failure.

Under no circumstances will approvals be granted for treatment that would otherwise extend the initial treatment period.

Where fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment with adalimumab may be requested under the balance of supply restriction.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised targeted therapy was approved in this cycle and the date of the first application under a new cycle under the Initial 1 treatment restriction.

Authority Required

19115

Complex refractory Fistulising Crohn disease

Treatment Phase: Initial 2 (change or recommencement of treatment after a break in targeted therapy of less than 12 months)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a targeted therapy for this condition in this treatment cycle; **OR**
- Patient must have been eligible for prior PBS-subsidised treatment with a targeted therapy for this condition in this treatment cycle, **AND**
- Patient must have either: (i) not previously received this drug for this condition in the current treatment cycle, (ii) previously received this drug and demonstrated/maintained an adequate clinical response, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction per authority application.

Treatment criteria:

- Must be treated by a gastroenterologist; **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

A patient who does not demonstrate a response to treatment will not be eligible for further PBS-subsidised treatment with this drug for this condition within the same treatment cycle. The patient will be considered not to have responded to treatment if a response assessment is not completed. A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as treatment failure.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) current number of externally draining complex fistulae, fistula symptom grading scores (discharge/pain/induration) and the date of assessment of the patient's condition; and

(b) details of the most recent targeted therapy in the current treatment cycle, including the date and duration of treatment.

If a patient was eligible for prior PBS-subsidised treatment with a targeted therapy for this condition but did not receive PBS-subsidised treatment at the time, the application must provide a declaration that the patient met all 'Initial 1' eligibility requirements when targeted therapy treatment commenced. The application must also provide details of the baseline scores of the prior eligibility requirements, including the number of externally draining complex fistulae, fistula symptom grading scores (discharge/pain/induration) and the date of assessment.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised targeted therapy was approved in this cycle and the date of the first application under a new cycle under the Initial 1 treatment restriction.

Where fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment with adalimumab may be requested under the balance of supply restriction. Under no circumstances will approvals be granted for treatment that would otherwise extend the initial treatment period.

adalimumab 80 mg/0.8 mL injection, 0.8 mL pen device

12360M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3	0	0.00	*2,042.73	25.00	[a] Humira [VE]	[a] Hyrimoz [SZ]
					[a] Yuflyma [EW]	

adalimumab 80 mg/0.8 mL injection, 0.8 mL syringe

12393G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3	0	0.00	*2,042.73	25.00	[a] Humira [VE]	[a] Yuflyma [EW]

ADALIMUMAB

Note The assessment for Juvenile Spondyloarthritis Disease Activity Index score is available at: https://pmc.ncbi.nlm.nih.gov/articles/PMC4245319/table/T2/.

Note Biosimilar prescribing policy

Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

17715

Enthesitis/spondylitis related juvenile idiopathic arthritis

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have a diagnosis of enthesitis/spondylitis related juvenile idiopathic arthritis defined by at least one of the following: (i) peripheral arthritis and enthesitis, (ii) inflammatory sacroiliitis on Magnetic Resonance Imaging (MRI) plus at least 3 months of inflammatory back pain, (iii) arthritis or enthesitis plus at least 2 of: (a) sacroiliac joint tenderness, (b) inflammatory back pain, (c) presence of HLA-B27 antigen, (d) acute (symptomatic) anterior uveitis, (e) history of spondyloarthritis in a first-degree relative, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition; **OR**
- Patient must have had a break in treatment of at least 2 years from the most recently prescribed PBS-subsidised biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response for axial disease (sacroiliitis and/or spondylitis), following treatment with at least 2 non-steroidal anti-inflammatory drugs (NSAIDs) whilst completing an appropriate exercise program, for a total period of 3 months; **OR**
- Patient must have failed to achieve an adequate response for peripheral disease (arthritis and/or enthesitis) following treatment with at least 2 NSAIDs, and either: (i) methotrexate at a dose of 15 mg per square metre (maximum 20 mg) weekly, (ii) sulfasalazine at a dose of 20 mg/kg (maximum 1 g) twice daily, whilst completing an appropriate exercise program, for a total period of 3 months, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a paediatric rheumatologist; **OR**
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

Population criteria:

- Patient must be under 18 years of age.

If the NSAID dose is less than the maximum recommended dose in the relevant TGA-approved Product Information, details must be documented in the patient's medical records.

If treatment with methotrexate, sulfasalazine or NSAIDs is contraindicated according to the relevant TGA-approved Product Information, details must be documented in the patient's medical records.

If intolerance to methotrexate, sulfasalazine or NSAID treatment develops during the relevant period of use which is of a severity to necessitate permanent treatment withdrawal, details of the toxicity must be documented in the patient's medical records.

The following criteria indicate failure to achieve an adequate response and must be demonstrated at the time of the initial application:

(a) a Juvenile Spondyloarthritis Disease Activity Index score greater than 2; or

(b) persistent symptoms of axial spondylitis or sacroiliitis with prior confirmatory Magnetic Resonance Imaging (MRI) assessed by a clinician experienced with juvenile spondyloarthropathy.

The following must be provided at the time of application and documented in the patient's medical records:

(1) details of prior treatment including dose and duration of treatment; and

(i) if applicable, the baseline Juvenile Spondyloarthritis Disease Activity Index score; or

(ii) if applicable, details (name of the report provider, date of the report and unique identifying number/code that links report to the individual patient) of the MRI demonstrating inflammatory spondylitis or sacroiliitis; or

(iii) if applicable, details (name of the report provider, date of the report and unique identifying number/code that links report to the individual patient) demonstrating the presence of HLA-B27.

The Juvenile Spondyloarthritis Disease Activity Index score must be assessed preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug, they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition until 2 years have elapsed. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Authority Required

17731

Enthesitis/spondylitis related juvenile idiopathic arthritis

Treatment Phase: Initial treatment - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial treatment restriction to complete 16 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a paediatric rheumatologist; **OR**
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

15146E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	0.00	439.27	25.00	[a] Hadlima [RF]	[a] Humira [VE]
					[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

15200B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	0.00	439.27	25.00	[a] Abrilada [PF]	[a] Amgevita [XT]
					[a] Hadlima [RF]	[a] Hyrimoz [SZ]

ADALIMUMAB

Note The assessment for Juvenile Spondyloarthritis Disease Activity Index score is available at: https://pmc.ncbi.nlm.nih.gov/articles/PMC4245319/table/T2/.

Note Biosimilar prescribing policy

Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

17715

Enthesitis/spondylitis related juvenile idiopathic arthritis

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have a diagnosis of enthesitis/spondylitis related juvenile idiopathic arthritis defined by at least one of the following: (i) peripheral arthritis and enthesitis, (ii) inflammatory sacroiliitis on Magnetic Resonance Imaging (MRI) plus at least 3 months of inflammatory back pain, (iii) arthritis or enthesitis plus at least 2 of: (a) sacroiliac joint tenderness, (b) inflammatory back pain, (c) presence of HLA-B27 antigen, (d) acute (symptomatic) anterior uveitis, (e) history of spondyloarthritis in a first-degree relative, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition; **OR**
- Patient must have had a break in treatment of at least 2 years from the most recently prescribed PBS-subsidised biological medicine for this condition, **AND**

- Patient must have failed to achieve an adequate response for axial disease (sacroiliitis and/or spondylitis), following treatment with at least 2 non-steroidal anti-inflammatory drugs (NSAIDs) whilst completing an appropriate exercise program, for a total period of 3 months; **OR**
- Patient must have failed to achieve an adequate response for peripheral disease (arthritis and/or enthesitis) following treatment with at least 2 NSAIDs, and either: (i) methotrexate at a dose of 15 mg per square metre (maximum 20 mg) weekly, (ii) sulfasalazine at a dose of 20 mg/kg (maximum 1 g) twice daily, whilst completing an appropriate exercise program, for a total period of 3 months, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a paediatric rheumatologist; **OR**
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

Population criteria:

- Patient must be under 18 years of age.

If the NSAID dose is less than the maximum recommended dose in the relevant TGA-approved Product Information, details must be documented in the patient's medical records.

If treatment with methotrexate, sulfasalazine or NSAIDs is contraindicated according to the relevant TGA-approved Product Information, details must be documented in the patient's medical records.

If intolerance to methotrexate, sulfasalazine or NSAID treatment develops during the relevant period of use which is of a severity to necessitate permanent treatment withdrawal, details of the toxicity must be documented in the patient's medical records.

The following criteria indicate failure to achieve an adequate response and must be demonstrated at the time of the initial application:

(a) a Juvenile Spondyloarthritis Disease Activity Index score greater than 2; or

(b) persistent symptoms of axial spondylitis or sacroiliitis with prior confirmatory Magnetic Resonance Imaging (MRI) assessed by a clinician experienced with juvenile spondyloarthropathy.

The following must be provided at the time of application and documented in the patient's medical records:

(1) details of prior treatment including dose and duration of treatment; and

(i) if applicable, the baseline Juvenile Spondyloarthritis Disease Activity Index score; or

(ii) if applicable, details (name of the report provider, date of the report and unique identifying number/code that links report to the individual patient) of the MRI demonstrating inflammatory spondylitis or sacroiliitis; or

(iii) if applicable, details (name of the report provider, date of the report and unique identifying number/code that links report to the individual patient) demonstrating the presence of HLA-B27.

The Juvenile Spondyloarthritis Disease Activity Index score must be assessed preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug, they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition until 2 years have elapsed. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Authority Required

17731

Enthesitis/spondylitis related juvenile idiopathic arthritis

Treatment Phase: Initial treatment - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial treatment restriction to complete 16 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a paediatric rheumatologist; **OR**
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

15201C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	0.00	495.79	25.00	[a] Hadlima [RF]	[a] Humira [VE]
					[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

15161Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	0.00	439.27	25.00	[a] Amgevita [XT]	[a] Hadlima [RF]
					[a] Hyrimoz [SZ]	

ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits for the indication of moderate to severe ulcerative colitis (MSUC). Patients are eligible for one PBS-subsidised drug treatment indicated for MSUC at any one time.

Where the term 'biological medicine' appears in this note and restrictions, it refers to any PBS benefit indicated for MSUC.

Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

From 1 July 2021, under the PBS, all adult patients will be able to commence a treatment cycle where they may trial PBS-subsidised biological medicine without having to experience a disease flare when swapping to one of the alternate agents. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised biological medicine treatment prior to 1 July 2021 is considered to have started their first cycle as of 1 July 2021. Within the same treatment cycle, the same biological medicine cannot be trialled twice. Where 3 biological medicines have failed to provide the patient with an adequate response a treatment cycle is considered complete. There must be a 5-year break in PBS-subsidised therapy before starting the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for Initial treatment with a PBS-subsidised biological medicine under the new treatment cycle.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Selecting the correct treatment phase listing when applying for authority approval:

(1) Initial treatment.

Apply under an Initial 1 treatment listing where the patient has never received a biological medicine.

(2) Continuing treatment.

Under no circumstance is Continuing treatment to precede Initial treatment. An authority application for Continuing treatment is not to be made on the same day as Initial treatment.

(3) Changing therapy.

Apply under an Initial 2 treatment listing. The indices of disease severity (i.e. Mayo clinic score or partial Mayo clinic score), or the prior corticosteroid therapy and immunosuppressive therapy will not need to be restated. A patient may trial an alternate biological medicine treatment at any time, regardless of whether they are receiving therapy (initial or continuing) at the time of the application. However, they cannot change to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this Initial 2 treatment authority application.

(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under an Initial 3 treatment listing. Prior corticosteroid and immunosuppressive therapies need not be re-trialled.

(5) Balance of supply.

Where the full number of repeat prescriptions have not been requested under any initial or continuing listing, apply for the balance of the supply of the repeats under any treatment phase listing containing the words "balance of supply".

Note TREATMENT OF PAEDIATRIC PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) for paediatric patients with infliximab or adalimumab for moderate to severe ulcerative colitis; and infliximab for acute severe ulcerative colitis. Where the term 'biological medicine' appears in the following notes and restrictions, it refers to infliximab and adalimumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 2 biological medicines at any one time.

From 1 June 2017, under the PBS, all paediatric patients will be able to commence a treatment cycle where they may trial each PBS-subsidised biological medicine without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle and depending on the disease severity, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who received PBS-subsidised biological medicine treatment prior to 1 June 2017 is considered to have started their treatment cycle as of 1 June 2017. Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than twice. Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under the Initial 3 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine therapy after 1 June 2017.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy - Initial 1 treatment (new patient); or,

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate agent - Initial 2 treatment (Change or Recommencement of treatment after a break in biological medicine therapy of less than 5 years) [further details are under 'Swapping treatment' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy with the same agent - Initial 2 treatment (Change or Recommencement of treatment after a break in therapy of less than 5 years); or

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - recommencement of treatment after a break in biological medicine of more than 5 years).

Treatment authorisations under Initial 1, Initial 2 and Initial 3 will be limited to provide for a maximum of 16 weeks of treatment for adalimumab and 14 weeks of treatment for infliximab. From 1 June 2017, a patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of treatment for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be conducted no later than 4 weeks from the date that course was ceased.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment with that drug under the First continuing treatment and Subsequent continuing treatment restrictions providing they continue to sustain the response.

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.

For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Paediatric Ulcerative Colitis Activity Index (PUCAI) Score, confirmation of ulcerative colitis disease), or the prior conventional therapies of corticosteroids or immunosuppressives.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving treatment (initial or continuing) at the time of the application. However, a patient cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug twice within the same treatment cycle. To ensure a patient receives the maximum treatment opportunities allowed under these swapping arrangements, it is important that they are assessed for response to every course of treatment.

(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify under Initial 3 treatment restriction and meet the relevant criteria with respect to the indices of disease severity.

Note Biosimilar prescribing policy

Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note At the time of authority application, medical practitioners must request the appropriate number of doses to provide sufficient drug for 16 weeks of treatment.

An appropriate amount of drug may require prescribing a combination of strengths. A separate authority prescription must be completed for each strength requested.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

17031

Moderate to severe ulcerative colitis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Clinical criteria:

- Patient must have failed to achieve an adequate response to a 5-aminosalicylate oral preparation in a standard dose for induction of remission for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal, **AND**
- Patient must have failed to achieve an adequate response to azathioprine at a dose of at least 2 mg per kg daily for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal; **OR**
- Patient must have failed to achieve an adequate response to 6-mercaptopurine at a dose of at least 1 mg per kg daily for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal; **OR**
- Patient must have failed to achieve an adequate response to a tapered course of oral steroids, starting at a dose of at least 40 mg (for a child, 1 to 2 mg/kg up to 40 mg) prednisolone (or equivalent), over a 6 week period or have intolerance necessitating permanent treatment withdrawal, and followed by a failure to achieve an adequate response to 3 or more consecutive months of treatment of an appropriately dosed thiopurine agent, **AND**
- Patient must have a Mayo clinic score greater than or equal to 6 if an adult patient; **OR**
- Patient must have a partial Mayo clinic score greater than or equal to 6, provided the rectal bleeding and stool frequency subscores are both greater than or equal to 2 (endoscopy subscore is not required for a partial Mayo clinic score); **OR**

- Patient must have a Paediatric Ulcerative Colitis Activity Index (PUCAI) Score greater than or equal to 30 if aged 6 to 17 years.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; **OR**
- Must be treated by a paediatrician; **OR**
- Must be treated by a specialist paediatric gastroenterologist.

Population criteria:

- Patient must be 6 years of age or older.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice), which includes:

(i) the completed current Mayo clinic or partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) calculation sheet including the date of assessment of the patient's condition; and

(ii) details of prior systemic drug therapy [dosage, date of commencement and duration of therapy].

All tests and assessments should be performed preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior conventional treatment.

The most recent Mayo clinic, partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) score must be no more than 4 weeks old at the time of application.

A partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) assessment of the patient's response to this initial course of treatment must be made following a minimum of 12 weeks of treatment for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for golimumab, infliximab and vedolizumab so that there is adequate time for a response to be demonstrated.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

If treatment with any of the above-mentioned drugs is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Details of the accepted toxicities including severity can be found on the Services Australia website.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

17032

Moderate to severe ulcerative colitis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle; **OR**
- Patient must have previously received PBS-subsidised treatment with a biological medicine (adalimumab or infliximab) for this condition in this treatment cycle if aged 6 to 17 years, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle; **OR**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle more than once if aged 6 to 17 years.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; **OR**

- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; **OR**
- Must be treated by a paediatrician; **OR**
- Must be treated by a specialist paediatric gastroenterologist.

Population criteria:

- Patient must be 6 years of age or older.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice), which includes:

(i) the completed current Mayo clinic or partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) calculation sheet including the date of assessment of the patient's condition if relevant; and

(ii) the details of prior biological medicine treatment including the details of date and duration of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient who fails to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the initial 3 treatment restriction.

If patients aged 6 to 17 years fail to respond to PBS-subsidised biological medicine treatment 3 times (twice with one agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

17077

Moderate to severe ulcerative colitis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have had a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- Patient must have a Mayo clinic score greater than or equal to 6 if an adult patient; **OR**
- Patient must have a partial Mayo clinic score greater than or equal to 6, provided the rectal bleeding and stool frequency subscores are both greater than or equal to 2 (endoscopy subscore is not required for a partial Mayo clinic score); **OR**
- Patient must have a Paediatric Ulcerative Colitis Activity Index (PUCAI) Score greater than or equal to 30 if aged 6 to 17 years.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; **OR**
- Must be treated by a paediatrician; **OR**
- Must be treated by a specialist paediatric gastroenterologist.

Population criteria:

- Patient must be 6 years of age or older.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice), which includes:

(i) the completed current Mayo clinic or partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) calculation sheet including the date of assessment of the patient's condition; and

(ii) the details of prior biological medicine treatment including the details of date and duration of treatment.

All tests and assessments should be performed preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior conventional treatment.

The most recent Mayo clinic, partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) score must be no more than 4 weeks old at the time of application.

A partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) assessment of the patient's response to this initial course of treatment must be made following a minimum of 12 weeks of treatment for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for golimumab, infliximab and vedolizumab so that there is adequate time for a response to be demonstrated.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Details of the accepted toxicities including severity can be found on the Services Australia website.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

adalimumab 80 mg/0.8 mL injection, 0.8 mL syringe

12339K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3	0	0.00	*2,042.73	25.00	[a] Humira [VE]	[a] Yuflyma [EW]

adalimumab 80 mg/0.8 mL injection, 0.8 mL pen device

12374G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3	0	0.00	*2,042.73	25.00	[a] Humira [VE]	[a] Hyrimoz [SZ]
					[a] Yuflyma [EW]	

ADALIMUMAB

Note TREATMENT OF PATIENTS WITH MODERATE TO SEVERE HIDRADENITIS SUPPURATIVA

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed for patient with the indication of moderate to severe hidradenitis suppurativa.

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Moderate to Severe Hidradenitis Suppurativa.

Treatment cycles:

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who has been receiving PBS-subsidised adalimumab or secukinumab prior to 1 December 2025 is considered to start their first cycle as of 1 December 2025.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Where treatment has resulted in an inadequate response on 3 occasions, a treatment cycle is considered to have been completed, and there must be a 5-year break in PBS subsidy from all medicines with the PBS indication 'moderate to severe hidradenitis suppurativa' before starting a new treatment cycle.

Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle, and where a break in therapy of less than 5 years has occurred, a further course of treatment with another biological medicine may be commenced within the same treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Prescribing under the correct 'Treatment phase' listing for the authority application:

(1) Initial treatment.

Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for moderate to severe hidradenitis suppurativa.

(2) Continuing treatment.

Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to proceed initial treatment. An authority application for continuing treatment is not to be made on the same day as initial treatment.

(3) Changing/swapping therapy.

Apply under the 'Initial 2' treatment listing. Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to prior antibiotic use. A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot change to a particular biological medicine if it has failed to provide the patient with an adequate response as defined in the restriction within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this initial 2 treatment authority application.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurement of abscess and inflammatory nodule (AN) count submitted with the first authority application for a biological medicine. To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under the 'Initial 3' treatment listing. Prior antibiotic courses need not be re-trialled.

Note Biosimilar prescribing policy

Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authorisation under this restriction should be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)

Alternatively applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

17679

Moderate to severe hidradenitis suppurativa

Treatment Phase: Initial treatment - Initial 1 (new patient)

Clinical criteria:

- Patient must have, at the time of application, a Hurley stage II or III grading with an abscess and inflammatory nodule (AN) count greater than or equal to 3, **AND**
- Patient must have failed to achieve an adequate response to 2 courses of different antibiotics each for 3 months prior to initiation of PBS subsidised treatment with this drug for this condition; **OR**
- Patient must have had an adverse reaction to an antibiotic of a severity necessitating permanent treatment withdrawal resulting in the patient being unable to complete treatment with 2 different courses of antibiotics each for 3 months prior to initiation of PBS-subsidised treatment with this drug for this condition; **OR**
- Patient must be contraindicated to treatment with an antibiotic due to an allergic reaction of a severity necessitating permanent treatment withdrawal resulting in the patient being unable to complete treatment with 2 different courses of antibiotics each for 3 months prior to initiation of PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a dermatologist.

Assessment of disease severity must be no more than 4 weeks old at the time of application.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

At the time of authority application the prescriber must request the first 4 weeks of treatment under this restriction; and weeks 5 to 16 of treatment under Initial 1 (new patient) or Initial 2 (recommencement of treatment) - balance of supply

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(i) the Hurley stage grading; and

(ii) the AN count; and

(iii) the name of the antibiotic/s received for two separate courses each of three months; or

(iv) confirmation that the adverse reaction or allergy to an antibiotic necessitated permanent treatment withdrawal resulting in the patient being unable to complete a three month course of antibiotics.

The name of the one course of antibiotics of three months duration must be provided. Where the patient is unable to be treated with any courses of antibiotics the prescriber must confirm that the patient has a history of adverse reaction or allergy necessitating permanent treatment withdrawal to two different antibiotics.

If the application is submitted through HPOS form upload or mail, it must include:

(i) details of the proposed prescription(s); and

(ii) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Authority Required

17587

Moderate to severe hidradenitis suppurativa

Treatment Phase: Initial treatment - Initial 2 (Change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have had 3 treatment failures within this treatment cycle to PBS-subsidised biological medicines for this condition, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a dermatologist.

Assessment of disease severity must be no more than 4 weeks old at the time of application.

A response to treatment is defined as:

Achieving Hidradenitis Suppurativa Clinical Response (HiSCR) of a 50% reduction in AN count compared to baseline with no increase in abscesses or draining fistulae.

An application for a patient who has received PBS-subsidised treatment with this drug, has not experienced treatment failure, and wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

At the time of authority application the prescriber must request the first 4 weeks of treatment under this restriction; and weeks 5 to 16 of treatment under Initial 1 (new patient), Initial 2 (Change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(i) the Hurley stage grading; and

(ii) the AN count.

If the application is submitted through HPOS form upload or mail, it must include:

(i) details of the proposed prescription(s); and

(ii) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Authority Required

17617

Moderate to severe hidradenitis suppurativa

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have, at the time of application, a Hurley stage II or III grading with an abscess and inflammatory nodule (AN) count greater than or equal to 3, **AND**
- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**

- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a dermatologist.

Assessment of disease severity must be no more than 4 weeks old at the time of application.

A response to treatment is defined as:

Achieving Hidradenitis Suppurativa Clinical Response (HiSCR) of a 50% reduction in AN count compared to baseline with no increase in abscesses or draining fistulae.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

At the time of authority application the prescriber must request the first 4 weeks of treatment under this restriction; and weeks 5 to 16 of treatment under Initial 1 (new patient), Initial 2 (Change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(i) the Hurley stage grading; and

(ii) the AN count.

If the application is submitted through HPOS form upload or mail, it must include:

(i) details of the proposed prescription(s); and

(ii) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

adalimumab 80 mg/0.8 mL injection, 0.8 mL pen device

12450G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3	0	0.00	*2,042.73	25.00	[a] Humira [VE]	[a] Hyrimoz [SZ]
					[a] Yuflyma [EW]	

adalimumab 80 mg/0.8 mL injection, 0.8 mL syringe

12524E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3	0	0.00	*2,042.73	25.00	[a] Humira [VE]	[a] Yuflyma [EW]

ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who received PBS-subsidised adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.

A patient receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.

(1) Initial treatment.

An application for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab, and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab, 24 weeks of therapy for bimekizumab and 28 weeks of therapy for risankizumab, tildrakizumab and ustekinumab.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of their course of initial treatment to ensure uninterrupted biological medicine supply.

(2) Assessment of response to initial treatment.

When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment and no later than 4 weeks from the completion of this initial treatment course.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

(3) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Infliximab, adalimumab and etanercept only:

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.

For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(4) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle or have experienced treatment failure with that particular biological medicine that required permanent treatment withdrawal.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.

(5) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.

To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.

(6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 4 weeks at the time of application.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

18542

Severe chronic plaque psoriasis

Treatment Phase: First continuing treatment, Whole body

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheet including the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18547

Severe chronic plaque psoriasis

Treatment Phase: First continuing treatment, Face, hand, foot

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**

- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheet and the face, hand, foot area diagrams including the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18537

Severe chronic plaque psoriasis

Treatment Phase: Balance of supply - Continuing treatment, Whole body or Continuing treatment, Face, hand, foot

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the first continuing treatment, Whole body restriction to complete 24 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug under the first continuing treatment, Face, hand, foot restriction to complete 24 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug under the subsequent continuing treatment Authority Required (in writing), Whole body restriction to complete 24 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug under the subsequent continuing treatment Authority Required (in writing), Face, hand, foot restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate).

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority Required

18538

Severe chronic plaque psoriasis

Treatment Phase: Subsequent continuing treatment, Whole body

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheet including the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18669

Severe chronic plaque psoriasis

Treatment Phase: Subsequent continuing treatment, Face, hand, foot

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheet and the face, hand, foot area diagrams including the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

12422T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	0.00	495.79	25.00	[a] Hadlima [RF]	[a] Humira [VE]
					[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

9427E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	0.00	439.27	25.00	[a] Amgevita [XT]	[a] Hadlima [RF]
					[a] Hyrimoz [SZ]	

ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who received PBS-subsidised adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.

A patient receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.

(1) Initial treatment.

An application for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab, and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab, 24 weeks of therapy for bimekizumab and 28 weeks of therapy for risankizumab, tildrakizumab and ustekinumab.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of their course of initial treatment to ensure uninterrupted biological medicine supply.

(2) Assessment of response to initial treatment.

When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment and no later than 4 weeks from the completion of this initial treatment course.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

(3) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Infliximab, adalimumab and etanercept only:

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.

For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(4) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle or have experienced treatment failure with that particular biological medicine that required permanent treatment withdrawal.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.

(5) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide

new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.

To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.

(6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 4 weeks at the time of application.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

18542

Severe chronic plaque psoriasis

Treatment Phase: First continuing treatment, Whole body

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheet including the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18547

Severe chronic plaque psoriasis

Treatment Phase: First continuing treatment, Face, hand, foot

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheet and the face, hand, foot area diagrams including the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18537

Severe chronic plaque psoriasis

Treatment Phase: Balance of supply - Continuing treatment, Whole body or Continuing treatment, Face, hand, foot

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the first continuing treatment, Whole body restriction to complete 24 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug under the first continuing treatment, Face, hand, foot restriction to complete 24 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug under the subsequent continuing treatment Authority Required (in writing), Whole body restriction to complete 24 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug under the subsequent continuing treatment Authority Required (in writing), Face, hand, foot restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate).

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority Required

18538

Severe chronic plaque psoriasis

Treatment Phase: Subsequent continuing treatment, Whole body

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheet including the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18669

Severe chronic plaque psoriasis

Treatment Phase: Subsequent continuing treatment, Face, hand, foot

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:
(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or
(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.
The authority application must be made in writing and must include:
(1) details of the proposed prescription(s); and
(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheet and the face, hand, foot area diagrams including the date of the assessment of the patient's condition.
The most recent PASI assessment must be no more than 4 weeks old at the time of application.
Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.
The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.
An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.
Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.
A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

12377K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	0.00	439.27	25.00	[a] Hadlima [RF]	[a] Humira [VE]
					[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

9428F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	0.00	439.27	25.00	[a] Abrilada [PF]	[a] Amgevita [XT]
					[a] Hadlima [RF]	[a] Hyrimoz [SZ]

CERTOLIZUMAB PEGOL

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Authority Required

14542

Severe active rheumatoid arthritis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months) - balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 18 to 20 weeks treatment, depending on the dosage regimen; **OR**

- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) restriction to complete 18 to 20 weeks treatment, depending on the dosage regimen; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months) restriction to complete 18 to 20 weeks treatment, depending on the dosage regimen, **AND**
- The treatment must provide no more than the balance of up to 18 to 20 weeks treatment available under the above restrictions.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

certolizumab pegol 200 mg/mL injection, 2 x 1 mL syringes

10892G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	2	0.00	1,036.66	25.00	Cimzia [UC]

certolizumab pegol 200 mg/mL injection, 2 x 1 mL pen devices

11321W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	2	0.00	1,036.66	25.00	Cimzia [UC]

CERTOLIZUMAB PEGOL

Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed for adult patients with the indication of ankylosing spondylitis (AS).

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Ankylosing spondylitis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

Treatment cycles:

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who has been receiving PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab and secukinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Where treatment has resulted in an inadequate response on 3 occasions a treatment cycle is considered to have been completed and there must be a 5-year break in PBS subsidy from all medicines with the PBS indication: 'Ankylosing spondylitis' before starting a new treatment cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle and where a break in therapy of less than 5 years has occurred, a further course of treatment may be commenced within the same treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Prescribing under the correct 'Treatment phase' listing for the authority application:

(1) Initial treatment.

Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for ankylosing spondylitis.

(2) Continuing treatment.

Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to proceed initial treatment. An authority application for continuing treatment is not to be made on the same day as initial treatment.

(3) Changing therapy.

Apply under the 'Initial 2' treatment listing. Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to prior NSAID therapy and exercise program requirements. Where a patient is changing from a biosimilar medicine the prescriber must submit baseline indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI). A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot change to a particular biological medicine if it has failed to provide the patient with an adequate response within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this initial 2 treatment authority application.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological medicine. To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under the 'Initial 3' treatment listing. Prior NSAID and exercise therapies need not be re-trialled.

Note No increase in the maximum quantity or number of units may be authorised.

Authority Required

9625

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 1 (new patient), Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 18 to 20 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 18 to 20 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 18 to 20 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 18 to 20 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

certolizumab pegol 200 mg/mL injection, 2 x 1 mL syringes

10897M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	0.00	1,036.66	25.00	Cimzia [UC]

certolizumab pegol 200 mg/mL injection, 2 x 1 mL pen devices

11318Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	0.00	1,036.66	25.00	Cimzia [UC]

CERTOLIZUMAB PEGOL

Note TREATMENT OF ADULT PATIENTS WITH SEVERE PSORIATIC ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) listed for adult patients with severe psoriatic arthritis.

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Severe Psoriatic Arthritis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

A patient is eligible for PBS-subsidised treatment with only 1 of the biological medicines at any one time.

Under these arrangements, within a single treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib or ustekinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe psoriatic arthritis.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or,

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or,

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than the 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements. An authority application must be made under the 'Initial 2' treatment phase.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.

However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response to the PBS-subsidised treatment.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment restriction according to the criteria of the relevant restriction and index of disease severity. The application must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

9185

Severe psoriatic arthritis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 18 to 20 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 18 to 20 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 18 to 20 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 18 to 20 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Note Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

certolizumab pegol 200 mg/mL injection, 2 x 1 mL syringes

10896L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	2	0.00	1,036.66	25.00	Cimzia [UC]

certolizumab pegol 200 mg/mL injection, 2 x 1 mL pen devices

11326D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	2	0.00	1,036.66	25.00	Cimzia [UC]

CERTOLIZUMAB PEGOL

Note PATIENTS WITH NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS - TREATMENT CYCLES AND TREATMENT PHASES

Where the term 'biological medicine' appears in notes and restrictions, it refers to pharmaceutical benefits listed specifically for the indication of: non-radiographic axial spondyloarthritis. Some listed pharmaceutical benefits are technically not biological medicines (e.g. Janus-kinase inhibitors), but for practical purposes, have been included under the broad term of 'biological medicine'.

A patient is eligible for PBS-subsidised treatment with only 1 biological medicine at any one time.

Treatment cycles:

A treatment cycle commences when the authority application for first PBS-subsidised biological medicine is approved for a given patient under the 'Initial 1' treatment phase. The treatment cycle continues until a fourth biological medicine fails to provide the patient with an adequate response. A new treatment cycle begins each time PBS subsidy is obtained through the 'Initial 3' treatment phase.

Within a treatment cycle, the same PBS-subsidised biological medicine must not be subsidised more than once where it has failed to provide the patient with an adequate response on any occasion that a response assessment is conducted.

Once biological medicines have failed to provide a patient with an adequate response 4 times (once with any biological medicine) within the same treatment cycle, the treatment cycle has been completed and the patient must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A serious adverse reaction requiring permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a completed treatment attempt.

Where there have been fewer than 4 inadequate responses with biological medicine therapy in a treatment cycle and there has been a break in therapy of less than 5 years, the patient may continue treatment within the same treatment cycle.

A patient who has had a break in therapy of more than 5 years may commence a new treatment cycle with up to 4 treatment attempts.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Treatment phases:

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) no prior PBS-subsidised biological medicine treatment has been prescribed - apply through the 'Initial 1 - New patient' treatment phase

(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy, but is prescribed an alternate biological medicine - apply through the 'Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years' [further details are under 'Changing the prescribed biological medicine' below]; or

(iii) a patient is recommencing treatment following a break in PBS-subsidised therapy of less than 5 years - apply through the 'Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years' treatment phase (note that where there is both a change and recommencement after less than 5 years occurring simultaneously, Initial 2 is the correct treatment phase to apply through); or

(iv) a patient is recommencing treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years - apply through the 'Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years' treatment phase.

A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy.

(2) Continuing treatment.

For continuing PBS subsidy of biological medicine it is recommended that a patient be reviewed the month prior to when the continuing dose is due to ensure uninterrupted biological medicine supply.

Continuing PBS subsidy is available in quantities/repeats that provide up to 24 weeks of continuing treatment where an adequate response to the immediately preceding supply of treatment has been experienced.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be conducted no later than 4 weeks from the cessation of that treatment course. Where a response assessment is not conducted within the

required timeframe, the treatment will be deemed to have failed to provide an adequate response, unless the patient has experienced a serious adverse reaction requiring permanent treatment withdrawal.

(3) Changing the prescribed biological medicine.

Once initial treatment with the first PBS-subsidised biological medicine is approved, an alternate biological medicine may be prescribed within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. the C-reactive protein (CRP) level and the BASDAI score), or the prior NSAID therapy and exercise program requirements. An authority application must be made under the 'Initial 2' treatment phase and must indicate the response to the preceding biological medicine in terms of whether the response was adequate or not. The prescription for the discontinued biological medicine must be marked as cancelled by the prescriber.

(4) Baseline measurements to determine response.

A response to treatment is based on the baseline BASDAI score and CRP level documented in the patient's medical records.

For a patient untreated with biological medicines, the BASDAI score used to determine baseline disease severity must be measured while the patient is receiving NSAID therapy and completing their exercise program.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications.

Prescribers may provide new baseline measurements any time that an 'Initial treatment' authority application is submitted and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A second or subsequent course of treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must occur through the Initial 3 treatment restriction. The same clinical criteria and indices of disease severity (i.e. the C-reactive protein (CRP) levels and the BASDAI) as for the Initial 1 (New patient) restriction will need to be met, but a re-trial of NSAID therapy and exercise therapy is not required.

(6) Balance of Supply

Where the full number of repeat prescriptions have not been requested under any initial or continuing listing, apply for the balance of the supply of the repeats under any treatment phase listing containing the words 'balance of supply'.

Note No increase in the maximum quantity or number of units may be authorised.

Authority Required

10459

Non-radiographic axial spondyloarthritis

Treatment Phase: Initial 1 (New patient), Initial 2 (Change or re-commencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (Recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 18 to 20 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 18 to 20 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 18 to 20 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 20 weeks treatment.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of non-radiographic axial spondyloarthritis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority Required

12392

Non-radiographic axial spondyloarthritis

Treatment Phase: Continuing treatment - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks therapy available under Continuing treatment.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of non-radiographic axial spondyloarthritis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

certolizumab pegol 200 mg/mL injection, 2 x 1 mL pen devices

12013G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	0	0.00	1,036.66	25.00	Cimzia [UC]

certolizumab pegol 200 mg/mL injection, 2 x 1 mL syringes

12040Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	0	0.00	1,036.66	25.00	Cimzia [UC]

CERTOLIZUMAB PEGOL

Note PATIENTS WITH NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS - TREATMENT CYCLES AND TREATMENT PHASES

Where the term 'biological medicine' appears in notes and restrictions, it refers to pharmaceutical benefits listed specifically for the indication of: non-radiographic axial spondyloarthritis. Some listed pharmaceutical benefits are technically not biological medicines (e.g. Janus-kinase inhibitors), but for practical purposes, have been included under the broad term of 'biological medicine'.

A patient is eligible for PBS-subsidised treatment with only 1 biological medicine at any one time.

Treatment cycles:

A treatment cycle commences when the authority application for first PBS-subsidised biological medicine is approved for a given patient under the 'Initial 1' treatment phase. The treatment cycle continues until a fourth biological medicine fails to provide the patient with an adequate response. A new treatment cycle begins each time PBS subsidy is obtained through the 'Initial 3' treatment phase.

Within a treatment cycle, the same PBS-subsidised biological medicine must not be subsidised more than once where it has failed to provide the patient with an adequate response on any occasion that a response assessment is conducted.

Once biological medicines have failed to provide a patient with an adequate response 4 times (once with any biological medicine) within the same treatment cycle, the treatment cycle has been completed and the patient must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A serious adverse reaction requiring permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a completed treatment attempt.

Where there have been fewer than 4 inadequate responses with biological medicine therapy in a treatment cycle and there has been a break in therapy of less than 5 years, the patient may continue treatment within the same treatment cycle.

A patient who has had a break in therapy of more than 5 years may commence a new treatment cycle with up to 4 treatment attempts.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Treatment phases:

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) no prior PBS-subsidised biological medicine treatment has been prescribed - apply through the 'Initial 1 - New patient' treatment phase

(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy, but is prescribed an alternate biological medicine - apply through the 'Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years' [further details are under 'Changing the prescribed biological medicine' below]; or

(iii) a patient is recommencing treatment following a break in PBS-subsidised therapy of less than 5 years - apply through the 'Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years' treatment phase (note that where there is both a change and recommencement after less than 5 years occurring simultaneously, Initial 2 is the correct treatment phase to apply through); or

(iv) a patient is recommencing treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years - apply through the 'Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years' treatment phase.

A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy.

(2) Continuing treatment.

For continuing PBS subsidy of biological medicine it is recommended that a patient be reviewed the month prior to when the continuing dose is due to ensure uninterrupted biological medicine supply.

Continuing PBS subsidy is available in quantities/repeats that provide up to 24 weeks of continuing treatment where an adequate response to the immediately preceding supply of treatment has been experienced.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be conducted no later than 4 weeks from the cessation of that treatment course. Where a response assessment is not conducted within the required timeframe, the treatment will be deemed to have failed to provide an adequate response, unless the patient has experienced a serious adverse reaction requiring permanent treatment withdrawal.

(3) Changing the prescribed biological medicine.

Once initial treatment with the first PBS-subsidised biological medicine is approved, an alternate biological medicine may be prescribed within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. the C-reactive protein (CRP) level and the BASDAI score), or the prior NSAID therapy and exercise program requirements. An

authority application must be made under the 'Initial 2' treatment phase and must indicate the response to the preceding biological medicine in terms of whether the response was adequate or not. The prescription for the discontinued biological medicine must be marked as cancelled by the prescriber.

(4) Baseline measurements to determine response.

A response to treatment is based on the baseline BASDAI score and CRP level documented in the patient's medical records.

For a patient untreated with biological medicines, the BASDAI score used to determine baseline disease severity must be measured while the patient is receiving NSAID therapy and completing their exercise program.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications.

Prescribers may provide new baseline measurements any time that an 'Initial treatment' authority application is submitted and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A second or subsequent course of treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must occur through the Initial 3 treatment restriction. The same clinical criteria and indices of disease severity (i.e. the C-reactive protein (CRP) levels and the BASDAI) as for the Initial 1 (New patient) restriction will need to be met, but a re-trial of NSAID therapy and exercise therapy is not required.

(6) Balance of Supply

Where the full number of repeat prescriptions have not been requested under any initial or continuing listing, apply for the balance of the supply of the repeats under any treatment phase listing containing the words 'balance of supply'.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority Required

10431

Non-radiographic axial spondyloarthritis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug for this condition, **AND**
- The treatment must not exceed a maximum of 24 weeks with this drug per authorised course under this restriction.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of non-radiographic axial spondyloarthritis.

An adequate response to therapy with this biological medicine is defined as a reduction from baseline in the Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) score by 2 or more units (on a scale of 0-10) and 1 of the following:

(a) a CRP measurement no greater than 10 mg per L; or

(b) a CRP measurement reduced by at least 20% from baseline.

If the requirement to demonstrate an elevated CRP level could not be met under an initial treatment restriction, a reduction in the BASDAI score from baseline will suffice for the purposes of administering this continuing treatment restriction.

The patient remains eligible to receive continuing treatment with the same biological medicine in courses of up to 24 weeks providing they continue to sustain an adequate response. It is recommended that a patient be reviewed in the month prior to completing their current course of treatment.

certolizumab pegol 200 mg/mL injection, 2 x 1 mL syringes

12005W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	0.00	1,036.66	25.00	Cimzia [UC]

certolizumab pegol 200 mg/mL injection, 2 x 1 mL pen devices

12028C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	0.00	1,036.66	25.00	Cimzia [UC]

CERTOLIZUMAB PEGOL

Note PBS AUTHORITY APPLICATIONS FOR SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) subsidy of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to all PBS benefits with the specific PBS indication of: 'severe active rheumatoid arthritis'.

Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

Only one biological medicine is to be PBS-subsidised at any one time for rheumatoid arthritis.

Upon 5 inadequate responses to biological medicines with the specific PBS indication of 'severe active rheumatoid arthritis', further subsidy is to cease. Where a particular biological medicine has provided an inadequate response, it must not be subsidised again.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

(1) Selecting the correct 'Treatment phase' listing to apply under

Initiating subsidy:

(i) Apply through 'Initial 1 treatment' where a patient has received no prior PBS-subsidised biological medicine treatment; or

(ii) Apply through 'Initial 2 treatment' where one of the following occurs: (a) PBS-subsidised treatment has at least been initiated through any Initial 1 listing, but the prescribed biological medicine is changing, (b) there has been a break in biological medicine of less than 24 months, but resumption of treatment is with the same biological medicine last prescribed, (c) there has been a break in biological medicine of less than 24 months and resumption of treatment is with a different biological medicine to that last prescribed, (d) treatment with rituximab has occurred within the past 24 months and is the most recent therapy prescribed leading up to this authority application, irrespective of the length in time elapsed between the 2 non-rituximab bDMARDs administered before and after rituximab.

Initial 2 does not require markers of inflammation/joint count to be re-established - those recorded in the first Initial 1 application can remain as baseline measures. Prerequisite DMARD treatments need not be re-proven to be inadequate.

The prescribed biological medicine may be changed at any time, regardless of whether the current prescribed biological medicine has been obtained through Initial treatment or Continuing treatment. However, the change in biological medicine cannot be back to the same biological medicine where that medicine has provided an inadequate response.

(iii) Apply through 'Initial 3 treatment' where treatment is recommencing following a break in PBS-subsidised therapy of at least 24 months. Initial 3 requires current markers of inflammation/joint count to be re-established. Prerequisite DMARD treatments need not be re-proven to be inadequate. PBS-subsidised therapy in this instance can include rituximab where prescribed as the most recent treatment - the 24 month break in therapy is from the second dose of the prior rituximab course.

Response assessment to any course of PBS-subsidised biological therapy must follow a minimum of 12 weeks of therapy. Applications made on the same day for Initial treatment and Continuing treatment clearly do reflect this requirement.

Where a response assessment is not conducted with a 'Continuing treatment' application, the biological medicine will be assumed to have failed, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. Authority applications for patients who experienced adverse reaction necessitating permanent treatment withdrawal should be submitted through 'Initial 2 treatment' or 'Initial 3 treatment'. Indicate where the adverse reaction has occurred in the authority application.

Continuing subsidy:

Apply under a 'Continuing treatment' phase listing only where treatment has initiated through an 'Initial treatment' listing and measures of disease control (i.e. ESR/CRP/joint count) demonstrate response following at least 12 weeks of treatment. Continuing treatment should never precede Initial treatment where the same biological medicine is being prescribed.

The description of 'Continuing treatment' means 'Continuing treatment of severe rheumatoid arthritis with the same biological medicine'. Where treatment of severe rheumatoid arthritis is continuing with a different biological medicine, 'Continuing treatment' is not to be interpreted as meaning 'Continuing treatment of severe rheumatoid arthritis with a different biological medicine' - see 'Initial 2 treatment' where continuing treatment is with a different biological medicine.

'Continuing treatment' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Where continuing treatment is divided into 'First continuing' and 'Subsequent continuing', the next authority application following immediately after any 'Initial treatment' authority application is to be through 'First continuing'. Following this, the next authority application is to occur under the 'Subsequent continuing' treatment phase. Assuming the drug continues to provide an adequate response, 'Subsequent continuing' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Balance of Supply listings:

Maximum quantities and the number of repeats stated in a PBS-listing are values that prescribers may seek up to, but are not obligated to prescribe. From time to time, there may be particular reasons why a prescriber may elect not to request the full maximum quantity listed, or, the full number of repeat prescriptions. Where this occurs, the intent of Balance of Supply treatment phase listings is to circumvent the need for another written-only authority application to be completed, as a written-only authority application may not be practical in terms of providing timely access to continued treatment.

Apply under a 'Balance of Supply' treatment phase (where available) when either the full maximum quantity or repeat prescriptions available under a particular treatment phase, was not requested and where the biological medicine has had insufficient time to demonstrate an adequate response. Where the preceding supply has been adequate to provide at least 12 weeks of treatment and has resulted in an adequate response, it may be more practical to access further treatment under 'Continuing treatment'.

(2) Baseline measurements to determine response.

Determination of response to treatment must be based on baseline measurements of the joint count, ESR and/or CRP provided with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements demonstrating elevation of both joint count and markers of inflammation any time that an initial treatment authority application is provided and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.

Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.

Applications under the Initial 3 treatment restriction for recommencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

14499

Severe active rheumatoid arthritis

Treatment Phase: Subsequent continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition under the First continuing treatment restriction; **OR**
- Patient must have received this drug under this treatment phase as their most recent course of PBS-subsidised biological medicine, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The assessment of response to treatment must be documented in the patient's medical records and must be no more than 4 weeks old at the time of the authority application.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

certolizumab pegol 200 mg/mL injection, 2 x 1 mL pen devices

13701D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	0.00	1,036.66	25.00	Cimzia [UC]

certolizumab pegol 200 mg/mL injection, 2 x 1 mL syringes

13735X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	0.00	1,036.66	25.00	Cimzia [UC]

CERTOLIZUMAB PEGOL

Note PBS AUTHORITY APPLICATIONS FOR SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) subsidy of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to all PBS benefits with the specific PBS indication of: 'severe active rheumatoid arthritis'.

Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

Only one biological medicine is to be PBS-subsidised at any one time for rheumatoid arthritis.

Upon 5 inadequate responses to biological medicines with the specific PBS indication of 'severe active rheumatoid arthritis', further subsidy is to cease. Where a particular biological medicine has provided an inadequate response, it must not be subsidised again.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

(1) Selecting the correct 'Treatment phase' listing to apply under

Initiating subsidy:

(i) Apply through 'Initial 1 treatment' where a patient has received no prior PBS-subsidised biological medicine treatment; or

(ii) Apply through 'Initial 2 treatment' where one of the following occurs: (a) PBS-subsidised treatment has at least been initiated through any Initial 1 listing, but the prescribed biological medicine is changing, (b) there has been a break in biological medicine of less than 24 months, but resumption of treatment is with the same biological medicine last prescribed, (c) there has been a break in biological medicine of less than 24 months and resumption of treatment is with a different biological medicine to that last prescribed, (d) treatment with rituximab has occurred within the past 24 months and is the most recent therapy prescribed leading up to this authority application, irrespective of the length in time elapsed between the 2 non-rituximab bDMARDs administered before and after rituximab.

Initial 2 does not require markers of inflammation/joint count to be re-established - those recorded in the first Initial 1 application can remain as baseline measures. Prerequisite DMARD treatments need not be re-proven to be inadequate.

The prescribed biological medicine may be changed at any time, regardless of whether the current prescribed biological medicine has been obtained through Initial treatment or Continuing treatment. However, the change in biological medicine cannot be back to the same biological medicine where that medicine has provided an inadequate response.

(iii) Apply through 'Initial 3 treatment' where treatment is recommencing following a break in PBS-subsidised therapy of at least 24 months. Initial 3 requires current markers of inflammation/joint count to be re-established. Prerequisite DMARD treatments need not be re-proven to be inadequate. PBS-subsidised therapy in this instance can include rituximab where prescribed as the most recent treatment - the 24 month break in therapy is from the second dose of the prior rituximab course.

Response assessment to any course of PBS-subsidised biological therapy must follow a minimum of 12 weeks of therapy. Applications made on the same day for Initial treatment and Continuing treatment clearly do reflect this requirement.

Where a response assessment is not conducted with a 'Continuing treatment' application, the biological medicine will be assumed to have failed, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. Authority applications for patients who experienced adverse reaction necessitating permanent treatment withdrawal should be submitted through 'Initial 2 treatment' or 'Initial 3 treatment'. Indicate where the adverse reaction has occurred in the authority application.

Continuing subsidy:

Apply under a 'Continuing treatment' phase listing only where treatment has initiated through an 'Initial treatment' listing and measures of disease control (i.e. ESR/CRP/joint count) demonstrate response following at least 12 weeks of treatment. Continuing treatment should never precede Initial treatment where the same biological medicine is being prescribed.

The description of 'Continuing treatment' means 'Continuing treatment of severe rheumatoid arthritis with the same biological medicine'. Where treatment of severe rheumatoid arthritis is continuing with a different biological medicine, 'Continuing treatment' is not to be interpreted as meaning 'Continuing treatment of severe rheumatoid arthritis with a different biological medicine' - see 'Initial 2 treatment' where continuing treatment is with a different biological medicine.

'Continuing treatment' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Where continuing treatment is divided into 'First continuing' and 'Subsequent continuing', the next authority application following immediately after any 'Initial treatment' authority application is to be through 'First continuing'. Following this, the next authority application is to occur under the 'Subsequent continuing' treatment phase. Assuming the drug continues to provide an adequate response, 'Subsequent continuing' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Balance of Supply listings:

Maximum quantities and the number of repeats stated in a PBS-listing are values that prescribers may seek up to, but are not obligated to prescribe. From time to time, there may be particular reasons why a prescriber may elect not to request the full maximum quantity listed, or, the full number of repeat prescriptions. Where this occurs, the intent of Balance of Supply treatment phase listings is to circumvent the need for another written-only authority application to be completed, as a written-only authority application may not be practical in terms of providing timely access to continued treatment.

Apply under a 'Balance of Supply' treatment phase (where available) when either the full maximum quantity or repeat prescriptions available under a particular treatment phase, was not requested and where the biological medicine has had insufficient time to demonstrate an adequate response. Where the preceding supply has been adequate to provide at least 12 weeks of treatment and has resulted in an adequate response, it may be more practical to access further treatment under 'Continuing treatment'.

(2) Baseline measurements to determine response.

Determination of response to treatment must be based on baseline measurements of the joint count, ESR and/or CRP provided with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements demonstrating elevation of both joint count and markers of inflammation any time that an initial treatment authority application is provided and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.

Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.

Applications under the Initial 3 treatment restriction for recommencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

16725

Severe active rheumatoid arthritis

Treatment Phase: First continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

14507

Severe active rheumatoid arthritis

Treatment Phase: First continuing treatment - balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

certolizumab pegol 200 mg/mL injection, 2 x 1 mL syringes

3425G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	0.00	1,036.66	25.00	Cimzia [UC]

certolizumab pegol 200 mg/mL injection, 2 x 1 mL pen devices

11325C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	0.00	1,036.66	25.00	Cimzia [UC]

CERTOLIZUMAB PEGOL

Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed for adult patients with the indication of ankylosing spondylitis (AS).

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Ankylosing spondylitis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

Treatment cycles:

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who has been receiving PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab and secukinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Where treatment has resulted in an inadequate response on 3 occasions a treatment cycle is considered to have been completed and there must be a 5-year break in PBS subsidy from all medicines with the PBS indication: 'Ankylosing spondylitis' before starting a new treatment cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle and where a break in therapy of less than 5 years has occurred, a further course of treatment may be commenced within the same treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Prescribing under the correct 'Treatment phase' listing for the authority application:

(1) Initial treatment.

Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for ankylosing spondylitis.

(2) Continuing treatment.

Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to proceed initial treatment. An authority application for continuing treatment is not to be made on the same day as initial treatment.

(3) Changing therapy.

Apply under the 'Initial 2' treatment listing. Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to prior NSAID therapy and exercise program requirements. Where a patient is changing from a biosimilar medicine the prescriber must submit baseline indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI). A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot change to a particular biological medicine if it has failed to provide the patient with an adequate response within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this initial 2 treatment authority application.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological medicine. To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under the 'Initial 3' treatment listing. Prior NSAID and exercise therapies need not be re-trialled.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

14692

Ankylosing spondylitis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An adequate response is defined as an improvement from baseline of at least 2 units (on a scale of 0-10) in the BASDAI score combined with at least 1 of the following:

(a) an ESR measurement no greater than 25 mm per hour; or

(b) a CRP measurement no greater than 10 mg per L; or

(c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and used to assess all future responses to treatment.

The assessment of response to treatment must be documented in the patient's medical records.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

9431

Ankylosing spondylitis

Treatment Phase: Continuing treatment - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the Continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

certolizumab pegol 200 mg/mL injection, 2 x 1 mL syringes

10137M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	0.00	1,036.66	25.00	Cimzia [UC]

certolizumab pegol 200 mg/mL injection, 2 x 1 mL pen devices

11320T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	0.00	1,036.66	25.00	Cimzia [UC]

CERTOLIZUMAB PEGOL

Note TREATMENT OF ADULT PATIENTS WITH SEVERE PSORIATIC ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) listed for adult patients with severe psoriatic arthritis.

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Severe Psoriatic Arthritis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

A patient is eligible for PBS-subsidised treatment with only 1 of the biological medicines at any one time.

Under these arrangements, within a single treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib or ustekinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe psoriatic arthritis.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or,

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or,

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than the 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements. An authority application must be made under the 'Initial 2' treatment phase.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.

However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response to the PBS-subsidised treatment.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment restriction according to the criteria of the relevant restriction and index of disease severity. The application must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

9105

Severe psoriatic arthritis

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed Severe Psoriatic Arthritis PBS Authority Application - Supporting Information Form.

Where the most recent course of PBS-subsidised treatment with this drug was approved under either Initial 1, Initial 2, or Initial 3 treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

9063

Severe psoriatic arthritis

Treatment Phase: Continuing treatment - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Note Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

certolizumab pegol 200 mg/mL injection, 2 x 1 mL syringes

10238W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	0.00	1,036.66	25.00	Cimzia [UC]

certolizumab pegol 200 mg/mL injection, 2 x 1 mL pen devices

11324B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	0.00	1,036.66	25.00	Cimzia [UC]

CERTOLIZUMAB PEGOL

Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed for adult patients with the indication of ankylosing spondylitis (AS).

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Ankylosing spondylitis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

Treatment cycles:

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who has been receiving PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab and secukinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Where treatment has resulted in an inadequate response on 3 occasions a treatment cycle is considered to have been completed and there must be a 5-year break in PBS subsidy from all medicines with the PBS indication: 'Ankylosing spondylitis' before starting a new treatment cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle and where a break in therapy of less than 5 years has occurred, a further course of treatment may be commenced within the same treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Prescribing under the correct 'Treatment phase' listing for the authority application:

(1) Initial treatment.

Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for ankylosing spondylitis.

(2) Continuing treatment.

Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing

treatment to proceed initial treatment. An authority application for continuing treatment is not to be made on the same day as initial treatment.

(3) Changing therapy.

Apply under the 'Initial 2' treatment listing. Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to prior NSAID therapy and exercise program requirements. Where a patient is changing from a biosimilar medicine the prescriber must submit baseline indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI). A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot change to a particular biological medicine if it has failed to provide the patient with an adequate response within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this initial 2 treatment authority application.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological medicine. To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under the 'Initial 3' treatment listing. Prior NSAID and exercise therapies need not be re-trialled.

Note No increase in the maximum quantity or number of units may be authorised.

Authority Required

14659

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Clinical criteria:

- The condition must be either radiologically (plain X-ray) confirmed: (i) Grade II bilateral sacroiliitis; (ii) Grade III unilateral sacroiliitis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have at least 2 of the following: (i) low back pain and stiffness for 3 or more months that is relieved by exercise but not by rest; (ii) limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by a score of at least 1 on each of the lumbar flexion and lumbar side flexion measurements of the Bath Ankylosing Spondylitis Metrology Index (BASMI); (iii) limitation of chest expansion relative to normal values for age and gender, **AND**
- Patient must have failed to achieve an adequate response following treatment with at least 2 non-steroidal anti-inflammatory drugs (NSAIDs), whilst completing an appropriate exercise program, for a total period of 3 months, **AND**
- Patient must not receive more than 18 to 20 weeks of treatment, depending on the dosage regimen, under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The application must include details of the NSAIDs trialled, their doses and duration of treatment.

If the NSAID dose is less than the maximum recommended dose in the relevant TGA-approved Product Information, the application must include the reason a higher dose cannot be used.

If treatment with NSAIDs is contraindicated according to the relevant TGA-approved Product Information, the application must provide details of the contraindication.

If intolerance to NSAID treatment develops during the relevant period of use which is of a severity to necessitate permanent treatment withdrawal, the application must provide details of the nature and severity of this intolerance.

The following criteria indicate failure to achieve an adequate response and must be demonstrated at the time of the initial application:

(a) a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 4 on a 0-10 scale; and

(b) an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 10 mg per L.

The baseline BASDAI score and ESR or CRP level must be determined at the completion of the 3 month NSAID and exercise trial, but prior to ceasing NSAID treatment. All measurements must be no more than 4 weeks old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reason this criterion cannot be satisfied.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The following must be provided at the time of application and documented in the patient's medical records:

(i) details (name of the radiology report provider, date of the radiology report and unique identifying number/code that links report to the individual patient) of the radiological report confirming Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis; and

(ii) a baseline BASDAI score; and

(iii) a completed Exercise Program Self Certification Form included in the supporting information form; and

(iv) baseline ESR and/or CRP level.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Details of the toxicities, including severity, which will be accepted for the purposes of administering this restriction can be found on the Services Australia website at www.servicesaustralia.gov.au

Note For details on the appropriate minimum exercise program that will be accepted for the purposes of administering this restriction, please refer to the Services Australia website at www.servicesaustralia.gov.au

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

14714

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed/ceased to respond to PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 18 to 20 weeks of treatment, depending on the dosage regimen, under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for a patient who is either changing treatment from another biological medicine to this drug or recommencing therapy with this drug after a treatment break of less than 5 years, must be accompanied with details of the evidence of a response to the patient's most recent course of PBS-subsidised biological medicine within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a patient is changing from PBS-subsidised treatment with a biosimilar medicine for this condition, the prescriber must submit baseline disease severity indicators with this application, in addition to the response assessment outlined below.

An adequate response is defined as an improvement from baseline of at least 2 units (on a scale of 0-10) in the BASDAI score combined with at least 1 of the following:

(a) an ESR measurement no greater than 25 mm per hour; or

(b) a CRP measurement no greater than 10 mg per L; or

(c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and used to assess all future responses to treatment.

The assessment of response to treatment must be documented in the patient's medical records.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

14686

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of at least 5 years from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must be either radiologically (plain X-ray) confirmed: (i) Grade II bilateral sacroiliitis; (ii) Grade III unilateral sacroiliitis, **AND**
- Patient must have at least 2 of the following: (i) low back pain and stiffness for 3 or more months that is relieved by exercise but not by rest; (ii) limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by a score of at least 1 on each of the lumbar flexion and lumbar side flexion measurements of the Bath Ankylosing Spondylitis Metrology Index (BASMI); (iii) limitation of chest expansion relative to normal values for age and gender, **AND**
- Patient must have a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 4 on a 0-10 scale that is no more than 4 weeks old at the time of application, **AND**
- Patient must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour that is no more than 4 weeks old at the time of application; **OR**
- Patient must have a C-reactive protein (CRP) level greater than 10 mg per L that is no more than 4 weeks old at the time of application; **OR**
- Patient must have a clinical reason as to why demonstration of an elevated ESR or CRP cannot be met and the application must state the reason, **AND**
- Patient must not receive more than 18 to 20 weeks of treatment, depending on the dosage regimen, under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The following must be provided at the time of application and documented in the patient's medical records:

(i) details (name of the radiology report provider, date of the radiology report and unique identifying number/code that links report to the individual patient) of the radiological report confirming Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis; and

(ii) a baseline BASDAI score; and

(iii) a baseline ESR and/or CRP level.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

certolizumab pegol 200 mg/mL injection, 2 x 1 mL syringes

10904X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	3	0	0.00	*3,044.49	25.00	Cimzia [UC]

certolizumab pegol 200 mg/mL injection, 2 x 1 mL pen devices

11319R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	3	0	0.00	*3,044.49	25.00	Cimzia [UC]

CERTOLIZUMAB PEGOL

Note PBS AUTHORITY APPLICATIONS FOR SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) subsidy of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to all PBS benefits with the specific PBS indication of: 'severe active rheumatoid arthritis'.

Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

Only one biological medicine is to be PBS-subsidised at any one time for rheumatoid arthritis.

Upon 5 inadequate responses to biological medicines with the specific PBS indication of 'severe active rheumatoid arthritis', further subsidy is to cease. Where a particular biological medicine has provided an inadequate response, it must not be subsidised again.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

(1) Selecting the correct 'Treatment phase' listing to apply under

Initiating subsidy:

(i) Apply through 'Initial 1 treatment' where a patient has received no prior PBS-subsidised biological medicine treatment; or

(ii) Apply through 'Initial 2 treatment' where one of the following occurs: (a) PBS-subsidised treatment has at least been initiated through any Initial 1 listing, but the prescribed biological medicine is changing, (b) there has been a break in biological medicine of less than 24 months, but resumption of treatment is with the same biological medicine last prescribed, (c) there has been a break in biological medicine of less than 24 months and resumption of treatment is with a different biological medicine to that last prescribed, (d) treatment with rituximab has occurred within the past 24 months and is the most recent therapy prescribed leading up to this authority application, irrespective of the length in time elapsed between the 2 non-rituximab bDMARDs administered before and after rituximab.

Initial 2 does not require markers of inflammation/joint count to be re-established - those recorded in the first Initial 1 application can remain as baseline measures. Prerequisite DMARD treatments need not be re-proven to be inadequate.

The prescribed biological medicine may be changed at any time, regardless of whether the current prescribed biological medicine has been obtained through Initial treatment or Continuing treatment. However, the change in biological medicine cannot be back to the same biological medicine where that medicine has provided an inadequate response.

(iii) Apply through 'Initial 3 treatment' where treatment is recommencing following a break in PBS-subsidised therapy of at least 24 months. Initial 3 requires current markers of inflammation/joint count to be re-established. Prerequisite DMARD treatments need not be re-proven to be inadequate. PBS-subsidised therapy in this instance can include rituximab where prescribed as the most recent treatment - the 24 month break in therapy is from the second dose of the prior rituximab course.

Response assessment to any course of PBS-subsidised biological therapy must follow a minimum of 12 weeks of therapy. Applications made on the same day for Initial treatment and Continuing treatment clearly do reflect this requirement.

Where a response assessment is not conducted with a 'Continuing treatment' application, the biological medicine will be assumed to have failed, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. Authority applications for patients who experienced adverse reaction necessitating permanent treatment withdrawal should be submitted through 'Initial 2 treatment' or 'Initial 3 treatment'. Indicate where the adverse reaction has occurred in the authority application.

Continuing subsidy:

Apply under a 'Continuing treatment' phase listing only where treatment has initiated through an 'Initial treatment' listing and measures of disease control (i.e. ESR/CRP/joint count) demonstrate response following at least 12 weeks of treatment. Continuing treatment should never precede Initial treatment where the same biological medicine is being prescribed.

The description of 'Continuing treatment' means 'Continuing treatment of severe rheumatoid arthritis with the same biological medicine'. Where treatment of severe rheumatoid arthritis is continuing with a different biological medicine, 'Continuing treatment' is not to be interpreted as meaning 'Continuing treatment of severe rheumatoid arthritis with a different biological medicine' - see 'Initial 2 treatment' where continuing treatment is with a different biological medicine.

'Continuing treatment' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Where continuing treatment is divided into 'First continuing' and 'Subsequent continuing', the next authority application following immediately after any 'Initial treatment' authority application is to be through 'First continuing'. Following this, the next authority application is to occur under the 'Subsequent continuing' treatment phase. Assuming the drug continues to provide an adequate response, 'Subsequent continuing' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Balance of Supply listings:

Maximum quantities and the number of repeats stated in a PBS-listing are values that prescribers may seek up to, but are not obligated to prescribe. From time to time, there may be particular reasons why a prescriber may elect not to request the full maximum quantity listed, or, the full number of repeat prescriptions. Where this occurs, the intent of Balance of Supply treatment phase listings is to circumvent the need for another written-only authority application to be completed, as a written-only authority application may not be practical in terms of providing timely access to continued treatment.

Apply under a 'Balance of Supply' treatment phase (where available) when either the full maximum quantity or repeat prescriptions available under a particular treatment phase, was not requested and where the biological medicine has had insufficient time to demonstrate an adequate response. Where the preceding supply has been adequate to provide at least 12 weeks of treatment and has resulted in an adequate response, it may be more practical to access further treatment under 'Continuing treatment'.

(2) Baseline measurements to determine response.

Determination of response to treatment must be based on baseline measurements of the joint count, ESR and/or CRP provided with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements demonstrating elevation of both joint count and markers of inflammation any time that an initial treatment authority application is provided and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.

Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.

Applications under the Initial 3 treatment restriction for recommencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Authority Required

18695

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with disease modifying anti-rheumatic drugs (DMARDs) which must include at least 3 months continuous treatment with at least 2 DMARDs, one of which must be methotrexate at a dose of at least 20 mg weekly plus one of the following: (i) hydroxychloroquine at a dose of at least 200 mg daily; (ii) leflunomide at a dose of at least 10 mg daily; (iii) sulfasalazine at a dose of at least 2 g daily; **OR**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with DMARDs which, if methotrexate is contraindicated according to the Therapeutic Goods Administration (TGA)-approved Product Information/cannot be tolerated at a 20 mg weekly dose, must include at least 3 months continuous treatment with at least 2 of the following DMARDs: (i) hydroxychloroquine at a dose of at least 200 mg daily; (ii) leflunomide at a dose of at least 10 mg daily; (iii) sulfasalazine at a dose of at least 2 g daily; **OR**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 3 months of continuous treatment with a DMARD where 2 of: (i) hydroxychloroquine, (ii) leflunomide, (iii) sulfasalazine, are contraindicated according to the relevant TGA-approved Product Information/cannot be tolerated at the doses specified above in addition to having a contraindication or intolerance to methotrexate: the remaining tolerated DMARD must be trialled at a minimum dose as mentioned above; **OR**

- Patient must have a contraindication/severe intolerance to each of: (i) methotrexate, (ii) hydroxychloroquine, (iii) leflunomide, (iv) sulfasalazine; in such cases, provide details for each of the contraindications/severe intolerances claimed in the authority application, **AND**
- Patient must not receive more than 18 to 20 weeks of treatment, depending on the dosage regimen, under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

If methotrexate is contraindicated according to the TGA-approved product information or cannot be tolerated at a 20 mg weekly dose, the application must include details of the contraindication or intolerance including severity to methotrexate. The maximum tolerated dose of methotrexate must be documented in the application, if applicable.

The application must include details of the DMARDs trialled, their doses and duration of treatment, and all relevant contraindications and/or intolerances including severity.

The requirement to trial at least 2 DMARDs for periods of at least 3 months each can be met using single agents sequentially or by using one or more combinations of DMARDs, however the time on treatment must be at least 6 months.

If the requirement to trial 6 months of intensive DMARD therapy with at least 2 DMARDs cannot be met because of contraindications and/or intolerances of a severity necessitating permanent treatment withdrawal to all of the DMARDs specified above, details of the contraindication or intolerance including severity and dose for each DMARD must be provided in the authority application.

The following criteria indicate failure to achieve an adequate response to DMARD treatment and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour and/or a C-reactive protein (CRP) level greater than 15 mg per L; AND either

(a) a total active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The joint count and ESR and/or CRP must be determined at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. All measures must be no more than 4 weeks old at the time of initial application.

If the requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18598

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; **OR**

- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition; **OR**
- Patient must have received prior PBS-subsidised treatment with a biological medicine under the paediatric Severe active juvenile idiopathic arthritis/Systemic juvenile idiopathic arthritis indication, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed/ceased to respond to PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- Patient must not receive more than 18 to 20 weeks of treatment, depending on the dosage regimen, under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Patients who have received PBS-subsidised treatment for paediatric Severe active juvenile idiopathic arthritis or Systemic juvenile idiopathic arthritis where the condition has progressed to Rheumatoid arthritis may receive treatment through this restriction using existing baseline scores.

Where a patient is changing from a biosimilar medicine for the treatment of this condition, the prescriber must provide baseline disease severity indicators with this application, in addition to the response assessment outlined below.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

An application for a patient who is either changing treatment from another biological medicine to this drug or recommencing therapy with this drug after a treatment break of less than 24 months, must be accompanied with details of the evidence of a response to the patient's most recent course of PBS-subsidised biological medicine, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

A patient who has demonstrated a response to a course of rituximab must have a PBS-subsidised biological therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18634

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 24 months or more from the most recent PBS-subsidised biological medicine for this condition, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed/ceased to respond to PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; **OR**
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either: (a) a total active joint count of at least 20 active (swollen and tender) joints; (b) at least 4 active major joints, **AND**
- Patient must not receive more than 18 to 20 weeks of treatment, depending on the dosage regimen, under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Major joints are defined as (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count and ESR and/or CRP must be no more than 4 weeks old at the time of initial application.

If the requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

certolizumab pegol 200 mg/mL injection, 2 x 1 mL syringes

10905Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	3	0	0.00	*3,044.49	25.00	Cimzia [UC]

certolizumab pegol 200 mg/mL injection, 2 x 1 mL pen devices

11322X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	3	0	0.00	*3,044.49	25.00	Cimzia [UC]

CERTOLIZUMAB PEGOL

Note PATIENTS WITH NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS - TREATMENT CYCLES AND TREATMENT PHASES

Where the term 'biological medicine' appears in notes and restrictions, it refers to pharmaceutical benefits listed specifically for the indication of: non-radiographic axial spondyloarthritis. Some listed pharmaceutical benefits are technically not biological medicines (e.g. Janus-kinase inhibitors), but for practical purposes, have been included under the broad term of 'biological medicine'.

A patient is eligible for PBS-subsidised treatment with only 1 biological medicine at any one time.

Treatment cycles:

A treatment cycle commences when the authority application for first PBS-subsidised biological medicine is approved for a given patient under the 'Initial 1' treatment phase. The treatment cycle continues until a fourth biological medicine fails to provide the patient with an adequate response. A new treatment cycle begins each time PBS subsidy is obtained through the 'Initial 3' treatment phase.

Within a treatment cycle, the same PBS-subsidised biological medicine must not be subsidised more than once where it has failed to provide the patient with an adequate response on any occasion that a response assessment is conducted.

Once biological medicines have failed to provide a patient with an adequate response 4 times (once with any biological medicine) within the same treatment cycle, the treatment cycle has been completed and the patient must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A serious adverse reaction requiring permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a completed treatment attempt.

Where there have been fewer than 4 inadequate responses with biological medicine therapy in a treatment cycle and there has been a break in therapy of less than 5 years, the patient may continue treatment within the same treatment cycle.

A patient who has had a break in therapy of more than 5 years may commence a new treatment cycle with up to 4 treatment attempts.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Treatment phases:

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) no prior PBS-subsidised biological medicine treatment has been prescribed - apply through the 'Initial 1 - New patient' treatment phase

(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy, but is prescribed an alternate biological medicine - apply through the 'Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years' [further details are under 'Changing the prescribed biological medicine' below]; or

(iii) a patient is recommencing treatment following a break in PBS-subsidised therapy of less than 5 years - apply through the 'Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years' treatment phase (note that where there is both a change and recommencement after less than 5 years occurring simultaneously, Initial 2 is the correct treatment phase to apply through); or

(iv) a patient is recommencing treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years - apply through the 'Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years' treatment phase.

A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy.

(2) Continuing treatment.

For continuing PBS subsidy of biological medicine it is recommended that a patient be reviewed the month prior to when the continuing dose is due to ensure uninterrupted biological medicine supply.

Continuing PBS subsidy is available in quantities/repeats that provide up to 24 weeks of continuing treatment where an adequate response to the immediately preceding supply of treatment has been experienced.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be conducted no later than 4 weeks from the cessation of that treatment course. Where a response assessment is not conducted within the required timeframe, the treatment will be deemed to have failed to provide an adequate response, unless the patient has experienced a serious adverse reaction requiring permanent treatment withdrawal.

(3) Changing the prescribed biological medicine.

Once initial treatment with the first PBS-subsidised biological medicine is approved, an alternate biological medicine may be prescribed within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. the C-reactive protein (CRP) level and the BASDAI score), or the prior NSAID therapy and exercise program requirements. An authority application must be made under the 'Initial 2' treatment phase and must indicate the response to the preceding biological medicine in terms of whether the response was adequate or not. The prescription for the discontinued biological medicine must be marked as cancelled by the prescriber.

(4) Baseline measurements to determine response.

A response to treatment is based on the baseline BASDAI score and CRP level documented in the patient's medical records.

For a patient untreated with biological medicines, the BASDAI score used to determine baseline disease severity must be measured while the patient is receiving NSAID therapy and completing their exercise program.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications.

Prescribers may provide new baseline measurements any time that an 'Initial treatment' authority application is submitted and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A second or subsequent course of treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must occur through the Initial 3 treatment restriction. The same clinical criteria and indices of disease severity (i.e. the C-reactive protein (CRP) levels and the BASDAI) as for the Initial 1 (New patient) restriction will need to be met, but a re-trial of NSAID therapy and exercise therapy is not required.

(6) Balance of Supply

Where the full number of repeat prescriptions have not been requested under any initial or continuing listing, apply for the balance of the supply of the repeats under any treatment phase listing containing the words 'balance of supply'.

Note No increase in the maximum quantity or number of units may be authorised.

Authority Required

18335

Non-radiographic axial spondyloarthritis

Treatment Phase: Initial treatment - Initial 1 (New patient)

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have had chronic lower back pain and stiffness for 3 or more months that is relieved by exercise but not rest, **AND**
- Patient must have failed to achieve an adequate response following treatment with at least 2 non-steroidal anti-inflammatory drugs (NSAIDs), whilst completing an appropriate exercise program, for a total period of 3 months, **AND**
- Patient must have one or more of the following: (a) enthesitis (heel); (b) uveitis; (c) dactylitis; (d) psoriasis; (e) inflammatory bowel disease; or (f) positive for Human Leukocyte Antigen B27 (HLA-B27), **AND**
- The condition must not be radiographically evidenced on plain x-ray of Grade II bilateral sacroiliitis or Grade III or IV unilateral sacroiliitis, **AND**
- The condition must be non-radiographic axial spondyloarthritis, as defined by Assessment of Spondyloarthritis International Society (ASAS) criteria, **AND**
- The condition must be sacroiliitis with active inflammation and/or oedema on non-contrast Magnetic Resonance Imaging (MRI), **AND**
- The condition must have presence of Bone Marrow Oedema (BMO) depicted as a hyperintense signal on a Short Tau Inversion Recovery (STIR) image (or equivalent), **AND**
- The condition must have BMO depicted as a hypointense signal on a T1 weighted image (without gadolinium), **AND**
- Patient must not receive more than 18 to 20 weeks of treatment, depending on the dosage regimen, under this restriction.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of non-radiographic axial spondyloarthritis.

The application must include details of the NSAIDs trialled, their doses and duration of treatment.

If the NSAID dose is less than the maximum recommended dose in the relevant TGA-approved Product Information, the application must include the reason a higher dose cannot be used.

If treatment with NSAIDs is contraindicated according to the relevant TGA-approved Product Information, the application must provide details of the contraindication.

If intolerance to NSAID treatment develops during the relevant period of use which is of a severity to necessitate permanent treatment withdrawal, the application must provide details of the nature and severity of this intolerance.

The following criteria indicate failure to achieve an adequate response to NSAIDs and must be demonstrated at the time of the initial application:

(a) a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) score of at least 4 on a 0-10 scale; and

(b) C-reactive protein (CRP) level greater than 10 mg per L.

The baseline BASDAI score and CRP level must be determined at the completion of the 3-month NSAID and exercise trial, but prior to ceasing NSAID treatment. All measures must be no more than 4 weeks old at the time of initial application.

If the requirement to demonstrate an elevated CRP level could not be met, the reason must be stated in the application. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

The assessment of the patient's response to the initial course of treatment must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment in this treatment cycle.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The baseline BASDAI score and CRP level must also be documented in the patient's medical records.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority Required

15126

Non-radiographic axial spondyloarthritis

Treatment Phase: Initial treatment - Initial 2 (Change or re-commencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- The condition must not have responded inadequately to biological medicine on 4 occasions within the same treatment cycle, **AND**
- Patient must not have failed PBS-subsidised therapy with this biological medicine for this PBS indication more than once in the current treatment cycle, **AND**
- Patient must not receive more than 18 to 20 weeks of treatment, depending on the dosage regimen, under this restriction.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of non-radiographic axial spondyloarthritis.

An application for Initial 2 treatment must indicate whether the patient has demonstrated an adequate response (an absence of treatment failure), failed or experienced an intolerance to the most recent supply of biological medicine treatment.

A new baseline Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) score and C-reactive protein (CRP) level may be provided at the time of this application.

An adequate response to therapy with this biological medicine is defined as a reduction from baseline in the Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) score by 2 or more units (on a scale of 0-10) and 1 of the following:

(a) a CRP measurement no greater than 10 mg per L; or

(b) a CRP measurement reduced by at least 20% from baseline.

The assessment of the patient's response to the most recent supply of biological medicine must be conducted following a minimum of 12 weeks of treatment.

BASDAI scores and CRP levels must be documented in the patient's medical records.

The assessment of the patient's response to the initial course of treatment must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment in this treatment cycle.

The following must be provided at the time of application and documented in the patient's medical records:

(a) the BASDAI score; and

(b) the C-reactive protein (CRP) level.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority Required

15103

Non-radiographic axial spondyloarthritis

Treatment Phase: Initial treatment - Initial 3 (Recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have had chronic lower back pain and stiffness for 3 or more months that is relieved by exercise but not rest, **AND**
- Patient must have had a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- Patient must have one or more of the following: (a) enthesitis (heel); (b) uveitis; (c) dactylitis; (d) psoriasis; (e) inflammatory bowel disease; or (f) positive for Human Leukocyte Antigen B27 (HLA-B27), **AND**
- The condition must not be radiographically evidenced on plain x-ray of Grade II bilateral sacroiliitis or Grade III or IV unilateral sacroiliitis, **AND**
- The condition must be non-radiographic axial spondyloarthritis, as defined by Assessment of Spondyloarthritis International Society (ASAS) criteria, **AND**
- The condition must be sacroiliitis with active inflammation and/or oedema on non-contrast Magnetic Resonance Imaging (MRI), **AND**
- The condition must have presence of Bone Marrow Oedema (BMO) depicted as a hyperintense signal on a Short Tau Inversion Recovery (STIR) image (or equivalent), **AND**
- The condition must have BMO depicted as a hypointense signal on a T1 weighted image (without gadolinium), **AND**
- Patient must not receive more than 18 to 20 weeks of treatment, depending on the dosage regimen, under this restriction.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of non-radiographic axial spondyloarthritis.

The following must be provided at the time of application and documented in the patient's medical records:

(a) a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) score of at least 4 on a 0-10 scale; and

(b) C-reactive protein (CRP) level greater than 10 mg per L.

The BASDAI score and CRP level must be no more than 4 weeks old at the time of this application.

If the requirement to demonstrate an elevated CRP level could not be met, the reason must be stated in the application. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

The assessment of the patient's response to the initial course of treatment must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment in this treatment cycle.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

certolizumab pegol 200 mg/mL injection, 2 x 1 mL pen devices

12027B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	3	0	0.00	*3,044.49	25.00	Cimzia [UC]

certolizumab pegol 200 mg/mL injection, 2 x 1 mL syringes

12063X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	3	0	0.00	*3,044.49	25.00	Cimzia [UC]

CERTOLIZUMAB PEGOL

Note TREATMENT OF ADULT PATIENTS WITH SEVERE PSORIATIC ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) listed for adult patients with severe psoriatic arthritis.

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Severe Psoriatic Arthritis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

A patient is eligible for PBS-subsidised treatment with only 1 of the biological medicines at any one time.

Under these arrangements, within a single treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib or ustekinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe psoriatic arthritis.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or,

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or,

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than the 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements. An authority application must be made under the 'Initial 2' treatment phase.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.

However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response to the PBS-subsidised treatment.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment restriction according to the criteria of the relevant restriction and index of disease severity. The application must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

9183

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response to methotrexate at a dose of at least 20 mg weekly for a minimum period of 3 months, **AND**
- Patient must have failed to achieve an adequate response to sulfasalazine at a dose of at least 2 g per day for a minimum period of 3 months; **OR**
- Patient must have failed to achieve an adequate response to leflunomide at a dose of up to 20 mg daily for a minimum period of 3 months, **AND**
- Patient must not receive more than 18 to 20 weeks of treatment, depending on the dosage regimen, under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Where treatment with methotrexate, sulfasalazine or leflunomide is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.

Where intolerance to treatment with methotrexate, sulfasalazine or leflunomide developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

The following initiation criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; and

either

(a) an active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed Severe Psoriatic Arthritis PBS Authority Application - Supporting Information Form.

An assessment of a patient's response to an initial course of treatment must be conducted following a minimum of 12 weeks of therapy. An application for the continuing treatment must be accompanied with the assessment of response and submitted to the Department of Human Services no later than 4 weeks from the date of completion of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 3 months treatment with methotrexate and 3 months treatment with sulfasalazine or leflunomide can be found on the Department of Human Services website (www.humanservices.gov.au)

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

9073

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 18 to 20 weeks of treatment, depending on the dosage regimen, under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed Severe Psoriatic Arthritis PBS Authority Application - Supporting Information Form.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to change or recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

Where the most recent course of PBS-subsidised biological medicine treatment was approved under either Initial 1, Initial 2, Initial 3 or continuing treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

9074

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; **OR**
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either (a) a total active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active major joints, **AND**
- Patient must not receive more than 18 to 20 weeks of treatment, depending on the dosage regimen, under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Major joints are defined as (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count and ESR and/or CRP must be no more than one month old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed Severe Psoriatic Arthritis PBS Authority Application - Supporting Information Form.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

Where the most recent course of PBS-subsidised biological medicine treatment was approved under either Initial 1, Initial 2, Initial 3 or continuing treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

certolizumab pegol 200 mg/mL injection, 2 x 1 mL syringes

10909E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	3	0	0.00	*3,044.49	25.00	Cimzia [UC]

certolizumab pegol 200 mg/mL injection, 2 x 1 mL pen devices

11323Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	3	0	0.00	*3,044.49	25.00	Cimzia [UC]

ETANERCEPT

Caution Etanercept 50 mg/mL 1ml pen devices and prefilled syringes are intended for use in children and adolescents weighting 62.5kg or more.

Note TREATMENT OF PATIENTS UNDER 18 YEARS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, etanercept and ustekinumab for patients under 18 years of age with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, etanercept and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who is receiving PBS-subsidised treatment for severe chronic plaque psoriasis is able to commence a treatment cycle where they may trial a biological medicine without having to experience a disease flare when swapping to an alternate biological medicine within the same treatment cycle.

Under these arrangements, within a treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was prescribed in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 times in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 times in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

There are separate restrictions for the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hand and foot.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

(i) a patient has never received PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - Biological medicine-naive patient); or

(ii) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years); or

(iii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine or recommence with the same biological medicine within the same treatment cycle (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or

(iv) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

Etanercept only:

After completing 24-weeks of treatment with PBS-subsidised etanercept, a patient is eligible for re-treatment with etanercept within 12 months (Initial 4) due to a disease flare with psoriasis affecting the whole body if:

(i) there is at least a 50% change in the patients PASI score compared to the most recent response assessment following cessation of the most recent 24 weeks of PBS-subsidised etanercept; or

(ii) the patient has a current PASI score greater than 15

Etanercept only:

After completing 24-weeks of treatment with PBS-subsidised etanercept, a patient is eligible for re-treatment with etanercept (Initial 4) due to a disease flare with psoriasis affecting the face, hand or foot if:

(i) all subscores are rated moderate to severe; or

(ii) 2 of the three subscores are rated severe to very severe; or

(iii) the affected area of skin has increased by at least 50% compared to that at the time of the last assessment following cessation of the most recent 24 weeks of PBS-subsidised etanercept; or

(iv) the area affected is 30% or more of the face, palm of a hand or sole of a foot,

(2) Assessment of response to initial treatment.

After prescribing initial treatment with a biological medicine, a PASI assessment must be conducted after at least 12 weeks of treatment. This assessment will be used to determine eligibility for continuing treatment and must be conducted within 8 weeks of the last administered dose.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

Adalimumab and Ustekinumab only:

To avoid an interruption of supply for First continuing treatment, the assessment should be submitted no later than 2 weeks prior to when the next dose (under the new authority application) is due, unless the patient is currently on a treatment break.

(3) Continuing treatment

Etanercept only:

Following the completion of an initial 16-week treatment course with etanercept, a patient may receive a further 8 weeks of treatment (under the 'Completion of course' treatment phase) to complete a 24-week treatment course, providing they have demonstrated an adequate response to treatment to the initial supply.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be documented in the patient's medical records. Where a response assessment is not conducted, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Adalimumab and Ustekinumab only:

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks per continuing treatment course under the First continuing treatment restriction with that drug, provided they demonstrate an adequate response to treatment. The patient remains eligible to receive continuing treatment in courses of up to 24 weeks under the Subsequent continuing treatment restriction with that drug, provided they continue to sustain the response. It is recommended that a patient be reviewed 4 weeks prior to when their next dose (under a new authority application) is due to ensure uninterrupted supply, but no later than 8 weeks after the date of the last administered dose.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(4) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to the prior non-biological therapy requirements. If the patient has had a break in therapy of more than 5 years, the indices of disease severity need to be met, but a re-trial of non-biological therapy is not required.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to that biological medicine more than once within the same treatment cycle or have failed to respond to biological medicines, as an aggregate, on 3 occasions within the same treatment cycle.

To ensure patients receive the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.

(5) Baseline measurements to determine response.

A response to treatment must be demonstrated based on the baseline PASI assessment provided with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is provided within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment. Where a patient is changing from treatment with etanercept to adalimumab or ustekinumab the prescriber must provide a baseline PASI measurement, as well as a PASI score demonstrating a response to treatment.

To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.

(6A) Recommencement of treatment after a break of less than 5 years in PBS-subsidised therapy (all drugs except etanercept).

A patient who wishes to resume treatment following a break in PBS-subsidised therapy of less than 5 years must resume under the 'Initial 2' treatment phase. The most recent PASI assessment demonstrating disease flare must be no more than 4 weeks old at the time of application.

(6B) Re-treatment (etanercept only)

A patient may be re-treated, in certain circumstances, with etanercept after completing a 24-week treatment course under the 'Initial 4' treatment phase.

(7) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to undertake a new treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under an 'Initial 3' treatment phase.

Note To complete a 24-week course of treatment beyond this authority application, the next authority application (apart from supplies obtained under 'Balance of Supply') is to be under the 'completion of course' treatment phase.

Document the patient's baseline disease severity indices scores in their medical record, in addition to providing them in this authority application, to ensure:

(i) the patient's response to treatment can be quantified from week 12; and

(ii) in the case of the patient switching therapy for this condition, the baseline scores for the initial application will be available.

Note Pharmaceutical benefits that have the form etanercept injection 50 mg/mL, 4 x 1 mL syringes and pharmaceutical benefits that have the form etanercept injection 50 mg/mL, 4 x 1 mL pen devices are equivalent for the purposes of substitution.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

14509

Severe chronic plaque psoriasis

Treatment Phase: Completion of course - treatment covering weeks 16 to 24 (Whole body)

Treatment criteria:

- Must be treated by a dermatologist, **AND**
- Patient must be undergoing current PBS-subsidised treatment with this biological medicine, with the intention to complete the remainder of a 24-week treatment course with this biological medicine.

Clinical criteria:

- The treatment must be as systemic monotherapy; **OR**
- The treatment must be in combination with methotrexate, **AND**
- Patient must have been assessed for response to treatment after at least 12 weeks treatment with the preceding supply of this biological medicine, but within 8 weeks of the last administered dose, **AND**
- Patient must have demonstrated an adequate response to treatment, **AND**
- Patient must not receive more than 8 weeks of treatment with etanercept under this restriction.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

The assessment of response to treatment must be documented in the patient's medical records.

The same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of gaining approval for the remainder of 24 weeks treatment.

Authority Required (STREAMLINED)

14508

Severe chronic plaque psoriasis

Treatment Phase: Completion of course - treatment covering weeks 16 to 24 (Face, hand, foot)

Treatment criteria:

- Must be treated by a dermatologist, **AND**
- Patient must be undergoing current PBS-subsidised treatment with this biological medicine, with the intention to complete the remainder of a 24-week treatment course with this biological medicine.

Clinical criteria:

- The treatment must be as systemic monotherapy; **OR**
- The treatment must be in combination with methotrexate, **AND**

- Patient must have been assessed for response to treatment after at least 12 weeks treatment with the preceding supply of this biological medicine, but within 8 weeks of the last administered dose, **AND**
- Patient must have demonstrated an adequate response to treatment, **AND**
- Patient must not receive more than 8 weeks of treatment with etanercept under this restriction.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

The assessment of response to treatment must be documented in the patient's medical records.

The same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of gaining approval for the remainder of 24 weeks treatment.

etanercept 50 mg/mL injection, 4 x 1 mL pen devices

13697X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	0.00	823.71	25.00	[a] Enbrel [PF]	[a] Erelzi [SZ]
					[a] Nepexto [GQ]	

etanercept 50 mg/mL injection, 4 x 1 mL syringes

13733T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	0.00	823.71	25.00	[a] Enbrel [PF]	[a] Erelzi [SZ]

ETANERCEPT

Note PBS AUTHORITY APPLICATIONS FOR SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) subsidy of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to all PBS benefits with the specific PBS indication of: 'severe active rheumatoid arthritis'.

Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

Only one biological medicine is to be PBS-subsidised at any one time for rheumatoid arthritis.

Upon 5 inadequate responses to biological medicines with the specific PBS indication of 'severe active rheumatoid arthritis', further subsidy is to cease. Where a particular biological medicine has provided an inadequate response, it must not be subsidised again.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

(1) Selecting the correct 'Treatment phase' listing to apply under

Initiating subsidy:

(i) Apply through 'Initial 1 treatment' where a patient has received no prior PBS-subsidised biological medicine treatment; or

(ii) Apply through 'Initial 2 treatment' where one of the following occurs: (a) PBS-subsidised treatment has at least been initiated through any Initial 1 listing, but the prescribed biological medicine is changing, (b) there has been a break in biological medicine of less than 24 months, but resumption of treatment is with the same biological medicine last prescribed, (c) there has been a break in biological medicine of less than 24 months and resumption of treatment is with a different biological medicine to that last prescribed, (d) treatment with rituximab has occurred within the past 24 months and is the most recent therapy prescribed leading up to this authority application, irrespective of the length in time elapsed between the 2 non-rituximab bDMARDs administered before and after rituximab.

Initial 2 does not require markers of inflammation/joint count to be re-established - those recorded in the first Initial 1 application can remain as baseline measures. Prerequisite DMARD treatments need not be re-proven to be inadequate.

The prescribed biological medicine may be changed at any time, regardless of whether the current prescribed biological medicine has been obtained through Initial treatment or Continuing treatment. However, the change in biological medicine cannot be back to the same biological medicine where that medicine has provided an inadequate response.

(iii) Apply through 'Initial 3 treatment' where treatment is recommencing following a break in PBS-subsidised therapy of at least 24 months. Initial 3 requires current markers of inflammation/joint count to be re-established. Prerequisite DMARD treatments need not be re-proven to be inadequate. PBS-subsidised therapy in this instance can include rituximab where prescribed as the most recent treatment - the 24 month break in therapy is from the second dose of the prior rituximab course.

Response assessment to any course of PBS-subsidised biological therapy must follow a minimum of 12 weeks of therapy. Applications made on the same day for Initial treatment and Continuing treatment clearly do reflect this requirement.

Where a response assessment is not conducted with a 'Continuing treatment' application, the biological medicine will be assumed to have failed, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. Authority applications for patients who experienced adverse reaction necessitating permanent treatment withdrawal should be submitted through 'Initial 2 treatment' or 'Initial 3 treatment'. Indicate where the adverse reaction has occurred in the authority application.

Continuing subsidy:

Apply under a 'Continuing treatment' phase listing only where treatment has initiated through an 'Initial treatment' listing and measures of disease control (i.e. ESR/CRP/joint count) demonstrate response following at least 12 weeks of treatment. Continuing treatment should never precede Initial treatment where the same biological medicine is being prescribed.

The description of 'Continuing treatment' means 'Continuing treatment of severe rheumatoid arthritis with the same biological medicine'. Where treatment of severe rheumatoid arthritis is continuing with a different biological medicine, 'Continuing treatment' is not to be interpreted as meaning 'Continuing treatment of severe rheumatoid arthritis with a different biological medicine' - see 'Initial 2 treatment' where continuing treatment is with a different biological medicine.

'Continuing treatment' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Where continuing treatment is divided into 'First continuing' and 'Subsequent continuing', the next authority application following immediately after any 'Initial treatment' authority application is to be through 'First continuing'. Following this, the next authority application is to occur under the 'Subsequent continuing' treatment phase. Assuming the drug continues to provide an adequate response, 'Subsequent continuing' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Balance of Supply listings:

Maximum quantities and the number of repeats stated in a PBS-listing are values that prescribers may seek up to, but are not obligated to prescribe. From time to time, there may be particular reasons why a prescriber may elect not to request the full maximum quantity listed, or, the full number of repeat prescriptions. Where this occurs, the intent of Balance of Supply treatment phase listings is to circumvent the need for another written-only authority application to be completed, as a written-only authority application may not be practical in terms of providing timely access to continued treatment.

Apply under a 'Balance of Supply' treatment phase (where available) when either the full maximum quantity or repeat prescriptions available under a particular treatment phase, was not requested and where the biological medicine has had insufficient time to demonstrate an adequate response. Where the preceding supply has been adequate to provide at least 12 weeks of treatment and has resulted in an adequate response, it may be more practical to access further treatment under 'Continuing treatment'.

(2) Baseline measurements to determine response.

Determination of response to treatment must be based on baseline measurements of the joint count, ESR and/or CRP provided with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements demonstrating elevation of both joint count and markers of inflammation any time that an initial treatment authority application is provided and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.

Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.

Applications under the Initial 3 treatment restriction for recommencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note Biosimilar prescribing policy

Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Pharmaceutical benefits that have the form etanercept injection 50 mg/mL, 4 x 1 mL syringes and pharmaceutical benefits that have the form etanercept injection 50 mg/mL, 4 x 1 mL pen devices are equivalent for the purposes of substitution.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

14581

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with disease modifying anti-rheumatic drugs (DMARDs) which must include at least 3 months continuous treatment with at least 2 DMARDs, one of which must be methotrexate at a dose of at least 20 mg weekly plus one of the following: (i) hydroxychloroquine at a dose of at least 200 mg daily; (ii) leflunomide at a dose of at least 10 mg daily; (iii) sulfasalazine at a dose of at least 2 g daily; **OR**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with DMARDs which, if methotrexate is contraindicated according to the Therapeutic Goods Administration (TGA)-approved Product Information/cannot be tolerated at a 20 mg

weekly dose, must include at least 3 months continuous treatment with at least 2 of the following DMARDs: (i) hydroxychloroquine at a dose of at least 200 mg daily; (ii) leflunomide at a dose of at least 10 mg daily; (iii) sulfasalazine at a dose of at least 2 g daily; **OR**

- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 3 months of continuous treatment with a DMARD where 2 of: (i) hydroxychloroquine, (ii) leflunomide, (iii) sulfasalazine, are contraindicated according to the relevant TGA-approved Product Information/cannot be tolerated at the doses specified above in addition to having a contraindication or intolerance to methotrexate: the remaining tolerated DMARD must be trialled at a minimum dose as mentioned above; **OR**
- Patient must have a contraindication/severe intolerance to each of: (i) methotrexate, (ii) hydroxychloroquine, (iii) leflunomide, (iv) sulfasalazine; in such cases, provide details of the contraindications/severe intolerances, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

If methotrexate is contraindicated according to the TGA-approved product information or cannot be tolerated at a 20 mg weekly dose, details of the contraindication or intolerance including severity to methotrexate must be provided at the time of application and documented in the patient's medical records. The maximum tolerated dose of methotrexate must be provided at the time of the application, if applicable, and documented in the patient's medical records.

The application must include details of the DMARDs trialled, their doses and duration of treatment, and all relevant contraindications and/or intolerances including severity.

The requirement to trial at least 2 DMARDs for periods of at least 3 months each can be met using single agents sequentially or by using one or more combinations of DMARDs, however the time on treatment must be at least 6 months.

If the requirement to trial 6 months of intensive DMARD therapy with at least 2 DMARDs cannot be met because of contraindications and/or intolerances of a severity necessitating permanent treatment withdrawal to all of the DMARDs specified above, details of the contraindication or intolerance including severity and dose for each DMARD must be provided at the time of application and documented in the patient's medical records.

The following criteria indicate failure to achieve an adequate response to DMARD treatment and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour and/or a C-reactive protein (CRP) level greater than 15 mg per L; AND either

(a) a total active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The assessment of response to prior treatment must be documented in the patient's medical records.

The joint count and ESR and/or CRP must be determined at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. All measures must be no more than 4 weeks old at the time of initial application.

If the requirement to demonstrate an elevated ESR or CRP cannot be met, the reasons why this criterion cannot be satisfied must be documented in the patient's medical records. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) the active joint count, ESR and/or CRP result and date of results;

(b) details of prior treatment, including dose and date/duration of treatment.

(c) If applicable, details of any contraindications/intolerances.

(d) If applicable, the maximum tolerated dose of methotrexate.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

Authority Required

14582

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition; **OR**
- Patient must have received prior PBS-subsidised treatment with a biological medicine under the paediatric Severe active juvenile idiopathic arthritis/Systemic juvenile idiopathic arthritis indication, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed/ceased to respond to PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Patients who have received PBS-subsidised treatment for paediatric Severe active juvenile idiopathic arthritis or Systemic juvenile idiopathic arthritis where the condition has progressed to Rheumatoid arthritis may receive treatment through this restriction using existing baseline scores.

Where a patient is changing from a biosimilar medicine for the treatment of this condition, the prescriber must provide baseline disease severity indicators with this application, in addition to the response assessment outlined below.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The assessment of response to treatment must be documented in the patient's medical records.

An application for a patient who is either changing treatment from another biological medicine to this drug or recommencing therapy with this drug after a treatment break of less than 24 months, must be accompanied with details of the evidence of a response to the patient's most recent course of PBS-subsidised biological medicine, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

A patient who has demonstrated a response to a course of rituximab must have a PBS-subsidised biological therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine.

Authority Required

14603

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 24 months or more from the most recent PBS-subsidised biological medicine for this condition, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed/ceased to respond to PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; **OR**
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either: (a) a total active joint count of at least 20 active (swollen and tender) joints; (b) at least 4 active major joints, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Major joints are defined as (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count and ESR and/or CRP must be no more than 4 weeks old at the time of initial application.

If the requirement to demonstrate an elevated ESR or CRP cannot be met, the reasons why this criterion cannot be satisfied must be documented in the patient's medical records. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) the active joint count, ESR and/or CRP result and date of result;

(b) the most recent biological agent and the date of the last continuing prescription.

(c) If applicable, the new baseline scores.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

etanercept 50 mg/mL injection, 4 x 1 mL pen devices

13687J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	3	0.00	823.71	25.00	[a] Brenzys [OQ]	[a] Erelzi [SZ]
						[a] Nepexto [GQ]	

etanercept 50 mg/mL injection, 4 x 1 mL syringes

13698Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	3	0.00	823.71	25.00	[a] Brenzys [OQ]	[a] Erelzi [SZ]

ETANERCEPT

Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed for adult patients with the indication of ankylosing spondylitis (AS).

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Ankylosing spondylitis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

Treatment cycles:

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who has been receiving PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab and secukinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Where treatment has resulted in an inadequate response on 3 occasions a treatment cycle is considered to have been completed and there must be a 5-year break in PBS subsidy from all medicines with the PBS indication: 'Ankylosing spondylitis' before starting a new treatment cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle and where a break in therapy of less than 5 years has occurred, a further course of treatment may be commenced within the same treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Prescribing under the correct 'Treatment phase' listing for the authority application:

(1) Initial treatment.

Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for ankylosing spondylitis.

(2) Continuing treatment.

Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing

treatment to proceed initial treatment. An authority application for continuing treatment is not to be made on the same day as initial treatment.

(3) Changing therapy.

Apply under the 'Initial 2' treatment listing. Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to prior NSAID therapy and exercise program requirements. Where a patient is changing from a biosimilar medicine the prescriber must submit baseline indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI). A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot change to a particular biological medicine if it has failed to provide the patient with an adequate response within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this initial 2 treatment authority application.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological medicine. To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under the 'Initial 3' treatment listing. Prior NSAID and exercise therapies need not be re-trialled.

Note Biosimilar prescribing policy

Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Pharmaceutical benefits that have the form etanercept injection 50 mg/mL, 4 x 1 mL syringes and pharmaceutical benefits that have the form etanercept injection 50 mg/mL, 4 x 1 mL pen devices are equivalent for the purposes of substitution.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

14670

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Clinical criteria:

- The condition must be either radiologically (plain X-ray) confirmed: (i) Grade II bilateral sacroiliitis; (ii) Grade III unilateral sacroiliitis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have at least 2 of the following: (i) low back pain and stiffness for 3 or more months that is relieved by exercise but not by rest; (ii) limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by a score of at least 1 on each of the lumbar flexion and lumbar side flexion measurements of the Bath Ankylosing Spondylitis Metrology Index (BASMI); (iii) limitation of chest expansion relative to normal values for age and gender, **AND**
- Patient must have failed to achieve an adequate response following treatment with at least 2 non-steroidal anti-inflammatory drugs (NSAIDs), whilst completing an appropriate exercise program, for a total period of 3 months, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

Details of the NSAIDs trialled, their doses and duration of treatment must be provided at the time of application.

If the NSAID dose is less than the maximum recommended dose in the relevant TGA-approved Product Information, the reason a higher dose cannot be used must be provided.

If treatment with NSAIDs is contraindicated according to the relevant TGA-approved Product Information, details of the contraindication must be provided.

If intolerance to NSAID treatment develops during the relevant period of use which is of a severity to necessitate permanent treatment withdrawal, details of the nature and severity of this intolerance must be provided.

All relevant details must be documented in the patient's medical records.

The following criteria indicate failure to achieve an adequate response and must be demonstrated at the time of the initial application:

(a) a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 4 on a 0-10 scale; and

(b) an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 10 mg per L.

The baseline BASDAI score and ESR or CRP level must be determined at the completion of the 3 month NSAID and exercise trial, but prior to ceasing NSAID treatment. All measurements must be no more than 4 weeks old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the reason this criterion cannot be satisfied must be provided at the time of application.

The following must be provided at the time of application:

(i) details (name of the radiology report provider, date of the radiology report and unique identifying number/code that links report to the individual patient) of the radiological report confirming Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis; and

(ii) a baseline BASDAI score; and

(iii) details of the completed Exercise Program Self Certification Form (commencement and finish date); and

(iv) baseline ESR and/or CRP level.

All supporting evidence, including the completed Exercise Program Self Certification Form must be kept in the patient's medical records.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Details of the toxicities, including severity, which will be accepted for the purposes of administering this restriction can be found on the Services Australia website at www.servicesaustralia.gov.au

Note For details on the appropriate minimum exercise program that will be accepted for the purposes of administering this restriction, please refer to the Services Australia website at www.servicesaustralia.gov.au

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Authority Required

14673

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed/ceased to respond to PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

An application for a patient who is either changing treatment from another biological medicine to this drug or recommencing therapy with this drug after a treatment break of less than 5 years, must be accompanied with details of the evidence of a response to the patient's most recent course of PBS-subsidised biological medicine within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a patient is changing from PBS-subsidised treatment with a biosimilar medicine for this condition, the prescriber must submit baseline disease severity indicators with this application, in addition to the response assessment outlined below.

An adequate response is defined as an improvement from baseline of at least 2 units (on a scale of 0-10) in the BASDAI score combined with at least 1 of the following:

(a) an ESR measurement no greater than 25 mm per hour; or

(b) a CRP measurement no greater than 10 mg per L; or

(c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and used to assess all future responses to treatment.

The assessment of response to treatment must be documented in the patient's medical records.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Authority Required

14671

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of at least 5 years from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must be either radiologically (plain X-ray) confirmed: (i) Grade II bilateral sacroiliitis; (ii) Grade III unilateral sacroiliitis, **AND**
- Patient must have at least 2 of the following: (i) low back pain and stiffness for 3 or more months that is relieved by exercise but not by rest; (ii) limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by a score of at least 1 on each of the lumbar flexion and lumbar side flexion measurements of the Bath Ankylosing Spondylitis Metrology Index (BASMI); (iii) limitation of chest expansion relative to normal values for age and gender, **AND**
- Patient must have a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 4 on a 0-10 scale that is no more than 4 weeks old at the time of application, **AND**
- Patient must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour that is no more than 4 weeks old at the time of application; **OR**
- Patient must have a C-reactive protein (CRP) level greater than 10 mg per L that is no more than 4 weeks old at the time of application; **OR**
- Patient must have a clinical reason as to why demonstration of an elevated ESR or CRP cannot be met and the application must state the reason, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The following must be provided at the time of application and documented in the patient's medical records:

(i) details (name of the radiology report provider, date of the radiology report and unique identifying number/code that links report to the individual patient) of the radiological report confirming Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis; and

(ii) a baseline BASDAI score; and

(iii) a baseline ESR and/or CRP level.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

etanercept 50 mg/mL injection, 4 x 1 mL syringes

13751R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	0.00	823.71	25.00	[a] Brenzys [OQ]	[a] Erelzi [SZ]

etanercept 50 mg/mL injection, 4 x 1 mL pen devices

13774Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	0.00	823.71	25.00	[a] Brenzys [OQ]	[a] Erelzi [SZ]
					[a] Nepexto [GQ]	

ETANERCEPT

Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed for adult patients with the indication of ankylosing spondylitis (AS).

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Ankylosing spondylitis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

Treatment cycles:

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who has been receiving PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab and secukinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Where treatment has resulted in an inadequate response on 3 occasions a treatment cycle is considered to have been completed and there must be a 5-year break in PBS subsidy from all medicines with the PBS indication: 'Ankylosing spondylitis' before starting a new treatment cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle and where a break in therapy of less than 5 years has occurred, a further course of treatment may be commenced within the same treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Prescribing under the correct 'Treatment phase' listing for the authority application:

(1) Initial treatment.

Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for ankylosing spondylitis.

(2) Continuing treatment.

Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to proceed initial treatment. An authority application for continuing treatment is not to be made on the same day as initial treatment.

(3) Changing therapy.

Apply under the 'Initial 2' treatment listing. Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to prior NSAID therapy and exercise program requirements. Where a patient is changing from a biosimilar medicine the prescriber must submit baseline indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI). A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot change to a particular biological medicine if it has failed to provide the patient with an adequate response within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this initial 2 treatment authority application.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological medicine. To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under the 'Initial 3' treatment listing. Prior NSAID and exercise therapies need not be re-trialled.

Note Biosimilar prescribing policy

Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Pharmaceutical benefits that have the form etanercept injection 50 mg/mL, 4 x 1 mL syringes and pharmaceutical benefits that have the form etanercept injection 50 mg/mL, 4 x 1 mL pen devices are equivalent for the purposes of substitution.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

16747

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Clinical criteria:

- The condition must be either radiologically (plain X-ray) confirmed: (i) Grade II bilateral sacroiliitis; (ii) Grade III unilateral sacroiliitis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have at least 2 of the following: (i) low back pain and stiffness for 3 or more months that is relieved by exercise but not by rest; (ii) limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by a score of at least 1 on each of the lumbar flexion and lumbar side flexion measurements of the Bath Ankylosing Spondylitis Metrology Index (BASMI); (iii) limitation of chest expansion relative to normal values for age and gender, **AND**
- Patient must have failed to achieve an adequate response following treatment with at least 2 non-steroidal anti-inflammatory drugs (NSAIDs), whilst completing an appropriate exercise program, for a total period of 3 months, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The application must include details of the NSAIDs trialled, their doses and duration of treatment.

If the NSAID dose is less than the maximum recommended dose in the relevant TGA-approved Product Information, the application must include the reason a higher dose cannot be used.

If treatment with NSAIDs is contraindicated according to the relevant TGA-approved Product Information, the application must provide details of the contraindication.

If intolerance to NSAID treatment develops during the relevant period of use which is of a severity to necessitate permanent treatment withdrawal, the application must provide details of the nature and severity of this intolerance.

The following criteria indicate failure to achieve an adequate response and must be demonstrated at the time of the initial application:

(a) a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 4 on a 0-10 scale; and

(b) an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 10 mg per L.

The baseline BASDAI score and ESR or CRP level must be determined at the completion of the 3 month NSAID and exercise trial, but prior to ceasing NSAID treatment. All measurements must be no more than 4 weeks old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reason this criterion cannot be satisfied.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The following must be provided at the time of application and documented in the patient's medical records:

(i) details (name of the radiology report provider, date of the radiology report and unique identifying number/code that links report to the individual patient) of the radiological report confirming Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis; and

(ii) a baseline BASDAI score; and

(iii) a completed Exercise Program Self Certification Form included in the supporting information form; and

(iv) baseline ESR and/or CRP level.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Details of the toxicities, including severity, which will be accepted for the purposes of administering this restriction can be found on the Services Australia website at www.servicesaustralia.gov.au

Note For details on the appropriate minimum exercise program that will be accepted for the purposes of administering this restriction, please refer to the Services Australia website at www.servicesaustralia.gov.au

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

16773

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed/ceased to respond to PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for a patient who is either changing treatment from another biological medicine to this drug or recommencing therapy with this drug after a treatment break of less than 5 years, must be accompanied with details of the evidence of a response to the patient's most recent course of PBS-subsidised biological medicine within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a patient is changing from PBS-subsidised treatment with a biosimilar medicine for this condition, the prescriber must submit baseline disease severity indicators with this application, in addition to the response assessment outlined below.

An adequate response is defined as an improvement from baseline of at least 2 units (on a scale of 0-10) in the BASDAI score combined with at least 1 of the following:

(a) an ESR measurement no greater than 25 mm per hour; or

(b) a CRP measurement no greater than 10 mg per L; or

(c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and used to assess all future responses to treatment.

The assessment of response to treatment must be documented in the patient's medical records.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

16713

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of at least 5 years from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must be either radiologically (plain X-ray) confirmed: (i) Grade II bilateral sacroiliitis; (ii) Grade III unilateral sacroiliitis, **AND**
- Patient must have at least 2 of the following: (i) low back pain and stiffness for 3 or more months that is relieved by exercise but not by rest; (ii) limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by a score of at least 1 on each of the lumbar flexion and lumbar side flexion measurements of the Bath Ankylosing Spondylitis Metrology Index (BASMI); (iii) limitation of chest expansion relative to normal values for age and gender, **AND**
- Patient must have a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 4 on a 0-10 scale that is no more than 4 weeks old at the time of application, **AND**
- Patient must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour that is no more than 4 weeks old at the time of application; **OR**
- Patient must have a C-reactive protein (CRP) level greater than 10 mg per L that is no more than 4 weeks old at the time of application; **OR**
- Patient must have a clinical reason as to why demonstration of an elevated ESR or CRP cannot be met and the application must state the reason, **AND**

- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The following must be provided at the time of application and documented in the patient's medical records:

(i) details (name of the radiology report provider, date of the radiology report and unique identifying number/code that links report to the individual patient) of the radiological report confirming Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis; and

(ii) a baseline BASDAI score; and

(iii) a baseline ESR and/or CRP level.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

14703

Ankylosing spondylitis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

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etanercept 50 mg/mL injection, 4 x 1 mL syringes

9085E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	0.00	823.71	25.00	[a] Brenzys [OQ]	[a] Enbrel [PF]
					[a] Erelzi [SZ]	

etanercept 50 mg/mL injection, 4 x 1 mL pen devices

9455P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	0.00	823.71	25.00	[a] Brenzys [OQ]	[a] Enbrel [PF]
					[a] Erelzi [SZ]	[a] Nepexto [GQ]

ETANERCEPT

Note TREATMENT OF ADULT PATIENTS WITH SEVERE PSORIATIC ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) listed for adult patients with severe psoriatic arthritis.

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Severe Psoriatic Arthritis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

A patient is eligible for PBS-subsidised treatment with only 1 of the biological medicines at any one time.

Under these arrangements, within a single treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib or ustekinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe psoriatic arthritis.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or,

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or,

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than the 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements. An authority application must be made under the 'Initial 2' treatment phase.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.

However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response to the PBS-subsidised treatment.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment restriction according to the criteria of the relevant restriction and index of disease severity. The application must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note Biosimilar prescribing policy

Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Pharmaceutical benefits that have the form etanercept injection 50 mg/mL, 4 x 1 mL syringes and pharmaceutical benefits that have the form etanercept injection 50 mg/mL, 4 x 1 mL pen devices are equivalent for the purposes of substitution.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

17355

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response to methotrexate at a dose of at least 20 mg weekly for a minimum period of 3 months, **AND**
- Patient must have failed to achieve an adequate response to sulfasalazine at a dose of at least 2 g per day for a minimum period of 3 months; **OR**
- Patient must have failed to achieve an adequate response to leflunomide at a dose of up to 20 mg daily for a minimum period of 3 months, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Where treatment with methotrexate, sulfasalazine or leflunomide is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.

Where intolerance to treatment with methotrexate, sulfasalazine or leflunomide developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

The following initiation criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; and

either

(a) an active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

The authority application must be made in writing and must include:

(a) details of the proposed prescription(s); and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

16764

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The authority application must be made in writing and must include:

(a) details of the proposed prescription(s); and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to change or recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

16737

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; **OR**
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either (a) a total active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active major joints, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Major joints are defined as (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count and ESR and/or CRP must be no more than one month old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(a) details of the proposed prescription(s); and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority Required

9064

Severe psoriatic arthritis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

etanercept 50 mg/mL injection, 4 x 1 mL syringes

9087G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	0.00	823.71	25.00	[a] Brenzys [OQ]	[a] Enbrel [PF]
					[a] Erelzi [SZ]	

etanercept 50 mg/mL injection, 4 x 1 mL pen devices

9457R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	0.00	823.71	25.00	[a] Brenzys [OQ]	[a] Enbrel [PF]
					[a] Erelzi [SZ]	[a] Nepexto [GQ]

ETANERCEPT

Note PBS AUTHORITY APPLICATIONS FOR SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) subsidy of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to all PBS benefits with the specific PBS indication of: 'severe active rheumatoid arthritis'.

Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

Only one biological medicine is to be PBS-subsidised at any one time for rheumatoid arthritis.

Upon 5 inadequate responses to biological medicines with the specific PBS indication of 'severe active rheumatoid arthritis', further subsidy is to cease. Where a particular biological medicine has provided an inadequate response, it must not be subsidised again.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

(1) Selecting the correct 'Treatment phase' listing to apply under

Initiating subsidy:

(i) Apply through 'Initial 1 treatment' where a patient has received no prior PBS-subsidised biological medicine treatment; or

(ii) Apply through 'Initial 2 treatment' where one of the following occurs: (a) PBS-subsidised treatment has at least been initiated through any Initial 1 listing, but the prescribed biological medicine is changing, (b) there has been a break in biological medicine of less than 24 months, but resumption of treatment is with the same biological medicine last prescribed, (c) there has been a break in biological medicine of less than 24 months and resumption of treatment is with a different biological medicine to that last prescribed, (d) treatment with rituximab has occurred within the past 24 months and is the most recent therapy prescribed leading up to this authority application, irrespective of the length in time elapsed between the 2 non-rituximab bDMARDs administered before and after rituximab.

Initial 2 does not require markers of inflammation/joint count to be re-established - those recorded in the first Initial 1 application can remain as baseline measures. Prerequisite DMARD treatments need not be re-proven to be inadequate.

The prescribed biological medicine may be changed at any time, regardless of whether the current prescribed biological medicine has been obtained through Initial treatment or Continuing treatment. However, the change in biological medicine cannot be back to the same biological medicine where that medicine has provided an inadequate response.

(iii) Apply through 'Initial 3 treatment' where treatment is recommencing following a break in PBS-subsidised therapy of at least 24 months. Initial 3 requires current markers of inflammation/joint count to be re-established. Prerequisite DMARD treatments need not be re-proven to be inadequate. PBS-subsidised therapy in this instance can include rituximab where prescribed as the most recent treatment - the 24 month break in therapy is from the second dose of the prior rituximab course.

Response assessment to any course of PBS-subsidised biological therapy must follow a minimum of 12 weeks of therapy. Applications made on the same day for Initial treatment and Continuing treatment clearly do reflect this requirement.

Where a response assessment is not conducted with a 'Continuing treatment' application, the biological medicine will be assumed to have failed, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. Authority applications for patients who experienced adverse reaction necessitating permanent treatment withdrawal should be submitted through 'Initial 2 treatment' or 'Initial 3 treatment'. Indicate where the adverse reaction has occurred in the authority application.

Continuing subsidy:

Apply under a 'Continuing treatment' phase listing only where treatment has initiated through an 'Initial treatment' listing and measures of disease control (i.e. ESR/CRP/joint count) demonstrate response following at least 12 weeks of treatment. Continuing treatment should never precede Initial treatment where the same biological medicine is being prescribed.

The description of 'Continuing treatment' means 'Continuing treatment of severe rheumatoid arthritis with the same biological medicine'. Where treatment of severe rheumatoid arthritis is continuing with a different biological medicine, 'Continuing treatment' is not to be interpreted as meaning 'Continuing treatment of severe rheumatoid arthritis with a different biological medicine' - see 'Initial 2 treatment' where continuing treatment is with a different biological medicine.

'Continuing treatment' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Where continuing treatment is divided into 'First continuing' and 'Subsequent continuing', the next authority application following immediately after any 'Initial treatment' authority application is to be through 'First continuing'. Following this, the next authority application is to occur under the 'Subsequent continuing' treatment phase. Assuming the drug continues to provide an adequate response, 'Subsequent continuing' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Balance of Supply listings:

Maximum quantities and the number of repeats stated in a PBS-listing are values that prescribers may seek up to, but are not obligated to prescribe. From time to time, there may be particular reasons why a prescriber may elect not to request the full maximum quantity listed, or, the full number of repeat prescriptions. Where this occurs, the intent of Balance of Supply treatment phase listings is to circumvent the need for another written-only authority application to be completed, as a written-only authority application may not be practical in terms of providing timely access to continued treatment.

Apply under a 'Balance of Supply' treatment phase (where available) when either the full maximum quantity or repeat prescriptions available under a particular treatment phase, was not requested and where the biological medicine has had insufficient time to demonstrate an adequate response. Where the preceding supply has been adequate to provide at least 12 weeks of treatment and has resulted in an adequate response, it may be more practical to access further treatment under 'Continuing treatment'.

(2) Baseline measurements to determine response.

Determination of response to treatment must be based on baseline measurements of the joint count, ESR and/or CRP provided with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements demonstrating elevation of both joint count and markers of inflammation any time that an initial treatment authority application is provided and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.

Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.

Applications under the Initial 3 treatment restriction for recommencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note Biosimilar prescribing policy

Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Pharmaceutical benefits that have the form etanercept injection 50 mg/mL, 4 x 1 mL syringes and pharmaceutical benefits that have the form etanercept injection 50 mg/mL, 4 x 1 mL pen devices are equivalent for the purposes of substitution.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

16788

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with disease modifying anti-rheumatic drugs (DMARDs) which must include at least 3 months continuous treatment with at least 2 DMARDs, one of which must be methotrexate at a dose of at least 20 mg weekly plus one of the following: (i) hydroxychloroquine at a dose of at least 200 mg daily; (ii) leflunomide at a dose of at least 10 mg daily; (iii) sulfasalazine at a dose of at least 2 g daily; **OR**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with DMARDs which, if methotrexate is contraindicated according to the Therapeutic Goods Administration (TGA)-approved Product Information/cannot be tolerated at a 20 mg weekly dose, must include at least 3 months continuous treatment with at least 2 of the following DMARDs: (i) hydroxychloroquine at a dose of at least 200 mg daily; (ii) leflunomide at a dose of at least 10 mg daily; (iii) sulfasalazine at a dose of at least 2 g daily; **OR**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 3 months of continuous treatment with a DMARD where 2 of: (i) hydroxychloroquine, (ii) leflunomide, (iii) sulfasalazine, are contraindicated according to the relevant TGA-approved Product Information/cannot be tolerated at the doses specified above in addition to having a contraindication or intolerance to methotrexate: the remaining tolerated DMARD must be trialled at a minimum dose as mentioned above; **OR**
- Patient must have a contraindication/severe intolerance to each of: (i) methotrexate, (ii) hydroxychloroquine, (iii) leflunomide, (iv) sulfasalazine; in such cases, provide details for each of the contraindications/severe intolerances claimed in the authority application, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

If methotrexate is contraindicated according to the TGA-approved product information or cannot be tolerated at a 20 mg weekly dose, the application must include details of the contraindication or intolerance including severity to methotrexate. The maximum tolerated dose of methotrexate must be documented in the application, if applicable.

The application must include details of the DMARDs trialled, their doses and duration of treatment, and all relevant contraindications and/or intolerances including severity.

The requirement to trial at least 2 DMARDs for periods of at least 3 months each can be met using single agents sequentially or by using one or more combinations of DMARDs, however the time on treatment must be at least 6 months.

If the requirement to trial 6 months of intensive DMARD therapy with at least 2 DMARDs cannot be met because of contraindications and/or intolerances of a severity necessitating permanent treatment withdrawal to all of the DMARDs specified above, details of the contraindication or intolerance including severity and dose for each DMARD must be provided in the authority application.

The following criteria indicate failure to achieve an adequate response to DMARD treatment and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour and/or a C-reactive protein (CRP) level greater than 15 mg per L; AND either

(a) a total active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The joint count and ESR and/or CRP must be determined at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. All measures must be no more than 4 weeks old at the time of initial application.

If the requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

16709

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition; **OR**
- Patient must have received prior PBS-subsidised treatment with a biological medicine under the paediatric Severe active juvenile idiopathic arthritis/Systemic juvenile idiopathic arthritis indication, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed/ceased to respond to PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Patients who have received PBS-subsidised treatment for paediatric Severe active juvenile idiopathic arthritis or Systemic juvenile idiopathic arthritis where the condition has progressed to Rheumatoid arthritis may receive treatment through this restriction using existing baseline scores.

Where a patient is changing from a biosimilar medicine for the treatment of this condition, the prescriber must provide baseline disease severity indicators with this application, in addition to the response assessment outlined below.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

An application for a patient who is either changing treatment from another biological medicine to this drug or recommencing therapy with this drug after a treatment break of less than 24 months, must be accompanied with details of the evidence of a response to the patient's most recent course of PBS-subsidised biological medicine, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

A patient who has demonstrated a response to a course of rituximab must have a PBS-subsidised biological therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

16710

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 24 months or more from the most recent PBS-subsidised biological medicine for this condition, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed/ceased to respond to PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; **OR**
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either: (a) a total active joint count of at least 20 active (swollen and tender) joints; (b) at least 4 active major joints, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Major joints are defined as (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count and ESR and/or CRP must be no more than 4 weeks old at the time of initial application.

If the requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

14488

Severe active rheumatoid arthritis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months) - balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months) to complete 16 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

etanercept 50 mg/mL injection, 4 x 1 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9089J	1	3	0.00	823.71	25.00	[a] Brenzys [OQ]	[a] Enbrel [PF]
						[a] Erelzi [SZ]	

etanercept 50 mg/mL injection, 4 x 1 mL pen devices

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9459W	1	3	0.00	823.71	25.00	[a] Brenzys [OQ]	[a] Enbrel [PF]
						[a] Erelzi [SZ]	[a] Nepexto [GQ]

ETANERCEPT

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who received PBS-subsidised adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.

A patient receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.

(1) Initial treatment.

An application for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab, and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab, 24 weeks of therapy for bimekizumab and 28 weeks of therapy for risankizumab, tildrakizumab and ustekinumab.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of their course of initial treatment to ensure uninterrupted biological medicine supply.

(2) Assessment of response to initial treatment.

When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment and no later than 4 weeks from the completion of this initial treatment course.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

(3) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Infliximab, adalimumab and etanercept only:

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.

For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(4) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle or have experienced treatment failure with that particular biological medicine that required permanent treatment withdrawal.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.

(5) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide

new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.

To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.

(6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 4 weeks at the time of application.

Note Biosimilar prescribing policy

Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

16743

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 1, Whole body (new patient)

Clinical criteria:

- Patient must have severe chronic plaque psoriasis where lesions have been present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 2 of the following 6 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; (ii) methotrexate at a dose of at least 10 mg weekly for at least 6 weeks; (iii) ciclosporin at a dose of at least 2 mg per kg per day for at least 6 weeks; (iv) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks; (v) apremilast at a dose of 30 mg twice a day for at least 6 weeks; (vi) deucravacitinib at a dose of 6 mg once daily for at least 6 weeks, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

Where treatment with methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin is contraindicated according to the relevant TGA-approved Product Information, or where phototherapy is contraindicated, details must be provided at the time of application.

Where intolerance to treatment with phototherapy, methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Regardless of if a patient has a contraindication to treatment with either methotrexate, ciclosporin, apremilast, deucravacitinib, acitretin or phototherapy, the patient is still required to trial 2 of these prior therapies until a failure to achieve an adequate response is met.

The following criterion indicates failure to achieve an adequate response to prior treatment and must be demonstrated in the patient at the time of the application:

(a) A current Psoriasis Area and Severity Index (PASI) score of greater than 15, as assessed, preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment.

(b) A PASI assessment must be completed for each prior treatment course, preferably whilst still on treatment, but no longer than 4 weeks following cessation of each course of treatment.

(c) The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current and previous Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition; and

(ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy].

It is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks

from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 6 weeks treatment with phototherapy, methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin can be found on the Services Australia website (www.servicesaustralia.gov.au).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

16785

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 2, Whole body (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition; and

(ii) details of prior biological treatment, including dosage, date and duration of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

16779

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 3, Whole body (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must have a current Psoriasis Area and Severity Index (PASI) score of greater than 15, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

16761

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 1, Face, hand, foot (new patient)

Clinical criteria:

- Patient must have severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot where the plaque or plaques have been present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 2 of the following 6 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; (ii) methotrexate at a dose of at least 10 mg weekly for at least 6 weeks; (iii) ciclosporin at a dose of at least 2 mg per kg per day for at least 6 weeks; (iv) acitretin at a dose of at least 0.4 mg per kg per day for at least 6

weeks; (v) apremilast at a dose of 30 mg twice a day for at least 6 weeks; (vi) deucravacitinib at a dose of 6 mg once daily for at least 6 weeks, **AND**

- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

Where treatment with methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin is contraindicated according to the relevant TGA-approved Product Information, or where phototherapy is contraindicated, details must be provided at the time of application.

Where intolerance to treatment with phototherapy, methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Regardless of if a patient has a contraindication to treatment with either methotrexate, ciclosporin, apremilast, deucravacitinib, acitretin or phototherapy, the patient is still required to trial 2 of these prior therapies until a failure to achieve an adequate response is met.

The following criterion indicates failure to achieve an adequate response to prior treatment and must be demonstrated in the patient at the time of the application:

(a) Chronic plaque psoriasis classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where:

(i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe, as assessed, preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment; or

(ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, as assessed, preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment;

(b) A PASI assessment must be completed for each prior treatment course, preferably whilst still on treatment, but no longer than 4 weeks following cessation of each course of treatment.

(c) The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current and previous Psoriasis Area and Severity Index (PASI) calculation sheets, and the face, hand, foot area diagrams including the dates of assessment of the patient's condition; and

(ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy].

It is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

The PASI assessment for first continuing or subsequent continuing treatment must be performed on the same affected area as assessed at baseline.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 6 weeks treatment with phototherapy, methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin can be found on the Services Australia website (www.servicesaustralia.gov.au).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

16717

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 2, Face, hand, foot (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

The PASI assessment for first continuing or subsequent continuing treatment must be performed on the same affected area as assessed at baseline.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current Psoriasis Area and Severity Index (PASI) calculation sheets, and the face, hand, foot area diagrams including the dates of assessment of the patient's condition; and

(ii) details of prior biological treatment, including dosage, date and duration of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

16716

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 3, Face, hand, foot (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**

- The condition must be classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where: (i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or (ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheets, and the face, hand, foot area diagrams including the dates of assessment of the patient's condition.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

The PASI assessment for first continuing or subsequent continuing treatment must be performed on the same affected area as assessed at baseline.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

16763

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 1, Whole body or Face, hand, foot (new patient) or Initial 2, Whole body or Face, hand, foot (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3, Whole body or Face, hand, foot (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1, Whole body (new patient) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2, Whole body (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3, Whole body (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 1, Face, hand, foot (new patient) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2, Face, hand, foot (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3, Face, hand, foot (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a dermatologist.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

etanercept 25 mg injection [4 vials] (&) inert substance diluent [4 x 1 mL syringes], 1 pack

9037P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	3	0.00	*823.74	25.00	Enbrel [PF]

ETANERCEPT

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who received PBS-subsidised adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.

A patient receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.

(1) Initial treatment.

An application for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab, and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab, 24 weeks of therapy for bimekizumab and 28 weeks of therapy for risankizumab, tildrakizumab and ustekinumab.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of their course of initial treatment to ensure uninterrupted biological medicine supply.

(2) Assessment of response to initial treatment.

When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment and no later than 4 weeks from the completion of this initial treatment course.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

(3) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Infliximab, adalimumab and etanercept only:

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.

For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(4) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle or have experienced treatment failure with that particular biological medicine that required permanent treatment withdrawal.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.

(5) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.

To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.

(6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 4 weeks at the time of application.

Note Biosimilar prescribing policy

Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Pharmaceutical benefits that have the form etanercept injection 50 mg/mL, 4 x 1 mL syringes and pharmaceutical benefits that have the form etanercept injection 50 mg/mL, 4 x 1 mL pen devices are equivalent for the purposes of substitution.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

16743

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 1, Whole body (new patient)

Clinical criteria:

- Patient must have severe chronic plaque psoriasis where lesions have been present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 2 of the following 6 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; (ii) methotrexate at a dose of at least 10 mg weekly for at least 6 weeks; (iii) ciclosporin at a dose of at least 2 mg per kg per day for at least 6 weeks; (iv) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks; (v) apremilast at a dose of 30 mg twice a day for at least 6 weeks; (vi) deucravacitinib at a dose of 6 mg once daily for at least 6 weeks, **AND**

- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

Where treatment with methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin is contraindicated according to the relevant TGA-approved Product Information, or where phototherapy is contraindicated, details must be provided at the time of application.

Where intolerance to treatment with phototherapy, methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Regardless of if a patient has a contraindication to treatment with either methotrexate, ciclosporin, apremilast, deucravacitinib, acitretin or phototherapy, the patient is still required to trial 2 of these prior therapies until a failure to achieve an adequate response is met.

The following criterion indicates failure to achieve an adequate response to prior treatment and must be demonstrated in the patient at the time of the application:

(a) A current Psoriasis Area and Severity Index (PASI) score of greater than 15, as assessed, preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment.

(b) A PASI assessment must be completed for each prior treatment course, preferably whilst still on treatment, but no longer than 4 weeks following cessation of each course of treatment.

(c) The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current and previous Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition; and

(ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy].

It is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 6 weeks treatment with phototherapy, methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin can be found on the Services Australia website (www.servicesaustralia.gov.au).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

16785

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 2, Whole body (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**

- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition; and

(ii) details of prior biological treatment, including dosage, date and duration of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

16779

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 3, Whole body (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must have a current Psoriasis Area and Severity Index (PASI) score of greater than 15, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

16761

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 1, Face, hand, foot (new patient)

Clinical criteria:

- Patient must have severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot where the plaque or plaques have been present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 2 of the following 6 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; (ii) methotrexate at a dose of at least 10 mg weekly for at least 6 weeks; (iii) ciclosporin at a dose of at least 2 mg per kg per day for at least 6 weeks; (iv) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks; (v) apremilast at a dose of 30 mg twice a day for at least 6 weeks; (vi) deucravacitinib at a dose of 6 mg once daily for at least 6 weeks, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

Where treatment with methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin is contraindicated according to the relevant TGA-approved Product Information, or where phototherapy is contraindicated, details must be provided at the time of application.

Where intolerance to treatment with phototherapy, methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Regardless of if a patient has a contraindication to treatment with either methotrexate, ciclosporin, apremilast, deucravacitinib, acitretin or phototherapy, the patient is still required to trial 2 of these prior therapies until a failure to achieve an adequate response is met.

The following criterion indicates failure to achieve an adequate response to prior treatment and must be demonstrated in the patient at the time of the application:

(a) Chronic plaque psoriasis classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where:

(i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe, as assessed, preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment; or

(ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, as assessed, preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment;

(b) A PASI assessment must be completed for each prior treatment course, preferably whilst still on treatment, but no longer than 4 weeks following cessation of each course of treatment.

(c) The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current and previous Psoriasis Area and Severity Index (PASI) calculation sheets, and the face, hand, foot area diagrams including the dates of assessment of the patient's condition; and

(ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy].

It is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

The PASI assessment for first continuing or subsequent continuing treatment must be performed on the same affected area as assessed at baseline.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 6 weeks treatment with phototherapy, methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin can be found on the Services Australia website (www.servicesaustralia.gov.au).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

16717

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 2, Face, hand, foot (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

The PASI assessment for first continuing or subsequent continuing treatment must be performed on the same affected area as assessed at baseline.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current Psoriasis Area and Severity Index (PASI) calculation sheets, and the face, hand, foot area diagrams including the dates of assessment of the patient's condition; and

(ii) details of prior biological treatment, including dosage, date and duration of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

16716

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 3, Face, hand, foot (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must be classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where: (i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or (ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheets, and the face, hand, foot area diagrams including the dates of assessment of the patient's condition.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

The PASI assessment for first continuing or subsequent continuing treatment must be performed on the same affected area as assessed at baseline.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

16763

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 1, Whole body or Face, hand, foot (new patient) or Initial 2, Whole body or Face, hand, foot (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3, Whole body or Face, hand, foot (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1, Whole body (new patient) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2, Whole body (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3, Whole body (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 1, Face, hand, foot (new patient) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2, Face, hand, foot (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3, Face, hand, foot (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a dermatologist.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

etanercept 50 mg/mL injection, 4 x 1 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9091L	1	3	0.00	823.71	25.00	[a] Brenzys [OQ]	[a] Enbrel [PF]
						[a] Erelzi [SZ]	

etanercept 50 mg/mL injection, 4 x 1 mL pen devices

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9461Y	1	3	0.00	823.71	25.00	[a] Brenzys [OQ]	[a] Enbrel [PF]
						[a] Erelzi [SZ]	[a] Nepexto [GQ]

ETANERCEPT

Note TREATMENT OF PATIENTS UNDER 18 YEARS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, etanercept and ustekinumab for patients under 18 years of age with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, etanercept and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who is receiving PBS-subsidised treatment for severe chronic plaque psoriasis is able to commence a treatment cycle where they may trial a biological medicine without having to experience a disease flare when swapping to an alternate biological medicine within the same treatment cycle.

Under these arrangements, within a treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was prescribed in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 times in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 times in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

There are separate restrictions for the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hand and foot.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

(i) a patient has never received PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - Biological medicine-naive patient); or

(ii) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years); or

(iii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine or recommence with the same biological medicine within the same treatment cycle (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or

(iv) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

Etanercept only:

After completing 24-weeks of treatment with PBS-subsidised etanercept, a patient is eligible for re-treatment with etanercept within 12 months (Initial 4) due to a disease flare with psoriasis affecting the whole body if:

(i) there is at least a 50% change in the patients PASI score compared to the most recent response assessment following cessation of the most recent 24 weeks of PBS-subsidised etanercept; or

(ii) the patient has a current PASI score greater than 15

Etanercept only:

After completing 24-weeks of treatment with PBS-subsidised etanercept, a patient is eligible for re-treatment with etanercept (Initial 4) due to a disease flare with psoriasis affecting the face, hand or foot if:

(i) all subscores are rated moderate to severe; or

(ii) 2 of the three subscores are rated severe to very severe; or

(iii) the affected area of skin has increased by at least 50% compared to that at the time of the last assessment following cessation of the most recent 24 weeks of PBS-subsidised etanercept; or

(iv) the area affected is 30% or more of the face, palm of a hand or sole of a foot,

(2) Assessment of response to initial treatment.

After prescribing initial treatment with a biological medicine, a PASI assessment must be conducted after at least 12 weeks of treatment. This assessment will be used to determine eligibility for continuing treatment and must be conducted within 8 weeks of the last administered dose.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

Adalimumab and Ustekinumab only:

To avoid an interruption of supply for First continuing treatment, the assessment should be submitted no later than 2 weeks prior to when the next dose (under the new authority application) is due, unless the patient is currently on a treatment break.

(3) Continuing treatment

Etanercept only:

Following the completion of an initial 16-week treatment course with etanercept, a patient may receive a further 8 weeks of treatment (under the 'Completion of course' treatment phase) to complete a 24-week treatment course, providing they have demonstrated an adequate response to treatment to the initial supply.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be documented in the patient's medical records. Where a response assessment is not conducted, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Adalimumab and Ustekinumab only:

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks per continuing treatment course under the First continuing treatment restriction with that drug, provided they demonstrate an adequate response to treatment. The patient remains eligible to receive continuing treatment in courses of up to 24 weeks under the Subsequent continuing treatment restriction with that drug, provided they continue to sustain the

response. It is recommended that a patient be reviewed 4 weeks prior to when their next dose (under a new authority application) is due to ensure uninterrupted supply, but no later than 8 weeks after the date of the last administered dose.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(4) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to the prior non-biological therapy requirements. If the patient has had a break in therapy of more than 5 years, the indices of disease severity need to be met, but a re-trial of non-biological therapy is not required.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to that biological medicine more than once within the same treatment cycle or have failed to respond to biological medicines, as an aggregate, on 3 occasions within the same treatment cycle.

To ensure patients receive the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.

(5) Baseline measurements to determine response.

A response to treatment must be demonstrated based on the baseline PASI assessment provided with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is provided within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment. Where a patient is changing from treatment with etanercept to adalimumab or ustekinumab the prescriber must provide a baseline PASI measurement, as well as a PASI score demonstrating a response to treatment.

To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.

(6A) Recommencement of treatment after a break of less than 5 years in PBS-subsidised therapy (all drugs except etanercept).

A patient who wishes to resume treatment following a break in PBS-subsidised therapy of less than 5 years must resume under the 'Initial 2' treatment phase. The most recent PASI assessment demonstrating disease flare must be no more than 4 weeks old at the time of application.

(6B) Re-treatment (etanercept only)

A patient may be re-treated, in certain circumstances, with etanercept after completing a 24-week treatment course under the 'Initial 4' treatment phase.

(7) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to undertake a new treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under an 'Initial 3' treatment phase.

Note To complete a 24-week course of treatment beyond this authority application, the next authority application (apart from supplies obtained under 'Balance of Supply') is to be under the 'completion of course' treatment phase.

Document the patient's baseline disease severity indices scores in their medical record, in addition to providing them in this authority application, to ensure:

(i) the patient's response to treatment can be quantified from week 12; and

(ii) in the case of the patient switching therapy for this condition, the baseline scores for the initial application will be available.

Note Biosimilar prescribing policy

Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

14513

Severe chronic plaque psoriasis

Treatment Phase: Initial 1 treatment (Whole body) - biological medicine-naive patient

Treatment criteria:

- Must be treated by a dermatologist.

Clinical criteria:

- Patient must be undergoing treatment for the first time with PBS-subsidised biological medicine for this PBS indication, **AND**
- The treatment must be as systemic monotherapy; **OR**

- The treatment must be in combination with methotrexate, **AND**
- Patient must have lesions present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must have failed to achieve an adequate response to at least 2 of the following 3 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; (ii) methotrexate at a dose of at least 10 mg or 10 mg per square metre weekly (whichever is lowest) for at least 6 weeks; (iii) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks, **AND**
- Patient must not receive more than 16 weeks of treatment with this biological medicine under this restriction.

Population criteria:

- Patient must be under 18 years of age.

Where treatment with any of the above-mentioned drugs was contraindicated according to the relevant TGA-approved Product Information, or where phototherapy was contraindicated, details must be documented in the patient's medical records.

Where intolerance to phototherapy, methotrexate and/or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be documented in the patient's medical records.

Details of the accepted toxicities including severity can be found on the Services Australia website.

The following indicates failure to achieve an adequate response to prior phototherapy/methotrexate/acitretin therapy:

(a) A Psoriasis Area and Severity Index (PASI) score of greater than 15, as assessed, preferably when the patient was on treatment, but no longer than 4 weeks following cessation of the last pre-requisite therapy.

A PASI assessment must have been completed for each pre-requisite treatment trialled, preferably when the patient was on treatment, but no longer than 4 weeks following cessation of that pre-requisite treatment. Provide in this authority application, and document in the patient's medical records, each of:

(i) the name of each prior therapy trialled that meets the above requirements - state at least 2;

(ii) the date of commencement and cessation of each prior therapy trialled, as well as the dosage (for drug therapies);

(iii) the PASI score that followed each prior therapy trialled;

(iv) the date the PASI scores were determined.

Provide a baseline PASI score to be referenced in any future authority applications that continue treatment. This PASI score may be any of: (i) a current PASI score, (ii) a PASI score present prior to, or, after a pre-requisite non-biological medicine.

Authority Required

17001

Severe chronic plaque psoriasis

Treatment Phase: Initial 2 treatment (Whole body) - Change of treatment

Treatment criteria:

- Must be treated by a dermatologist.

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment 3 times for this condition within this treatment cycle, **AND**
- The treatment must be as systemic monotherapy; **OR**
- The treatment must be in combination with methotrexate, **AND**
- Patient must not receive more than 16 weeks of treatment with this biological medicine under this restriction.

Population criteria:

- Patient must be under 18 years of age.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

In relation to the biological medicine that the patient is changing from, state whether the patient is changing therapy because:

(i) there is an absence of an adequate response to that treatment; or

(ii) there was an intolerance to that treatment; or

(iii) there was an adequate response, but a change in treatment has been made for reasons other than the 2 mentioned above.

The assessment of response to treatment and the reason for changing therapy must be provided in this application and documented in the patient's medical records.

Authority Required

14576

Severe chronic plaque psoriasis

Treatment Phase: Initial 3 treatment (Whole body, or, face/hand/foot) - Recommencement of treatment after a break in biological medicine of more than 5 years

Treatment criteria:

- Must be treated by a dermatologist.

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition for at least 5 years, if they have previously received PBS-subsidised treatment with a biological medicine for this condition and wish to commence a new treatment cycle, **AND**
- The condition must be affecting the whole body - all subsequent authority applications to this application will be made under treatment phases that feature the words 'whole body'; **OR**
- The condition must be limited to the face/hand/foot - all subsequent authority applications to this application will be made under treatment phases that feature the words 'face, hand, foot', **AND**
- Patient must have a current Psoriasis Area and Severity Index (PASI) score of greater than 15; **OR**
- The condition must be classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where: (i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or (ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, **AND**
- The treatment must be as systemic monotherapy; **OR**
- The treatment must be in combination with methotrexate, **AND**
- Patient must not receive more than 16 weeks of treatment with this biological medicine under this restriction.

Population criteria:

- Patient must be under 18 years of age.

The most recent PASI assessment must be no more than 4 weeks old at the time of application and must be documented in the patient's medical records.

Authority Required

12261

Severe chronic plaque psoriasis

Treatment Phase: Balance of supply - Initial 1, 2, 3 or 4 treatment (Whole body, or, face/hand/foot)

Treatment criteria:

- Must be treated by a dermatologist, **AND**
- Patient must be undergoing current PBS-subsidised treatment with this biological medicine, but has received insufficient therapy with this biological medicine to complete 16 weeks treatment available under any of the initial treatment phases (regardless of the affected body area): (i) Initial 1, (ii) Initial 2, (iii) Initial 3, (iv) Initial 4.

Clinical criteria:

- The treatment must be as systemic monotherapy; **OR**
- The treatment must be in combination with methotrexate, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment.

Authority Required

14553

Severe chronic plaque psoriasis

Treatment Phase: Initial 4 - Re-treatment (Whole body)

Treatment criteria:

- Must be treated by a dermatologist.

Clinical criteria:

- The treatment must be as systemic monotherapy; **OR**
- The treatment must be in combination with methotrexate, **AND**
- Patient must have a documented history of severe chronic plaque psoriasis of the whole body.

Treatment criteria:

- Patient must be undergoing re-treatment with this biological medicine for this PBS indication after an initial adequate response to the most recent treatment course, but has since experienced at least one of the following: (i) a disease flare where the PASI score has worsened (increased) by at least 50%, (ii) the current PASI score has returned above 15.

Clinical criteria:

- Patient must not have failed more than once to achieve an adequate response with etanercept, **AND**
- Patient must not receive more than 16 weeks of treatment with etanercept under this restriction.

Population criteria:

- Patient must be under 18 years of age.

Where a patient has had a treatment break the length of the break is measured from the date the most recent treatment was stopped to the date of the application for further treatment.

Authority Required

14554

Severe chronic plaque psoriasis

Treatment Phase: Initial 1 treatment (Face, hand, foot) - biological medicine-naive patient

Treatment criteria:

- Must be treated by a dermatologist.

Clinical criteria:

- Patient must be undergoing treatment for the first time with PBS-subsidised biological medicine for this PBS indication, **AND**
- The treatment must be as systemic monotherapy; **OR**
- The treatment must be in combination with methotrexate, **AND**

- Patient must have the plaque or plaques of the face, or palm of hand or sole of foot present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must have failed to achieve an adequate response to at least 2 of the following 3 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; (ii) methotrexate at a dose of at least 10 mg or 10 mg per square metre weekly (whichever is lowest) for at least 6 weeks; (iii) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks, **AND**
- Patient must not receive more than 16 weeks of treatment with etanercept under this restriction.

Population criteria:

- Patient must be under 18 years of age.

Where treatment with any of the above-mentioned drugs was contraindicated according to the relevant TGA-approved Product Information, or where phototherapy was contraindicated, details must be documented in the patient's medical records.

Where intolerance to phototherapy, methotrexate and/or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be documented in the patient's medical records.

Details of the accepted toxicities including severity can be found on the Services Australia website.

The following indicates failure to achieve an adequate response to prior phototherapy/methotrexate/acitretin therapy:

(a) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling being rated as severe or very severe, as assessed, preferably whilst still on treatment, but no longer than 1 month following cessation of the last pre-requisite therapy; or

(b) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, as assessed, preferably whilst still on treatment, but no longer than 1 month following cessation of the last pre-requisite therapy

Provide in this authority application, and document in the patient's medical records, each of:

(i) the name of each prior therapy trialled that meets the above requirements - state at least 2;

(ii) the date of commencement and cessation of each prior therapy trialled, as well as the dosage (for drug therapies);

(iii) whether failure type (a) or (b) as described above occurred for each prior therapy trialled;

(iv) the dates that response assessments were determined.

Provide in this authority application at least one of the following to act as a baseline measurement and be referenced in any future authority applications that continue treatment:

(v) for each of erythema, thickness and scaling, which of these are rated as severe or very severe (at least 2 must be rated as severe/very severe);

(vi) the percentage area of skin (combined area of face, hands and feet) affected by this condition (must be at least 30%) prior to treatment with biological medicine.

Where a patient has had a 12 month treatment break, the length of the break is measured from the date the most recent treatment was stopped to the date of the application to re-commence treatment.

Authority Required

17069

Severe chronic plaque psoriasis

Treatment Phase: Initial 2 treatment (Face, hand, foot) - Change of treatment

Treatment criteria:

- Must be treated by a dermatologist.

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment 3 times for this condition within this treatment cycle, **AND**
- The treatment must be as systemic monotherapy; **OR**
- The treatment must be in combination with methotrexate, **AND**
- Patient must not receive more than 16 weeks of treatment with this biological medicine under this restriction.

Population criteria:

- Patient must be under 18 years of age.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the pre-biological treatment baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the pre-biological treatment baseline value.

In relation to the biological medicine that the patient is changing from, state whether the patient is changing therapy because:

(i) there is an absence of an adequate response to that treatment; or

(ii) there was an intolerance to that treatment; or

(iii) there was an adequate response, but a change in treatment has been made for reasons other than the 2 mentioned above.

The assessment of response to treatment and the reason for changing therapy must be provided in this application and documented in the patient's medical records.

Authority Required

14577

Severe chronic plaque psoriasis

Treatment Phase: Initial 4 - Re-treatment (face, hand, foot)

Treatment criteria:

- Must be treated by a dermatologist.

Clinical criteria:

- The treatment must be as systemic monotherapy; **OR**
- The treatment must be in combination with methotrexate, **AND**
- Patient must have a documented history of severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot.

Treatment criteria:

- Patient must be undergoing re-treatment with this biological medicine for this PBS indication after an initial adequate response to the most recent treatment course, but has since experienced at least one of the following: (i) all PASI sub-measures (redness, thickness, scaling) are rated as 'moderate' to 'severe', (ii) at least 2 of the 3 PASI sub-measures are rated as 'severe' to 'very severe', (iii) the skin area affected has increased by at least 50% since the last administered dose, (iv) the skin area affected is at least 30% of the total skin area of the face/hand/foot.

Clinical criteria:

- Patient must not have failed more than once to achieve an adequate response with etanercept, **AND**
- Patient must not receive more than 16 weeks of treatment with etanercept under this restriction.

Population criteria:

- Patient must be under 18 years of age.

Where a patient has had a treatment break the length of the break is measured from the date the most recent treatment was stopped to the date of the application for further treatment.

etanercept 25 mg injection [4 vials] (&) inert substance diluent [4 x 1 mL syringes], 1 pack

1954W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	3	0.00	*823.74	25.00	Enbrel [PF]

ETANERCEPT

Caution Etanercept 50 mg/mL 1ml pen devices and prefilled syringes are intended for use in children and adolescents weighting 62.5kg or more.

Note TREATMENT OF PATIENTS UNDER 18 YEARS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, etanercept and ustekinumab for patients under 18 years of age with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, etanercept and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who is receiving PBS-subsidised treatment for severe chronic plaque psoriasis is able to commence a treatment cycle where they may trial a biological medicine without having to experience a disease flare when swapping to an alternate biological medicine within the same treatment cycle.

Under these arrangements, within a treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was prescribed in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 times in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 times in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

There are separate restrictions for the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hand and foot.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

(i) a patient has never received PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - Biological medicine-naive patient); or

(ii) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years); or

(iii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine or recommence with the same biological medicine within the same treatment cycle (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or

(iv) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

Etanercept only:

After completing 24-weeks of treatment with PBS-subsidised etanercept, a patient is eligible for re-treatment with etanercept within 12 months (Initial 4) due to a disease flare with psoriasis affecting the whole body if:

(i) there is at least a 50% change in the patients PASI score compared to the most recent response assessment following cessation of the most recent 24 weeks of PBS-subsidised etanercept; or

(ii) the patient has a current PASI score greater than 15

Etanercept only:

After completing 24-weeks of treatment with PBS-subsidised etanercept, a patient is eligible for re-treatment with etanercept (Initial 4) due to a disease flare with psoriasis affecting the face, hand or foot if:

(i) all subscores are rated moderate to severe; or

(ii) 2 of the three subscores are rated severe to very severe; or

(iii) the affected area of skin has increased by at least 50% compared to that at the time of the last assessment following cessation of the most recent 24 weeks of PBS-subsidised etanercept; or

(iv) the area affected is 30% or more of the face, palm of a hand or sole of a foot,

(2) Assessment of response to initial treatment.

After prescribing initial treatment with a biological medicine, a PASI assessment must be conducted after at least 12 weeks of treatment. This assessment will be used to determine eligibility for continuing treatment and must be conducted within 8 weeks of the last administered dose.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

Adalimumab and Ustekinumab only:

To avoid an interruption of supply for First continuing treatment, the assessment should be submitted no later than 2 weeks prior to when the next dose (under the new authority application) is due, unless the patient is currently on a treatment break.

(3) Continuing treatment

Etanercept only:

Following the completion of an initial 16-week treatment course with etanercept, a patient may receive a further 8 weeks of treatment (under the 'Completion of course' treatment phase) to complete a 24-week treatment course, providing they have demonstrated an adequate response to treatment to the initial supply.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be documented in the patient's medical records. Where a response assessment is not conducted, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Adalimumab and Ustekinumab only:

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks per continuing treatment course under the First continuing treatment restriction with that drug, provided they demonstrate an adequate response to treatment. The patient remains eligible to receive continuing treatment in courses of up to 24 weeks under the Subsequent continuing treatment restriction with that drug, provided they continue to sustain the response. It is recommended that a patient be reviewed 4 weeks prior to when their next dose (under a new authority application) is due to ensure uninterrupted supply, but no later than 8 weeks after the date of the last administered dose.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(4) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to the prior non-biological therapy requirements. If the patient has had a break in therapy of more than 5 years, the indices of disease severity need to be met, but a re-trial of non-biological therapy is not required.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to that biological medicine more than once within the same treatment cycle or have failed to respond to biological medicines, as an aggregate, on 3 occasions within the same treatment cycle.

To ensure patients receive the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.

(5) Baseline measurements to determine response.

A response to treatment must be demonstrated based on the baseline PASI assessment provided with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an

initial or change or recommencement treatment application is provided within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment. Where a patient is changing from treatment with etanercept to adalimumab or ustekinumab the prescriber must provide a baseline PASI measurement, as well as a PASI score demonstrating a response to treatment.

To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.

(6A) Recommencement of treatment after a break of less than 5 years in PBS-subsidised therapy (all drugs except etanercept).

A patient who wishes to resume treatment following a break in PBS-subsidised therapy of less than 5 years must resume under the 'Initial 2' treatment phase. The most recent PASI assessment demonstrating disease flare must be no more than 4 weeks old at the time of application.

(6B) Re-treatment (etanercept only)

A patient may be re-treated, in certain circumstances, with etanercept after completing a 24-week treatment course under the 'Initial 4' treatment phase.

(7) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to undertake a new treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under an 'Initial 3' treatment phase.

Note To complete a 24-week course of treatment beyond this authority application, the next authority application (apart from supplies obtained under 'Balance of Supply') is to be under the 'completion of course' treatment phase.

Document the patient's baseline disease severity indices scores in their medical record, in addition to providing them in this authority application, to ensure:

(i) the patient's response to treatment can be quantified from week 12; and

(ii) in the case of the patient switching therapy for this condition, the baseline scores for the initial application will be available.

Note Biosimilar prescribing policy

Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Pharmaceutical benefits that have the form etanercept injection 50 mg/mL, 4 x 1 mL syringes and pharmaceutical benefits that have the form etanercept injection 50 mg/mL, 4 x 1 mL pen devices are equivalent for the purposes of substitution.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

14513

Severe chronic plaque psoriasis

Treatment Phase: Initial 1 treatment (Whole body) - biological medicine-naive patient

Treatment criteria:

- Must be treated by a dermatologist.

Clinical criteria:

- Patient must be undergoing treatment for the first time with PBS-subsidised biological medicine for this PBS indication, **AND**
- The treatment must be as systemic monotherapy; **OR**
- The treatment must be in combination with methotrexate, **AND**
- Patient must have lesions present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must have failed to achieve an adequate response to at least 2 of the following 3 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; (ii) methotrexate at a dose of at least 10 mg or 10 mg per square metre weekly (whichever is lowest) for at least 6 weeks; (iii) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks, **AND**
- Patient must not receive more than 16 weeks of treatment with this biological medicine under this restriction.

Population criteria:

- Patient must be under 18 years of age.

Where treatment with any of the above-mentioned drugs was contraindicated according to the relevant TGA-approved Product Information, or where phototherapy was contraindicated, details must be documented in the patient's medical records.

Where intolerance to phototherapy, methotrexate and/or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be documented in the patient's medical records.

Details of the accepted toxicities including severity can be found on the Services Australia website.

The following indicates failure to achieve an adequate response to prior phototherapy/methotrexate/acitretin therapy:

(a) A Psoriasis Area and Severity Index (PASI) score of greater than 15, as assessed, preferably when the patient was on treatment, but no longer than 4 weeks following cessation of the last pre-requisite therapy.

A PASI assessment must have been completed for each pre-requisite treatment trialled, preferably when the patient was on treatment, but no longer than 4 weeks following cessation of that pre-requisite treatment. Provide in this authority application, and document in the patient's medical records, each of:

(i) the name of each prior therapy trialled that meets the above requirements - state at least 2;

(ii) the date of commencement and cessation of each prior therapy trialled, as well as the dosage (for drug therapies);

(iii) the PASI score that followed each prior therapy trialled;

(iv) the date the PASI scores were determined.

Provide a baseline PASI score to be referenced in any future authority applications that continue treatment. This PASI score may be any of: (i) a current PASI score, (ii) a PASI score present prior to, or, after a pre-requisite non-biological medicine.

Authority Required

17001

Severe chronic plaque psoriasis

Treatment Phase: Initial 2 treatment (Whole body) - Change of treatment

Treatment criteria:

- Must be treated by a dermatologist.

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment 3 times for this condition within this treatment cycle, **AND**
- The treatment must be as systemic monotherapy; **OR**
- The treatment must be in combination with methotrexate, **AND**
- Patient must not receive more than 16 weeks of treatment with this biological medicine under this restriction.

Population criteria:

- Patient must be under 18 years of age.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

In relation to the biological medicine that the patient is changing from, state whether the patient is changing therapy because:

(i) there is an absence of an adequate response to that treatment; or

(ii) there was an intolerance to that treatment; or

(iii) there was an adequate response, but a change in treatment has been made for reasons other than the 2 mentioned above.

The assessment of response to treatment and the reason for changing therapy must be provided in this application and documented in the patient's medical records.

Authority Required

14576

Severe chronic plaque psoriasis

Treatment Phase: Initial 3 treatment (Whole body, or, face/hand/foot) - Recommencement of treatment after a break in biological medicine of more than 5 years

Treatment criteria:

- Must be treated by a dermatologist.

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition for at least 5 years, if they have previously received PBS-subsidised treatment with a biological medicine for this condition and wish to commence a new treatment cycle, **AND**
- The condition must be affecting the whole body - all subsequent authority applications to this application will be made under treatment phases that feature the words 'whole body'; **OR**
- The condition must be limited to the face/hand/foot - all subsequent authority applications to this application will be made under treatment phases that feature the words 'face, hand, foot', **AND**
- Patient must have a current Psoriasis Area and Severity Index (PASI) score of greater than 15; **OR**
- The condition must be classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where: (i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or (ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, **AND**
- The treatment must be as systemic monotherapy; **OR**
- The treatment must be in combination with methotrexate, **AND**
- Patient must not receive more than 16 weeks of treatment with this biological medicine under this restriction.

Population criteria:

- Patient must be under 18 years of age.

The most recent PASI assessment must be no more than 4 weeks old at the time of application and must be documented in the patient's medical records.

Authority Required

12261

Severe chronic plaque psoriasis

Treatment Phase: Balance of supply - Initial 1, 2, 3 or 4 treatment (Whole body, or, face/hand/foot)

Treatment criteria:

- Must be treated by a dermatologist, **AND**
- Patient must be undergoing current PBS-subsidised treatment with this biological medicine, but has received insufficient therapy with this biological medicine to complete 16 weeks treatment available under any of the initial treatment phases (regardless of the affected body area): (i) Initial 1, (ii) Initial 2, (iii) Initial 3, (iv) Initial 4.

Clinical criteria:

- The treatment must be as systemic monotherapy; **OR**
- The treatment must be in combination with methotrexate, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment.

Authority Required

14553

Severe chronic plaque psoriasis

Treatment Phase: Initial 4 - Re-treatment (Whole body)

Treatment criteria:

- Must be treated by a dermatologist.

Clinical criteria:

- The treatment must be as systemic monotherapy; **OR**
- The treatment must be in combination with methotrexate, **AND**
- Patient must have a documented history of severe chronic plaque psoriasis of the whole body.

Treatment criteria:

- Patient must be undergoing re-treatment with this biological medicine for this PBS indication after an initial adequate response to the most recent treatment course, but has since experienced at least one of the following: (i) a disease flare where the PASI score has worsened (increased) by at least 50%, (ii) the current PASI score has returned above 15.

Clinical criteria:

- Patient must not have failed more than once to achieve an adequate response with etanercept, **AND**
- Patient must not receive more than 16 weeks of treatment with etanercept under this restriction.

Population criteria:

- Patient must be under 18 years of age.

Where a patient has had a treatment break the length of the break is measured from the date the most recent treatment was stopped to the date of the application for further treatment.

Authority Required

14554

Severe chronic plaque psoriasis

Treatment Phase: Initial 1 treatment (Face, hand, foot) - biological medicine-naive patient

Treatment criteria:

- Must be treated by a dermatologist.

Clinical criteria:

- Patient must be undergoing treatment for the first time with PBS-subsidised biological medicine for this PBS indication, **AND**
- The treatment must be as systemic monotherapy; **OR**
- The treatment must be in combination with methotrexate, **AND**
- Patient must have the plaque or plaques of the face, or palm of hand or sole of foot present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must have failed to achieve an adequate response to at least 2 of the following 3 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; (ii) methotrexate at a dose of at least 10 mg or 10 mg per square metre weekly (whichever is lowest) for at least 6 weeks; (iii) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks, **AND**
- Patient must not receive more than 16 weeks of treatment with etanercept under this restriction.

Population criteria:

- Patient must be under 18 years of age.

Where treatment with any of the above-mentioned drugs was contraindicated according to the relevant TGA-approved Product Information, or where phototherapy was contraindicated, details must be documented in the patient's medical records.

Where intolerance to phototherapy, methotrexate and/or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be documented in the patient's medical records.

Details of the accepted toxicities including severity can be found on the Services Australia website.

The following indicates failure to achieve an adequate response to prior phototherapy/methotrexate/acitretin therapy:

(a) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling being rated as severe or very severe, as assessed, preferably whilst still on treatment, but no longer than 1 month following cessation of the last pre-requisite therapy; or

(b) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, as assessed, preferably whilst still on treatment, but no longer than 1 month following cessation of the last pre-requisite therapy

Provide in this authority application, and document in the patient's medical records, each of:

(i) the name of each prior therapy trialled that meets the above requirements - state at least 2;

(ii) the date of commencement and cessation of each prior therapy trialled, as well as the dosage (for drug therapies);

(iii) whether failure type (a) or (b) as described above occurred for each prior therapy trialled;

(iv) the dates that response assessments were determined.

Provide in this authority application at least one of the following to act as a baseline measurement and be referenced in any future authority applications that continue treatment:

(v) for each of erythema, thickness and scaling, which of these are rated as severe or very severe (at least 2 must be rated as severe/very severe);

(vi) the percentage area of skin (combined area of face, hands and feet) affected by this condition (must be at least 30%) prior to treatment with biological medicine.

Where a patient has had a 12 month treatment break, the length of the break is measured from the date the most recent treatment was stopped to the date of the application to re-commence treatment.

Authority Required

17069

Severe chronic plaque psoriasis

Treatment Phase: Initial 2 treatment (Face, hand, foot) - Change of treatment

Treatment criteria:

- Must be treated by a dermatologist.

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment 3 times for this condition within this treatment cycle, **AND**
- The treatment must be as systemic monotherapy; **OR**
- The treatment must be in combination with methotrexate, **AND**
- Patient must not receive more than 16 weeks of treatment with this biological medicine under this restriction.

Population criteria:

- Patient must be under 18 years of age.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the pre-biological treatment baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the pre-biological treatment baseline value.

In relation to the biological medicine that the patient is changing from, state whether the patient is changing therapy because:

(i) there is an absence of an adequate response to that treatment; or

(ii) there was an intolerance to that treatment; or

(iii) there was an adequate response, but a change in treatment has been made for reasons other than the 2 mentioned above.

The assessment of response to treatment and the reason for changing therapy must be provided in this application and documented in the patient's medical records.

Authority Required

14577

Severe chronic plaque psoriasis

Treatment Phase: Initial 4 - Re-treatment (face, hand, foot)

Treatment criteria:

- Must be treated by a dermatologist.

Clinical criteria:

- The treatment must be as systemic monotherapy; **OR**
- The treatment must be in combination with methotrexate, **AND**
- Patient must have a documented history of severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot.

Treatment criteria:

- Patient must be undergoing re-treatment with this biological medicine for this PBS indication after an initial adequate response to the most recent treatment course, but has since experienced at least one of the following: (i) all PASI sub-measures (redness, thickness, scaling) are rated as 'moderate' to 'severe', (ii) at least 2 of the 3 PASI sub-measures are rated as 'severe' to 'very severe', (iii) the skin area affected has increased by at least 50% since the last administered dose, (iv) the skin area affected is at least 30% of the total skin area of the face/hand/foot.

Clinical criteria:

- Patient must not have failed more than once to achieve an adequate response with etanercept, **AND**
- Patient must not receive more than 16 weeks of treatment with etanercept under this restriction.

Population criteria:

- Patient must be under 18 years of age.

Where a patient has had a treatment break the length of the break is measured from the date the most recent treatment was stopped to the date of the application for further treatment.

etanercept 50 mg/mL injection, 4 x 1 mL syringes

1963H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	0.00	823.71	25.00	[a] Enbrel [PF]	[a] Erelzi [SZ]

etanercept 50 mg/mL injection, 4 x 1 mL pen devices

1964J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	0.00	823.71	25.00	[a] Enbrel [PF]	[a] Erelzi [SZ]
					[a] Nepexto [GQ]	

ETANERCEPT

Note TREATMENT OF ADULT PATIENTS WITH A HISTORY OF JUVENILE IDIOPATHIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, etanercept and tocilizumab for a patient over 18 years who has a history of juvenile idiopathic arthritis with onset prior to the age of 18 years. Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, etanercept and tocilizumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 3 biological medicines at any one time.

From 1 April 2014, a patient receiving PBS-subsidised biological medicine therapy is considered to be in a treatment cycle where they may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements, within a single treatment cycle, a patient may:

(i) continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy; and

(ii) fail to respond or to sustain a response to each PBS-subsidised biological medicine once only. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single treatment cycle and they must have, at a minimum, a 5 year break in PBS-subsidised biological medicine therapy before they are eligible to receive further PBS-subsidised biological medicine therapy.

The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine was approved to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who received PBS-subsidised biological medicine treatment immediately prior to 1 April 2014 is considered to be in their first cycle as of 1 April 2014. A patient who has had a break in biological medicine treatment of at least 24 months immediately prior to making a new application, on or after 1 April 2014, will commence a new treatment cycle under the Initial 3 treatment restriction

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 24 months may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 24 months must commence a new treatment cycle under the Initial 3 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine therapy after 1 April 2014.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or recommencement of treatment after a break in biological medicine of less than 24 months) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 24 months with the same medicine (Initial 2 - Change or recommencement of treatment after a break in biological medicine therapy of less than 24 months); or

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 24 months (Initial 3 - recommencement of treatment after a break in biological medicine of more than 24 months).

Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy.

A patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Adalimumab and infliximab only:

Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (joint count and ESR/CRP) or the prior non-biological medicine therapy requirements, except if the patient has had a break in therapy of more than 24 months who would then need to requalify under the Initial 3 restrictions with respect to the indices of disease severity.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the joint count submitted with the first authority application for a biological medicine. However, prescribers may provide a new baseline measurement any time that an initial treatment authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after 24 months break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological medicine therapy of at least 24 months, must qualify under the Initial 3 restriction and meet the relevant criteria and index of disease severity.

Authority Required

16775

Severe active juvenile idiopathic arthritis

Treatment Phase: First continuing treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) an active joint count of fewer than 10 active (swollen and tender) joints; or

(b) a reduction in the active (swollen and tender) joint count by at least 50% from baseline; or

(c) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

12123

Severe active juvenile idiopathic arthritis

Treatment Phase: Continuing treatment - balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment restriction to complete 24 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the subsequent continuing Authority Required (in writing) treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority Required

16718

Severe active juvenile idiopathic arthritis

Treatment Phase: Subsequent continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) an active joint count of fewer than 10 active (swollen and tender) joints; or

(b) a reduction in the active (swollen and tender) joint count by at least 50% from baseline; or

(c) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

etanercept 25 mg injection [4 vials] (&) inert substance diluent [4 x 1 mL syringes], 1 pack

3448L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	0.00	*823.74	25.00	Enbrel [PF]

ETANERCEPT

Note PBS AUTHORITY APPLICATIONS FOR SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) subsidy of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to all PBS benefits with the specific PBS indication of: 'severe active rheumatoid arthritis'.

Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

Only one biological medicine is to be PBS-subsidised at any one time for rheumatoid arthritis.

Upon 5 inadequate responses to biological medicines with the specific PBS indication of 'severe active rheumatoid arthritis', further subsidy is to cease. Where a particular biological medicine has provided an inadequate response, it must not be subsidised again.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

(1) Selecting the correct 'Treatment phase' listing to apply under

Initiating subsidy:

(i) Apply through 'Initial 1 treatment' where a patient has received no prior PBS-subsidised biological medicine treatment; or

(ii) Apply through 'Initial 2 treatment' where one of the following occurs: (a) PBS-subsidised treatment has at least been initiated through any Initial 1 listing, but the prescribed biological medicine is changing, (b) there has been a break in biological medicine of less than 24 months, but resumption of treatment is with the same biological medicine last prescribed, (c) there has been a break in biological medicine of less than 24 months and resumption of treatment is with a different biological medicine to that last prescribed, (d) treatment with rituximab has occurred within the past 24 months and is the most recent therapy prescribed leading up to this authority application, irrespective of the length in time elapsed between the 2 non-rituximab bDMARDs administered before and after rituximab.

Initial 2 does not require markers of inflammation/joint count to be re-established - those recorded in the first Initial 1 application can remain as baseline measures. Prerequisite DMARD treatments need not be re-proven to be inadequate.

The prescribed biological medicine may be changed at any time, regardless of whether the current prescribed biological medicine has been obtained through Initial treatment or Continuing treatment. However, the change in biological medicine cannot be back to the same biological medicine where that medicine has provided an inadequate response.

(iii) Apply through 'Initial 3 treatment' where treatment is recommencing following a break in PBS-subsidised therapy of at least 24 months. Initial 3 requires current markers of inflammation/joint count to be re-established. Prerequisite DMARD treatments need not be re-proven to be inadequate. PBS-subsidised therapy in this instance can include rituximab where prescribed as the most recent treatment - the 24 month break in therapy is from the second dose of the prior rituximab course.

Response assessment to any course of PBS-subsidised biological therapy must follow a minimum of 12 weeks of therapy. Applications made on the same day for Initial treatment and Continuing treatment clearly do reflect this requirement.

Where a response assessment is not conducted with a 'Continuing treatment' application, the biological medicine will be assumed to have failed, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. Authority applications for patients who experienced adverse reaction necessitating permanent treatment withdrawal should be submitted through 'Initial 2 treatment' or 'Initial 3 treatment'. Indicate where the adverse reaction has occurred in the authority application.

Continuing subsidy:

Apply under a 'Continuing treatment' phase listing only where treatment has initiated through an 'Initial treatment' listing and measures of disease control (i.e. ESR/CRP/joint count) demonstrate response following at least 12 weeks of treatment. Continuing treatment should never precede Initial treatment where the same biological medicine is being prescribed.

The description of 'Continuing treatment' means 'Continuing treatment of severe rheumatoid arthritis with the same biological medicine'. Where treatment of severe rheumatoid arthritis is continuing with a different biological medicine, 'Continuing treatment' is not to be interpreted as meaning 'Continuing treatment of severe rheumatoid arthritis with a different biological medicine' - see 'Initial 2 treatment' where continuing treatment is with a different biological medicine.

'Continuing treatment' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Where continuing treatment is divided into 'First continuing' and 'Subsequent continuing', the next authority application following immediately after any 'Initial treatment' authority application is to be through 'First continuing'. Following this, the next authority application is to occur under the 'Subsequent continuing' treatment phase. Assuming the drug continues to provide an adequate response, 'Subsequent continuing' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Balance of Supply listings:

Maximum quantities and the number of repeats stated in a PBS-listing are values that prescribers may seek up to, but are not obligated to prescribe. From time to time, there may be particular reasons why a prescriber may elect not to request the full maximum quantity listed, or, the full number of repeat prescriptions. Where this occurs, the intent of Balance of Supply treatment phase listings is to circumvent the need for another written-only authority application to be completed, as a written-only authority application may not be practical in terms of providing timely access to continued treatment.

Apply under a 'Balance of Supply' treatment phase (where available) when either the full maximum quantity or repeat prescriptions available under a particular treatment phase, was not requested and where the biological medicine has had insufficient time to demonstrate an adequate response. Where the preceding supply has been adequate to provide at least 12 weeks of treatment and has resulted in an adequate response, it may be more practical to access further treatment under 'Continuing treatment'.

(2) Baseline measurements to determine response.

Determination of response to treatment must be based on baseline measurements of the joint count, ESR and/or CRP provided with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements demonstrating elevation of both joint count and markers of inflammation any time that an initial treatment authority application is provided and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.

Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.

Applications under the Initial 3 treatment restriction for recommencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

14499

Severe active rheumatoid arthritis

Treatment Phase: Subsequent continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition under the First continuing treatment restriction; **OR**
- Patient must have received this drug under this treatment phase as their most recent course of PBS-subsidised biological medicine, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The assessment of response to treatment must be documented in the patient's medical records and must be no more than 4 weeks old at the time of the authority application.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

etanercept 25 mg injection [4 vials] (&) inert substance diluent [4 x 1 mL syringes], 1 pack

11197H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	0.00	*823.74	25.00	Enbrel [PF]

ETANERCEPT

Note TREATMENT OF ADULT PATIENTS WITH SEVERE PSORIATIC ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) listed for adult patients with severe psoriatic arthritis.

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Severe Psoriatic Arthritis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

A patient is eligible for PBS-subsidised treatment with only 1 of the biological medicines at any one time.

Under these arrangements, within a single treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib or ustekinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe psoriatic arthritis.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or,

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or,

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than the 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements. An authority application must be made under the 'Initial 2' treatment phase.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.

However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response to the PBS-subsidised treatment.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment restriction according to the criteria of the relevant restriction and index of disease severity. The application must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note Pharmaceutical benefits that have the form etanercept injection 50 mg/mL, 4 x 1 mL syringes and pharmaceutical benefits that have the form etanercept injection 50 mg/mL, 4 x 1 mL pen devices are equivalent for the purposes of substitution.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

16778

Severe psoriatic arthritis

Treatment Phase: Subsequent continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments.

The measurement of response to the prior course of therapy must have been conducted following a minimum of 12 weeks of therapy with this drug and must be documented in the patient's medical records.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

etanercept 50 mg/mL injection, 4 x 1 mL pen devices

11202N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	0.00	823.71	25.00	[a] Brenzys [OQ]	[a] Erelzi [SZ]
					[a] Nepexto [GQ]	

etanercept 50 mg/mL injection, 4 x 1 mL syringes

11216H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	0.00	823.71	25.00	[a] Brenzys [OQ]	[a] Erelzi [SZ]

ETANERCEPT

Note TREATMENT OF ADULT PATIENTS WITH A HISTORY OF JUVENILE IDIOPATHIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, etanercept and tocilizumab for a patient over 18 years who has a history of juvenile idiopathic arthritis with onset prior to the age of 18 years. Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, etanercept and tocilizumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 3 biological medicines at any one time.

From 1 April 2014, a patient receiving PBS-subsidised biological medicine therapy is considered to be in a treatment cycle where they may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements, within a single treatment cycle, a patient may:

(i) continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy; and

(ii) fail to respond or to sustain a response to each PBS-subsidised biological medicine once only. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single treatment cycle and they must have, at a minimum, a 5 year break in PBS-subsidised biological medicine therapy before they are eligible to receive further PBS-subsidised biological medicine therapy.

The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine was approved to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who received PBS-subsidised biological medicine treatment immediately prior to 1 April 2014 is considered to be in their first cycle as of 1 April 2014. A patient who has had a break in biological medicine treatment of at least 24 months

immediately prior to making a new application, on or after 1 April 2014, will commence a new treatment cycle under the Initial 3 treatment restriction

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 24 months may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 24 months must commence a new treatment cycle under the Initial 3 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine therapy after 1 April 2014.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or recommencement of treatment after a break in biological medicine of less than 24 months) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 24 months with the same medicine (Initial 2 - Change or recommencement of treatment after a break in biological medicine therapy of less than 24 months); or

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 24 months (Initial 3 - recommencement of treatment after a break in biological medicine of more than 24 months).

Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy.

A patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Adalimumab and infliximab only:

Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (joint count and ESR/CRP) or the prior non-biological medicine therapy requirements, except if the patient has had a break in therapy of more than 24 months who would then need to requalify under the Initial 3 restrictions with respect to the indices of disease severity.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the joint count submitted with the first authority application for a biological medicine. However, prescribers may provide a new baseline measurement any time that an initial treatment authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after 24 months break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological medicine therapy of at least 24 months, must qualify under the Initial 3 restriction and meet the relevant criteria and index of disease severity.

Note Pharmaceutical benefits that have the form etanercept injection 50 mg/mL, 4 x 1 mL syringes and pharmaceutical benefits that have the form etanercept injection 50 mg/mL, 4 x 1 mL pen devices are equivalent for the purposes of substitution.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

16787

Severe active juvenile idiopathic arthritis

Treatment Phase: Subsequent continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) an active joint count of fewer than 10 active (swollen and tender) joints; or

(b) a reduction in the active (swollen and tender) joint count by at least 50% from baseline; or

(c) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

etanercept 50 mg/mL injection, 4 x 1 mL pen devices

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14852Q	1	5	0.00	823.71	25.00	[a] Erelzi [SZ]	[a] Nepexto [GQ]

etanercept 50 mg/mL injection, 4 x 1 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15050D	1	5	0.00	823.71	25.00	[a] Erelzi [SZ]

ETANERCEPT

Note PBS AUTHORITY APPLICATIONS FOR SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) subsidy of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to all PBS benefits with the specific PBS indication of: 'severe active rheumatoid arthritis'.

Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

Only one biological medicine is to be PBS-subsidised at any one time for rheumatoid arthritis.

Upon 5 inadequate responses to biological medicines with the specific PBS indication of 'severe active rheumatoid arthritis', further subsidy is to cease. Where a particular biological medicine has provided an inadequate response, it must not be subsidised again.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

(1) Selecting the correct 'Treatment phase' listing to apply under

Initiating subsidy:

(i) Apply through 'Initial 1 treatment' where a patient has received no prior PBS-subsidised biological medicine treatment; or

(ii) Apply through 'Initial 2 treatment' where one of the following occurs: (a) PBS-subsidised treatment has at least been initiated through any Initial 1 listing, but the prescribed biological medicine is changing, (b) there has been a break in biological medicine of less than 24 months, but resumption of treatment is with the same biological medicine last prescribed, (c) there has been a break in biological medicine of less than 24 months and resumption of treatment is with a different biological medicine to that last prescribed, (d) treatment with rituximab has occurred within the past 24 months and is the most recent therapy prescribed leading up to this authority application, irrespective of the length in time elapsed between the 2 non-rituximab bDMARDs administered before and after rituximab.

Initial 2 does not require markers of inflammation/joint count to be re-established - those recorded in the first Initial 1 application can remain as baseline measures. Prerequisite DMARD treatments need not be re-proven to be inadequate.

The prescribed biological medicine may be changed at any time, regardless of whether the current prescribed biological medicine has been obtained through Initial treatment or Continuing treatment. However, the change in biological medicine cannot be back to the same biological medicine where that medicine has provided an inadequate response.

(iii) Apply through 'Initial 3 treatment' where treatment is recommencing following a break in PBS-subsidised therapy of at least 24 months. Initial 3 requires current markers of inflammation/joint count to be re-established. Prerequisite DMARD treatments need not be re-proven to be inadequate. PBS-subsidised therapy in this instance can include rituximab where prescribed as the most recent treatment - the 24 month break in therapy is from the second dose of the prior rituximab course.

Response assessment to any course of PBS-subsidised biological therapy must follow a minimum of 12 weeks of therapy. Applications made on the same day for Initial treatment and Continuing treatment clearly do reflect this requirement.

Where a response assessment is not conducted with a 'Continuing treatment' application, the biological medicine will be assumed to have failed, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. Authority applications for patients who experienced adverse reaction necessitating permanent treatment withdrawal should be submitted through 'Initial 2 treatment' or 'Initial 3 treatment'. Indicate where the adverse reaction has occurred in the authority application.

Continuing subsidy:

Apply under a 'Continuing treatment' phase listing only where treatment has initiated through an 'Initial treatment' listing and measures of disease control (i.e. ESR/CRP/joint count) demonstrate response following at least 12 weeks of treatment. Continuing treatment should never precede Initial treatment where the same biological medicine is being prescribed.

The description of 'Continuing treatment' means 'Continuing treatment of severe rheumatoid arthritis with the same biological medicine'. Where treatment of severe rheumatoid arthritis is continuing with a different biological medicine, 'Continuing treatment' is not to be interpreted as meaning 'Continuing treatment of severe rheumatoid arthritis with a different biological medicine' - see 'Initial 2 treatment' where continuing treatment is with a different biological medicine.

'Continuing treatment' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Where continuing treatment is divided into 'First continuing' and 'Subsequent continuing', the next authority application following immediately after any 'Initial treatment' authority application is to be through 'First continuing'. Following this, the next authority application is to occur under the 'Subsequent continuing' treatment phase. Assuming the drug continues to provide an adequate response, 'Subsequent continuing' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Balance of Supply listings:

Maximum quantities and the number of repeats stated in a PBS-listing are values that prescribers may seek up to, but are not obligated to prescribe. From time to time, there may be particular reasons why a prescriber may elect not to request the full maximum quantity listed, or, the full number of repeat prescriptions. Where this occurs, the intent of Balance of Supply treatment phase listings is to circumvent the need for another written-only authority application to be completed, as a written-only authority application may not be practical in terms of providing timely access to continued treatment.

Apply under a 'Balance of Supply' treatment phase (where available) when either the full maximum quantity or repeat prescriptions available under a particular treatment phase, was not requested and where the biological medicine has had insufficient time to demonstrate an adequate response. Where the preceding supply has been adequate to provide at least 12 weeks of treatment and has resulted in an adequate response, it may be more practical to access further treatment under 'Continuing treatment'.

(2) Baseline measurements to determine response.

Determination of response to treatment must be based on baseline measurements of the joint count, ESR and/or CRP provided with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements demonstrating elevation of both joint count and markers of inflammation any time that an initial treatment authority application is provided and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.

Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.

Applications under the Initial 3 treatment restriction for recommencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

16725

Severe active rheumatoid arthritis

Treatment Phase: First continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

14507

Severe active rheumatoid arthritis

Treatment Phase: First continuing treatment - balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

etanercept 25 mg injection [4 vials] (&) inert substance diluent [4 x 1 mL syringes], 1 pack

8638P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	0.00	*823.74	25.00	Enbrel [PF]

ETANERCEPT

Note TREATMENT OF ADULT PATIENTS WITH A HISTORY OF JUVENILE IDIOPATHIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, etanercept and tocilizumab for a patient over 18 years who has a history of juvenile idiopathic arthritis with onset prior to the age of 18 years. Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, etanercept and tocilizumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 3 biological medicines at any one time.

From 1 April 2014, a patient receiving PBS-subsidised biological medicine therapy is considered to be in a treatment cycle where they may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements, within a single treatment cycle, a patient may:

(i) continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy; and

(ii) fail to respond or to sustain a response to each PBS-subsidised biological medicine once only. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single treatment cycle and they must have, at a minimum, a 5 year break in PBS-subsidised biological medicine therapy before they are eligible to receive further PBS-subsidised biological medicine therapy.

The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine was approved to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who received PBS-subsidised biological medicine treatment immediately prior to 1 April 2014 is considered to be in their first cycle as of 1 April 2014. A patient who has had a break in biological medicine treatment of at least 24 months immediately prior to making a new application, on or after 1 April 2014, will commence a new treatment cycle under the Initial 3 treatment restriction

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 24 months may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 24 months must commence a new treatment cycle under the Initial 3 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine therapy after 1 April 2014.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or recommencement of treatment after a break in biological medicine of less than 24 months) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 24 months with the same medicine (Initial 2 - Change or recommencement of treatment after a break in biological medicine therapy of less than 24 months); or

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 24 months (Initial 3 - recommencement of treatment after a break in biological medicine of more than 24 months).

Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy.

A patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Adalimumab and infliximab only:

Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (joint count and ESR/CRP) or the prior non-biological medicine therapy requirements, except if the patient has had a break in therapy of more than 24 months who would then need to requalify under the Initial 3 restrictions with respect to the indices of disease severity.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the joint count submitted with the first authority application for a biological medicine. However, prescribers may provide a new baseline measurement any time that an initial treatment authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after 24 months break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological medicine therapy of at least 24 months, must qualify under the Initial 3 restriction and meet the relevant criteria and index of disease severity.

Note Pharmaceutical benefits that have the form etanercept injection 50 mg/mL, 4 x 1 mL syringes and pharmaceutical benefits that have the form etanercept injection 50 mg/mL, 4 x 1 mL pen devices are equivalent for the purposes of substitution.

Authority Required

16775

Severe active juvenile idiopathic arthritis

Treatment Phase: First continuing treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) an active joint count of fewer than 10 active (swollen and tender) joints; or

(b) a reduction in the active (swollen and tender) joint count by at least 50% from baseline; or

(c) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

12123

Severe active juvenile idiopathic arthritis

Treatment Phase: Continuing treatment - balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment restriction to complete 24 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the subsequent continuing Authority Required (in writing) treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority Required

16718

Severe active juvenile idiopathic arthritis

Treatment Phase: Subsequent continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) an active joint count of fewer than 10 active (swollen and tender) joints; or

(b) a reduction in the active (swollen and tender) joint count by at least 50% from baseline; or

(c) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

etanercept 50 mg/mL injection, 4 x 1 mL syringes

3449M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	0.00	823.71	25.00	[a] Enbrel [PF]	[a] Erelzi [SZ]

etanercept 50 mg/mL injection, 4 x 1 mL pen devices

3450N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	0.00	823.71	25.00	[a] Enbrel [PF]	[a] Erelzi [SZ]
					[a] Nepexto [GQ]	

ETANERCEPT

Note PBS AUTHORITY APPLICATIONS FOR SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) subsidy of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to all PBS benefits with the specific PBS indication of: 'severe active rheumatoid arthritis'.

Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

Only one biological medicine is to be PBS-subsidised at any one time for rheumatoid arthritis.

Upon 5 inadequate responses to biological medicines with the specific PBS indication of 'severe active rheumatoid arthritis', further subsidy is to cease. Where a particular biological medicine has provided an inadequate response, it must not be subsidised again.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

(1) Selecting the correct 'Treatment phase' listing to apply under

Initiating subsidy:

(i) Apply through 'Initial 1 treatment' where a patient has received no prior PBS-subsidised biological medicine treatment; or

(ii) Apply through 'Initial 2 treatment' where one of the following occurs: (a) PBS-subsidised treatment has at least been initiated through any Initial 1 listing, but the prescribed biological medicine is changing, (b) there has been a break in

biological medicine of less than 24 months, but resumption of treatment is with the same biological medicine last prescribed, (c) there has been a break in biological medicine of less than 24 months and resumption of treatment is with a different biological medicine to that last prescribed, (d) treatment with rituximab has occurred within the past 24 months and is the most recent therapy prescribed leading up to this authority application, irrespective of the length in time elapsed between the 2 non-rituximab bDMARDs administered before and after rituximab.

Initial 2 does not require markers of inflammation/joint count to be re-established - those recorded in the first Initial 1 application can remain as baseline measures. Prerequisite DMARD treatments need not be re-proven to be inadequate.

The prescribed biological medicine may be changed at any time, regardless of whether the current prescribed biological medicine has been obtained through Initial treatment or Continuing treatment. However, the change in biological medicine cannot be back to the same biological medicine where that medicine has provided an inadequate response.

(iii) Apply through 'Initial 3 treatment' where treatment is recommencing following a break in PBS-subsidised therapy of at least 24 months. Initial 3 requires current markers of inflammation/joint count to be re-established. Prerequisite DMARD treatments need not be re-proven to be inadequate. PBS-subsidised therapy in this instance can include rituximab where prescribed as the most recent treatment - the 24 month break in therapy is from the second dose of the prior rituximab course.

Response assessment to any course of PBS-subsidised biological therapy must follow a minimum of 12 weeks of therapy. Applications made on the same day for Initial treatment and Continuing treatment clearly do reflect this requirement.

Where a response assessment is not conducted with a 'Continuing treatment' application, the biological medicine will be assumed to have failed, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. Authority applications for patients who experienced adverse reaction necessitating permanent treatment withdrawal should be submitted through 'Initial 2 treatment' or 'Initial 3 treatment'. Indicate where the adverse reaction has occurred in the authority application.

Continuing subsidy:

Apply under a 'Continuing treatment' phase listing only where treatment has initiated through an 'Initial treatment' listing and measures of disease control (i.e. ESR/CRP/joint count) demonstrate response following at least 12 weeks of treatment. Continuing treatment should never precede Initial treatment where the same biological medicine is being prescribed.

The description of 'Continuing treatment' means 'Continuing treatment of severe rheumatoid arthritis with the same biological medicine'. Where treatment of severe rheumatoid arthritis is continuing with a different biological medicine, 'Continuing treatment' is not to be interpreted as meaning 'Continuing treatment of severe rheumatoid arthritis with a different biological medicine' - see 'Initial 2 treatment' where continuing treatment is with a different biological medicine.

'Continuing treatment' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Where continuing treatment is divided into 'First continuing' and 'Subsequent continuing', the next authority application following immediately after any 'Initial treatment' authority application is to be through 'First continuing'. Following this, the next authority application is to occur under the 'Subsequent continuing' treatment phase. Assuming the drug continues to provide an adequate response, 'Subsequent continuing' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Balance of Supply listings:

Maximum quantities and the number of repeats stated in a PBS-listing are values that prescribers may seek up to, but are not obligated to prescribe. From time to time, there may be particular reasons why a prescriber may elect not to request the full maximum quantity listed, or, the full number of repeat prescriptions. Where this occurs, the intent of Balance of Supply treatment phase listings is to circumvent the need for another written-only authority application to be completed, as a written-only authority application may not be practical in terms of providing timely access to continued treatment.

Apply under a 'Balance of Supply' treatment phase (where available) when either the full maximum quantity or repeat prescriptions available under a particular treatment phase, was not requested and where the biological medicine has had insufficient time to demonstrate an adequate response. Where the preceding supply has been adequate to provide at least 12 weeks of treatment and has resulted in an adequate response, it may be more practical to access further treatment under 'Continuing treatment'.

(2) Baseline measurements to determine response.

Determination of response to treatment must be based on baseline measurements of the joint count, ESR and/or CRP provided with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements demonstrating elevation of both joint count and markers of inflammation any time that an initial treatment authority application is provided and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.

Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.

Applications under the Initial 3 treatment restriction for recommencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note Pharmaceutical benefits that have the form etanercept injection 50 mg/mL, 4 x 1 mL syringes and pharmaceutical benefits that have the form etanercept injection 50 mg/mL, 4 x 1 mL pen devices are equivalent for the purposes of substitution.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

14499

Severe active rheumatoid arthritis

Treatment Phase: Subsequent continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition under the First continuing treatment restriction; **OR**
- Patient must have received this drug under this treatment phase as their most recent course of PBS-subsidised biological medicine, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The assessment of response to treatment must be documented in the patient's medical records and must be no more than 4 weeks old at the time of the authority application.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

etanercept 50 mg/mL injection, 4 x 1 mL syringes

11211C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	0.00	823.71	25.00	[a] Brenzys [OQ]	[a] Enbrel [PF]
					[a] Erelzi [SZ]	

etanercept 50 mg/mL injection, 4 x 1 mL pen devices

11218K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	0.00	823.71	25.00	[a] Brenzys [OQ]	[a] Enbrel [PF]
					[a] Erelzi [SZ]	[a] Nepexto [GQ]

ETANERCEPT

Note PBS AUTHORITY APPLICATIONS FOR SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) subsidy of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to all PBS benefits with the specific PBS indication of: 'severe active rheumatoid arthritis'.

Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

Only one biological medicine is to be PBS-subsidised at any one time for rheumatoid arthritis.

Upon 5 inadequate responses to biological medicines with the specific PBS indication of 'severe active rheumatoid arthritis', further subsidy is to cease. Where a particular biological medicine has provided an inadequate response, it must not be subsidised again.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

(1) Selecting the correct 'Treatment phase' listing to apply under

Initiating subsidy:

(i) Apply through 'Initial 1 treatment' where a patient has received no prior PBS-subsidised biological medicine treatment; or

(ii) Apply through 'Initial 2 treatment' where one of the following occurs: (a) PBS-subsidised treatment has at least been initiated through any Initial 1 listing, but the prescribed biological medicine is changing, (b) there has been a break in biological medicine of less than 24 months, but resumption of treatment is with the same biological medicine last prescribed, (c) there has been a break in biological medicine of less than 24 months and resumption of treatment is with a different biological medicine to that last prescribed, (d) treatment with rituximab has occurred within the past 24 months and is the most recent therapy prescribed leading up to this authority application, irrespective of the length in time elapsed between the 2 non-rituximab bDMARDs administered before and after rituximab.

Initial 2 does not require markers of inflammation/joint count to be re-established - those recorded in the first Initial 1 application can remain as baseline measures. Prerequisite DMARD treatments need not be re-proven to be inadequate.

The prescribed biological medicine may be changed at any time, regardless of whether the current prescribed biological medicine has been obtained through Initial treatment or Continuing treatment. However, the change in biological medicine cannot be back to the same biological medicine where that medicine has provided an inadequate response.

(iii) Apply through 'Initial 3 treatment' where treatment is recommencing following a break in PBS-subsidised therapy of at least 24 months. Initial 3 requires current markers of inflammation/joint count to be re-established. Prerequisite DMARD treatments need not be re-proven to be inadequate. PBS-subsidised therapy in this instance can include rituximab where prescribed as the most recent treatment - the 24 month break in therapy is from the second dose of the prior rituximab course.

Response assessment to any course of PBS-subsidised biological therapy must follow a minimum of 12 weeks of therapy. Applications made on the same day for Initial treatment and Continuing treatment clearly do reflect this requirement.

Where a response assessment is not conducted with a 'Continuing treatment' application, the biological medicine will be assumed to have failed, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. Authority applications for patients who experienced adverse reaction necessitating permanent treatment withdrawal should be submitted through 'Initial 2 treatment' or 'Initial 3 treatment'. Indicate where the adverse reaction has occurred in the authority application.

Continuing subsidy:

Apply under a 'Continuing treatment' phase listing only where treatment has initiated through an 'Initial treatment' listing and measures of disease control (i.e. ESR/CRP/joint count) demonstrate response following at least 12 weeks of treatment. Continuing treatment should never precede Initial treatment where the same biological medicine is being prescribed.

The description of 'Continuing treatment' means 'Continuing treatment of severe rheumatoid arthritis with the same biological medicine'. Where treatment of severe rheumatoid arthritis is continuing with a different biological medicine, 'Continuing treatment' is not to be interpreted as meaning 'Continuing treatment of severe rheumatoid arthritis with a different biological medicine' - see 'Initial 2 treatment' where continuing treatment is with a different biological medicine.

'Continuing treatment' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Where continuing treatment is divided into 'First continuing' and 'Subsequent continuing', the next authority application following immediately after any 'Initial treatment' authority application is to be through 'First continuing'. Following this, the next authority application is to occur under the 'Subsequent continuing' treatment phase. Assuming the drug continues to provide an adequate response, 'Subsequent continuing' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Balance of Supply listings:

Maximum quantities and the number of repeats stated in a PBS-listing are values that prescribers may seek up to, but are not obligated to prescribe. From time to time, there may be particular reasons why a prescriber may elect not to request the full maximum quantity listed, or, the full number of repeat prescriptions. Where this occurs, the intent of Balance of Supply treatment phase listings is to circumvent the need for another written-only authority application to be completed, as a written-only authority application may not be practical in terms of providing timely access to continued treatment.

Apply under a 'Balance of Supply' treatment phase (where available) when either the full maximum quantity or repeat prescriptions available under a particular treatment phase, was not requested and where the biological medicine has had insufficient time to demonstrate an adequate response. Where the preceding supply has been adequate to provide at least 12 weeks of treatment and has resulted in an adequate response, it may be more practical to access further treatment under 'Continuing treatment'.

(2) Baseline measurements to determine response.

Determination of response to treatment must be based on baseline measurements of the joint count, ESR and/or CRP provided with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements demonstrating elevation of both joint count and markers of inflammation any time that an initial treatment authority application is provided and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.

Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.

Applications under the Initial 3 treatment restriction for recommencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note Pharmaceutical benefits that have the form etanercept injection 50 mg/mL, 4 x 1 mL syringes and pharmaceutical benefits that have the form etanercept injection 50 mg/mL, 4 x 1 mL pen devices are equivalent for the purposes of substitution.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

14629

Severe active rheumatoid arthritis

Treatment Phase: First continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The assessment of response to treatment must be documented in the patient's medical records and must be no more than 4 weeks old at the time of the authority application.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

etanercept 50 mg/mL injection, 4 x 1 mL syringes

13707K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	0.00	823.71	25.00	[a] Brenzys [OQ]	[a] Erelzi [SZ]

etanercept 50 mg/mL injection, 4 x 1 mL pen devices

13708L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	0.00	823.71	25.00	[a] Brenzys [OQ]	[a] Erelzi [SZ]
						[a] Nepexto [GQ]	

ETANERCEPT

Note PBS AUTHORITY APPLICATIONS FOR SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) subsidy of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to all PBS benefits with the specific PBS indication of: 'severe active rheumatoid arthritis'.

Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

Only one biological medicine is to be PBS-subsidised at any one time for rheumatoid arthritis.

Upon 5 inadequate responses to biological medicines with the specific PBS indication of 'severe active rheumatoid arthritis', further subsidy is to cease. Where a particular biological medicine has provided an inadequate response, it must not be subsidised again.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

(1) Selecting the correct 'Treatment phase' listing to apply under

Initiating subsidy:

(i) Apply through 'Initial 1 treatment' where a patient has received no prior PBS-subsidised biological medicine treatment; or

(ii) Apply through 'Initial 2 treatment' where one of the following occurs: (a) PBS-subsidised treatment has at least been initiated through any Initial 1 listing, but the prescribed biological medicine is changing, (b) there has been a break in biological medicine of less than 24 months, but resumption of treatment is with the same biological medicine last prescribed, (c) there has been a break in biological medicine of less than 24 months and resumption of treatment is with a different biological medicine to that last prescribed, (d) treatment with rituximab has occurred within the past 24 months and is the most recent therapy prescribed leading up to this authority application, irrespective of the length in time elapsed between the 2 non-rituximab bDMARDs administered before and after rituximab.

Initial 2 does not require markers of inflammation/joint count to be re-established - those recorded in the first Initial 1 application can remain as baseline measures. Prerequisite DMARD treatments need not be re-proven to be inadequate.

The prescribed biological medicine may be changed at any time, regardless of whether the current prescribed biological medicine has been obtained through Initial treatment or Continuing treatment. However, the change in biological medicine cannot be back to the same biological medicine where that medicine has provided an inadequate response.

(iii) Apply through 'Initial 3 treatment' where treatment is recommencing following a break in PBS-subsidised therapy of at least 24 months. Initial 3 requires current markers of inflammation/joint count to be re-established. Prerequisite DMARD treatments need not be re-proven to be inadequate. PBS-subsidised therapy in this instance can include rituximab where prescribed as the most recent treatment - the 24 month break in therapy is from the second dose of the prior rituximab course.

Response assessment to any course of PBS-subsidised biological therapy must follow a minimum of 12 weeks of therapy. Applications made on the same day for Initial treatment and Continuing treatment clearly do reflect this requirement.

Where a response assessment is not conducted with a 'Continuing treatment' application, the biological medicine will be assumed to have failed, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. Authority applications for patients who experienced adverse reaction necessitating permanent treatment withdrawal should be submitted through 'Initial 2 treatment' or 'Initial 3 treatment'. Indicate where the adverse reaction has occurred in the authority application.

Continuing subsidy:

Apply under a 'Continuing treatment' phase listing only where treatment has initiated through an 'Initial treatment' listing and measures of disease control (i.e. ESR/CRP/joint count) demonstrate response following at least 12 weeks of treatment. Continuing treatment should never precede Initial treatment where the same biological medicine is being prescribed.

The description of 'Continuing treatment' means 'Continuing treatment of severe rheumatoid arthritis with the same biological medicine'. Where treatment of severe rheumatoid arthritis is continuing with a different biological medicine, 'Continuing treatment' is not to be interpreted as meaning 'Continuing treatment of severe rheumatoid arthritis with a different biological medicine' - see 'Initial 2 treatment' where continuing treatment is with a different biological medicine.

'Continuing treatment' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Where continuing treatment is divided into 'First continuing' and 'Subsequent continuing', the next authority application following immediately after any 'Initial treatment' authority application is to be through 'First continuing'. Following this, the next authority application is to occur under the 'Subsequent continuing' treatment phase. Assuming the drug continues to provide an adequate response, 'Subsequent continuing' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Balance of Supply listings:

Maximum quantities and the number of repeats stated in a PBS-listing are values that prescribers may seek up to, but are not obligated to prescribe. From time to time, there may be particular reasons why a prescriber may elect not to request the full maximum quantity listed, or, the full number of repeat prescriptions. Where this occurs, the intent of Balance of Supply treatment phase listings is to circumvent the need for another written-only authority application to be completed, as a written-only authority application may not be practical in terms of providing timely access to continued treatment.

Apply under a 'Balance of Supply' treatment phase (where available) when either the full maximum quantity or repeat prescriptions available under a particular treatment phase, was not requested and where the biological medicine has had insufficient time to demonstrate an adequate response. Where the preceding supply has been adequate to provide at least 12 weeks of treatment and has resulted in an adequate response, it may be more practical to access further treatment under 'Continuing treatment'.

(2) Baseline measurements to determine response.

Determination of response to treatment must be based on baseline measurements of the joint count, ESR and/or CRP provided with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements demonstrating elevation of both joint count and markers of inflammation any time that an initial treatment authority application is provided and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.

Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.

Applications under the Initial 3 treatment restriction for recommencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note Pharmaceutical benefits that have the form etanercept injection 50 mg/mL, 4 x 1 mL syringes and pharmaceutical benefits that have the form etanercept injection 50 mg/mL, 4 x 1 mL pen devices are equivalent for the purposes of substitution.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

16725

Severe active rheumatoid arthritis

Treatment Phase: First continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

14507

Severe active rheumatoid arthritis

Treatment Phase: First continuing treatment - balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

etanercept 50 mg/mL injection, 4 x 1 mL syringes

9090K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	0.00	823.71	25.00	[a] Brenzys [OQ]	[a] Enbrel [PF]
					[a] Erelzi [SZ]	

etanercept 50 mg/mL injection, 4 x 1 mL pen devices

9460X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	0.00	823.71	25.00	[a] Brenzys [OQ]	[a] Enbrel [PF]
					[a] Erelzi [SZ]	[a] Nepexto [GQ]

ETANERCEPT

Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed for adult patients with the indication of ankylosing spondylitis (AS).

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Ankylosing spondylitis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

Treatment cycles:

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who has been receiving PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab and secukinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Where treatment has resulted in an inadequate response on 3 occasions a treatment cycle is considered to have been completed and there must be a 5-year break in PBS subsidy from all medicines with the PBS indication: 'Ankylosing spondylitis' before starting a new treatment cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle and where a break in therapy of less than 5 years has occurred, a further course of treatment may be commenced within the same treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Prescribing under the correct 'Treatment phase' listing for the authority application:

(1) Initial treatment.

Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for ankylosing spondylitis.

(2) Continuing treatment.

Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to proceed initial treatment. An authority application for continuing treatment is not to be made on the same day as initial treatment.

(3) Changing therapy.

Apply under the 'Initial 2' treatment listing. Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to prior NSAID therapy and exercise program requirements. Where a patient is changing from a biosimilar medicine the prescriber must submit baseline indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI). A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot change to a particular biological medicine if it has failed to provide the patient with an adequate response within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this initial 2 treatment authority application.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological medicine. To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under the 'Initial 3' treatment listing. Prior NSAID and exercise therapies need not be re-trialled.

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Authority Required

16765

Ankylosing spondylitis

Treatment Phase: First continuing treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An adequate response is defined as an improvement from baseline of at least 2 units (on a scale of 0-10) in the BASDAI score combined with at least 1 of the following:

(a) an ESR measurement no greater than 25 mm per hour; or

(b) a CRP measurement no greater than 10 mg per L; or

(c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and used to assess all future responses to treatment.

The assessment of response to treatment must be documented in the patient's medical records.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

14715

Ankylosing spondylitis

Treatment Phase: Continuing treatment - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment restriction to complete 24 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the subsequent continuing Authority Required (in writing) treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority Required

16789

Ankylosing spondylitis

Treatment Phase: Subsequent continuing treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition under the First continuing treatment restriction; **OR**
- Patient must have received this drug under this treatment phase as their most recent course of PBS-subsidised biological medicine, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An adequate response is defined as an improvement from baseline of at least 2 units (on a scale of 0-10) in the BASDAI score combined with at least 1 of the following:

(a) an ESR measurement no greater than 25 mm per hour; or

(b) a CRP measurement no greater than 10 mg per L; or

(c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and used to assess all future responses to treatment.

The assessment of response to treatment must be documented in the patient's medical records.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

etanercept 25 mg injection [4 vials] (&) inert substance diluent [4 x 1 mL syringes], 1 pack

8779C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	0.00	*823.74	25.00	Enbrel [PF]

ETANERCEPT

Note TREATMENT OF ADULT PATIENTS WITH SEVERE PSORIATIC ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) listed for adult patients with severe psoriatic arthritis.

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Severe Psoriatic Arthritis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

A patient is eligible for PBS-subsidised treatment with only 1 of the biological medicines at any one time.

Under these arrangements, within a single treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib or ustekinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe psoriatic arthritis.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or,

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or,

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than the 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements. An authority application must be made under the 'Initial 2' treatment phase.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.

However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response to the PBS-subsidised treatment.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment restriction according to the criteria of the relevant restriction and index of disease severity. The application must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

17326

Severe psoriatic arthritis

Treatment Phase: First continuing treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments.

The authority application must be made in writing and must include:

(a) details of the proposed prescription(s); and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

9081

Severe psoriatic arthritis

Treatment Phase: Continuing treatment - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment restriction to complete 24 weeks treatment; **OR**

- Patient must have received insufficient therapy with this drug for this condition under the subsequent continuing Authority Required (in writing) treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority Required

16754

Severe psoriatic arthritis

Treatment Phase: Subsequent continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments.

The authority application must be made in writing and must include:

(a) details of the proposed prescription(s); and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug within this treatment cycle, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

etanercept 25 mg injection [4 vials] (&) inert substance diluent [4 x 1 mL syringes], 1 pack

9036N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	5	0.00	*823.74	25.00	Enbrel [PF]

ETANERCEPT

Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed for adult patients with the indication of ankylosing spondylitis (AS).

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Ankylosing spondylitis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

Treatment cycles:

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who has been receiving PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab and secukinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Where treatment has resulted in an inadequate response on 3 occasions a treatment cycle is considered to have been completed and there must be a 5-year break in PBS subsidy from all medicines with the PBS indication: 'Ankylosing spondylitis' before starting a new treatment cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle and where a break in therapy of less than 5 years has occurred, a further course of treatment may be commenced within the same treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Prescribing under the correct 'Treatment phase' listing for the authority application:

(1) Initial treatment.

Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for ankylosing spondylitis.

(2) Continuing treatment.

Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to proceed initial treatment. An authority application for continuing treatment is not to be made on the same day as initial treatment.

(3) Changing therapy.

Apply under the 'Initial 2' treatment listing. Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to prior NSAID therapy and exercise program requirements. Where a patient is changing from a biosimilar medicine the prescriber must submit baseline indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI). A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot change to a particular biological medicine if it has failed to provide the patient with an adequate response within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this initial 2 treatment authority application.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological medicine. To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under the 'Initial 3' treatment listing. Prior NSAID and exercise therapies need not be re-trialled.

Note Pharmaceutical benefits that have the form etanercept injection 50 mg/mL, 4 x 1 mL syringes and pharmaceutical benefits that have the form etanercept injection 50 mg/mL, 4 x 1 mL pen devices are equivalent for the purposes of substitution.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

14683

Ankylosing spondylitis

Treatment Phase: First continuing treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

An adequate response is defined as an improvement from baseline of at least 2 units (on a scale of 0-10) in the BASDAI score combined with at least 1 of the following:

(a) an ESR measurement no greater than 25 mm per hour; or

(b) a CRP measurement no greater than 10 mg per L; or

(c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and used to assess all future responses to treatment.

The assessment of response to treatment must be documented in the patient's medical records and must be no more than 4 weeks old at the time of the authority application.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Authority Required (STREAMLINED)

14701

Ankylosing spondylitis

Treatment Phase: Subsequent continuing treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition under the First continuing treatment restriction; **OR**
- Patient must have received this drug under this treatment phase as their most recent course of PBS-subsidised biological medicine, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

An adequate response is defined as an improvement from baseline of at least 2 units (on a scale of 0-10) in the BASDAI score combined with at least 1 of the following:

(a) an ESR measurement no greater than 25 mm per hour; or

(b) a CRP measurement no greater than 10 mg per L; or

(c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and used to assess all future responses to treatment.

The assessment of response to treatment must be documented in the patient's medical records and must be no more than 4 weeks old at the time of the authority application.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

etanercept 50 mg/mL injection, 4 x 1 mL pen devices

11215G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	0.00	823.71	25.00	[a] Brenzys [OQ] [a] Nepexto [GQ]	[a] Erelzi [SZ]

etanercept 50 mg/mL injection, 4 x 1 mL syringes

11217J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	0.00	823.71	25.00	[a] Brenzys [OQ]	[a] Erelzi [SZ]

ETANERCEPT

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who received PBS-subsidised adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.

A patient receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.

(1) Initial treatment.

An application for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab, and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab, 24 weeks of therapy for bimekizumab and 28 weeks of therapy for risankizumab, tildrakizumab and ustekinumab.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of their course of initial treatment to ensure uninterrupted biological medicine supply.

(2) Assessment of response to initial treatment.

When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment and no later than 4 weeks from the completion of this initial treatment course.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

(3) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be

deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Infliximab, adalimumab and etanercept only:

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.

For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(4) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle or have experienced treatment failure with that particular biological medicine that required permanent treatment withdrawal.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.

(5) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.

To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.

(6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 4 weeks at the time of application.

Note Pharmaceutical benefits that have the form etanercept injection 50 mg/mL, 4 x 1 mL syringes and pharmaceutical benefits that have the form etanercept injection 50 mg/mL, 4 x 1 mL pen devices are equivalent for the purposes of substitution.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

16720

Severe chronic plaque psoriasis

Treatment Phase: Subsequent continuing treatment, whole body

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

Determination of response must be based on the PASI assessment of response to the most recent course of treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Authority Required (STREAMLINED)

16795

Severe chronic plaque psoriasis

Treatment Phase: Subsequent continuing treatment, face, hand, foot

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to their most recent course of treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:
(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or
(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

Determination of response must be based on the PASI assessment of response to the most recent course of treatment with this drug.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

etanercept 50 mg/mL injection, 4 x 1 mL pen devices

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
11221N	1	5	0.00	823.71	25.00	[a] Brenzys [OQ] [a] Nepexto [GQ]	[a] Erelzi [SZ]

etanercept 50 mg/mL injection, 4 x 1 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
11225T	1	5	0.00	823.71	25.00	[a] Brenzys [OQ]	[a] Erelzi [SZ]

ETANERCEPT

Note TREATMENT OF PATIENTS UNDER 18 YEARS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, etanercept and ustekinumab for patients under 18 years of age with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, etanercept and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who is receiving PBS-subsidised treatment for severe chronic plaque psoriasis is able to commence a treatment cycle where they may trial a biological medicine without having to experience a disease flare when swapping to an alternate biological medicine within the same treatment cycle.

Under these arrangements, within a treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was prescribed in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 times in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 times in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

There are separate restrictions for the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hand and foot.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

(i) a patient has never received PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - Biological medicine-naive patient); or

(ii) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years); or

(iii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine or recommence with the same biological medicine within the same treatment cycle (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or

(iv) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

Etanercept only:

After completing 24-weeks of treatment with PBS-subsidised etanercept, a patient is eligible for re-treatment with etanercept within 12 months (Initial 4) due to a disease flare with psoriasis affecting the whole body if:

(i) there is at least a 50% change in the patients PASI score compared to the most recent response assessment following cessation of the most recent 24 weeks of PBS-subsidised etanercept; or

(ii) the patient has a current PASI score greater than 15

Etanercept only:

After completing 24-weeks of treatment with PBS-subsidised etanercept, a patient is eligible for re-treatment with etanercept (Initial 4) due to a disease flare with psoriasis affecting the face, hand or foot if:

(i) all subscores are rated moderate to severe; or

(ii) 2 of the three subscores are rated severe to very severe; or

(iii) the affected area of skin has increased by at least 50% compared to that at the time of the last assessment following cessation of the most recent 24 weeks of PBS-subsidised etanercept; or

(iv) the area affected is 30% or more of the face, palm of a hand or sole of a foot,

(2) Assessment of response to initial treatment.

After prescribing initial treatment with a biological medicine, a PASI assessment must be conducted after at least 12 weeks of treatment. This assessment will be used to determine eligibility for continuing treatment and must be conducted within 8 weeks of the last administered dose.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

Adalimumab and Ustekinumab only:

To avoid an interruption of supply for First continuing treatment, the assessment should be submitted no later than 2 weeks prior to when the next dose (under the new authority application) is due, unless the patient is currently on a treatment break.

(3) Continuing treatment

Etanercept only:

Following the completion of an initial 16-week treatment course with etanercept, a patient may receive a further 8 weeks of treatment (under the 'Completion of course' treatment phase) to complete a 24-week treatment course, providing they have demonstrated an adequate response to treatment to the initial supply.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be documented in the patient's medical records. Where a response assessment is not conducted, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Adalimumab and Ustekinumab only:

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks per continuing treatment course under the First continuing treatment restriction with that drug, provided they demonstrate an adequate response to treatment. The patient remains eligible to receive continuing treatment in courses of up to 24 weeks under the Subsequent continuing treatment restriction with that drug, provided they continue to sustain the response. It is recommended that a patient be reviewed 4 weeks prior to when their next dose (under a new authority application) is due to ensure uninterrupted supply, but no later than 8 weeks after the date of the last administered dose.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(4) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to the prior non-biological therapy requirements. If the patient

has had a break in therapy of more than 5 years, the indices of disease severity need to be met, but a re-trial of non-biological therapy is not required.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to that biological medicine more than once within the same treatment cycle or have failed to respond to biological medicines, as an aggregate, on 3 occasions within the same treatment cycle.

To ensure patients receive the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.

(5) Baseline measurements to determine response.

A response to treatment must be demonstrated based on the baseline PASI assessment provided with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is provided within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment. Where a patient is changing from treatment with etanercept to adalimumab or ustekinumab the prescriber must provide a baseline PASI measurement, as well as a PASI score demonstrating a response to treatment.

To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.

(6A) Recommencement of treatment after a break of less than 5 years in PBS-subsidised therapy (all drugs except etanercept).

A patient who wishes to resume treatment following a break in PBS-subsidised therapy of less than 5 years must resume under the 'Initial 2' treatment phase. The most recent PASI assessment demonstrating disease flare must be no more than 4 weeks old at the time of application.

(6B) Re-treatment (etanercept only)

A patient may be re-treated, in certain circumstances, with etanercept after completing a 24-week treatment course under the 'Initial 4' treatment phase.

(7) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to undertake a new treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under an 'Initial 3' treatment phase.

Note To complete a 24-week course of treatment beyond this authority application, the next authority application (apart from supplies obtained under 'Balance of Supply') is to be under the 'completion of course' treatment phase.

Document the patient's baseline disease severity indices scores in their medical record, in addition to providing them in this authority application, to ensure:

(i) the patient's response to treatment can be quantified from week 12; and

(ii) in the case of the patient switching therapy for this condition, the baseline scores for the initial application will be available.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

14509

Severe chronic plaque psoriasis

Treatment Phase: Completion of course - treatment covering weeks 16 to 24 (Whole body)

Treatment criteria:

- Must be treated by a dermatologist, **AND**
- Patient must be undergoing current PBS-subsidised treatment with this biological medicine, with the intention to complete the remainder of a 24-week treatment course with this biological medicine.

Clinical criteria:

- The treatment must be as systemic monotherapy; **OR**
- The treatment must be in combination with methotrexate, **AND**
- Patient must have been assessed for response to treatment after at least 12 weeks treatment with the preceding supply of this biological medicine, but within 8 weeks of the last administered dose, **AND**
- Patient must have demonstrated an adequate response to treatment, **AND**
- Patient must not receive more than 8 weeks of treatment with etanercept under this restriction.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

The assessment of response to treatment must be documented in the patient's medical records.

The same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of gaining approval for the remainder of 24 weeks treatment.

Authority Required (STREAMLINED)

14508

Severe chronic plaque psoriasis

Treatment Phase: Completion of course - treatment covering weeks 16 to 24 (Face, hand, foot)

Treatment criteria:

- Must be treated by a dermatologist, **AND**
- Patient must be undergoing current PBS-subsidised treatment with this biological medicine, with the intention to complete the remainder of a 24-week treatment course with this biological medicine.

Clinical criteria:

- The treatment must be as systemic monotherapy; **OR**
- The treatment must be in combination with methotrexate, **AND**
- Patient must have been assessed for response to treatment after at least 12 weeks treatment with the preceding supply of this biological medicine, but within 8 weeks of the last administered dose, **AND**
- Patient must have demonstrated an adequate response to treatment, **AND**
- Patient must not receive more than 8 weeks of treatment with etanercept under this restriction.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

The assessment of response to treatment must be documented in the patient's medical records.

The same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of gaining approval for the remainder of 24 weeks treatment.

etanercept 25 mg injection [4 vials] (&) inert substance diluent [4 x 1 mL syringes], 1 pack

13693Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	1	0.00	*823.74	25.00	Enbrel [PF]

ETANERCEPT

Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed for adult patients with the indication of ankylosing spondylitis (AS).

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Ankylosing spondylitis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

Treatment cycles:

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who has been receiving PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab and secukinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Where treatment has resulted in an inadequate response on 3 occasions a treatment cycle is considered to have been completed and there must be a 5-year break in PBS subsidy from all medicines with the PBS indication: 'Ankylosing spondylitis' before starting a new treatment cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle and where a break in therapy of less than 5 years has occurred, a further course of treatment may be commenced within the same treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Prescribing under the correct 'Treatment phase' listing for the authority application:

(1) Initial treatment.

Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for ankylosing spondylitis.

(2) Continuing treatment.

Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to proceed initial treatment. An authority application for continuing treatment is not to be made on the same day as initial treatment.

(3) Changing therapy.

Apply under the 'Initial 2' treatment listing. Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to prior NSAID therapy and exercise program requirements. Where a patient is changing from a biosimilar medicine the prescriber must submit baseline indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI). A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot change to a particular biological medicine if it has failed to provide the patient with an adequate response within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this initial 2 treatment authority application.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological medicine. To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under the 'Initial 3' treatment listing. Prior NSAID and exercise therapies need not be re-trialled.

Note Pharmaceutical benefits that have the form etanercept injection 50 mg/mL, 4 x 1 mL syringes and pharmaceutical benefits that have the form etanercept injection 50 mg/mL, 4 x 1 mL pen devices are equivalent for the purposes of substitution.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

16765

Ankylosing spondylitis

Treatment Phase: First continuing treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An adequate response is defined as an improvement from baseline of at least 2 units (on a scale of 0-10) in the BASDAI score combined with at least 1 of the following:

(a) an ESR measurement no greater than 25 mm per hour; or

(b) a CRP measurement no greater than 10 mg per L; or

(c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and used to assess all future responses to treatment.

The assessment of response to treatment must be documented in the patient's medical records.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

14715

Ankylosing spondylitis

Treatment Phase: Continuing treatment - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment restriction to complete 24 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the subsequent continuing Authority Required (in writing) treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority Required

16789

Ankylosing spondylitis

Treatment Phase: Subsequent continuing treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition under the First continuing treatment restriction; **OR**
- Patient must have received this drug under this treatment phase as their most recent course of PBS-subsidised biological medicine, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An adequate response is defined as an improvement from baseline of at least 2 units (on a scale of 0-10) in the BASDAI score combined with at least 1 of the following:

(a) an ESR measurement no greater than 25 mm per hour; or

(b) a CRP measurement no greater than 10 mg per L; or

(c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and used to assess all future responses to treatment.

The assessment of response to treatment must be documented in the patient's medical records.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

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etanercept 50 mg/mL injection, 4 x 1 mL syringes

9086F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	0.00	823.71	25.00	[a] Brenzys [OQ]	[a] Enbrel [PF]

9086F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
						[a] Erelzi [SZ]	

etanercept 50 mg/mL injection, 4 x 1 mL pen devices

9456Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	0.00	823.71	25.00	[a] Brenzys [OQ]	[a] Enbrel [PF]
						[a] Erelzi [SZ]	[a] Nepexto [GQ]

ETANERCEPT

Note TREATMENT OF ADULT PATIENTS WITH SEVERE PSORIATIC ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) listed for adult patients with severe psoriatic arthritis.

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Severe Psoriatic Arthritis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

A patient is eligible for PBS-subsidised treatment with only 1 of the biological medicines at any one time.

Under these arrangements, within a single treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib or ustekinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe psoriatic arthritis.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or,

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or,

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than the 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements. An authority application must be made under the 'Initial 2' treatment phase.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.

However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response to the PBS-subsidised treatment.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment restriction according to the criteria of the relevant restriction and index of disease severity. The application must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note Pharmaceutical benefits that have the form etanercept injection 50 mg/mL, 4 x 1 mL syringes and pharmaceutical benefits that have the form etanercept injection 50 mg/mL, 4 x 1 mL pen devices are equivalent for the purposes of substitution.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

17326

Severe psoriatic arthritis

Treatment Phase: First continuing treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments.

The authority application must be made in writing and must include:

(a) details of the proposed prescription(s); and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

9081

Severe psoriatic arthritis

Treatment Phase: Continuing treatment - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment restriction to complete 24 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the subsequent continuing Authority Required (in writing) treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority Required

16754

Severe psoriatic arthritis

Treatment Phase: Subsequent continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments.

The authority application must be made in writing and must include:

(a) details of the proposed prescription(s); and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug within this treatment cycle, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

etanercept 50 mg/mL injection, 4 x 1 mL syringes

9088H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	0.00	823.71	25.00	[a] Brenzys [OQ]	[a] Enbrel [PF]
					[a] Erelzi [SZ]	

etanercept 50 mg/mL injection, 4 x 1 mL pen devices

9458T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	0.00	823.71	25.00	[a] Brenzys [OQ]	[a] Enbrel [PF]
					[a] Erelzi [SZ]	[a] Nepexto [GQ]

ETANERCEPT

Note TREATMENT OF ADULT PATIENTS WITH A HISTORY OF JUVENILE IDIOPATHIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, etanercept and tocilizumab for a patient over 18 years who has a history of juvenile idiopathic arthritis with onset prior to the age of 18 years. Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, etanercept and tocilizumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 3 biological medicines at any one time.

From 1 April 2014, a patient receiving PBS-subsidised biological medicine therapy is considered to be in a treatment cycle where they may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements, within a single treatment cycle, a patient may:

(i) continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy; and

(ii) fail to respond or to sustain a response to each PBS-subsidised biological medicine once only. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single treatment cycle and they must have, at a minimum, a 5 year break in PBS-subsidised biological medicine therapy before they are eligible to receive further PBS-subsidised biological medicine therapy.

The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine was approved to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who received PBS-subsidised biological medicine treatment immediately prior to 1 April 2014 is considered to be in their first cycle as of 1 April 2014. A patient who has had a break in biological medicine treatment of at least 24 months immediately prior to making a new application, on or after 1 April 2014, will commence a new treatment cycle under the Initial 3 treatment restriction

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 24 months may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 24 months must commence a new treatment cycle under the Initial 3 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine therapy after 1 April 2014.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or recommencement of treatment after a break in biological medicine of less than 24 months) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 24 months with the same medicine (Initial 2 - Change or recommencement of treatment after a break in biological medicine therapy of less than 24 months); or

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 24 months (Initial 3 - recommencement of treatment after a break in biological medicine of more than 24 months).

Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy.

A patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Adalimumab and infliximab only:

Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (joint count and ESR/CRP) or the prior non-biological medicine therapy requirements, except if the patient has had a break in therapy of more than 24 months who would then need to requalify under the Initial 3 restrictions with respect to the indices of disease severity.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the joint count submitted with the first authority application for a biological medicine. However, prescribers may provide a new baseline measurement any time that an initial treatment authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after 24 months break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological medicine therapy of at least 24 months, must qualify under the Initial 3 restriction and meet the relevant criteria and index of disease severity.

Note Biosimilar prescribing policy

Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Authority Required

16727

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Clinical criteria:

- Patient must have a documented history of severe active juvenile idiopathic arthritis with onset prior to the age of 18 years, **AND**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with disease modifying anti-rheumatic drugs (DMARDs) which must include at least 3 months continuous treatment with each of at least 2 DMARDs, one of which must be

methotrexate at a dose of at least 20 mg weekly and one of which must be: (i) hydroxychloroquine at a dose of at least 200 mg daily; or (ii) leflunomide at a dose of at least 10 mg daily; or (iii) sulfasalazine at a dose of at least 2 g daily; **OR**

- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with DMARDs which, if methotrexate is contraindicated according to the Therapeutic Goods Administration (TGA)-approved Product Information or cannot be tolerated at a 20 mg weekly dose, must include at least 3 months continuous treatment with each of at least 2 of the following DMARDs: (i) hydroxychloroquine at a dose of at least 200 mg daily; and/or (ii) leflunomide at a dose of at least 10 mg daily; and/or (iii) sulfasalazine at a dose of at least 2 g daily; **OR**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 3 months of continuous treatment with a DMARD where 2 of: (i) hydroxychloroquine, (ii) leflunomide, (iii) sulfasalazine, are either contraindicated according to the relevant TGA-approved Product Information or cannot be tolerated at the doses specified above in addition to having a contraindication or intolerance to methotrexate: the remaining tolerated DMARD must be trialled at a minimum dose as mentioned above; **OR**
- Patient must have a contraindication/severe intolerance to each of: (i) methotrexate, (ii) hydroxychloroquine, (iii) leflunomide, (iv) sulfasalazine; in such cases, provide details for each of the contraindications/severe intolerances claimed in the authority application, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

If methotrexate is contraindicated according to the TGA-approved Product Information or cannot be tolerated at a 20 mg weekly dose, the application must include details of the contraindication or intolerance to methotrexate. The maximum tolerated dose of methotrexate must be documented in the application, if applicable.

The application must include details of the DMARDs trialled, their doses and duration of treatment, and all relevant contraindications and/or intolerances.

The requirement to trial at least 2 DMARDs for periods of at least 3 months each can be met using single agents sequentially or by using one or more combinations of DMARDs.

If the requirement to trial 6 months of intensive DMARD therapy with at least 2 DMARDs cannot be met because of contraindications and/or intolerances of a severity necessitating permanent treatment withdrawal to all of the DMARDs specified above, details of the contraindication or intolerance and dose for each DMARD must be provided in the authority application.

The following criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; AND either

(a) an active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The joint count and ESR and/or CRP must be determined at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. All measures must be no more than one month old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An assessment of a patient's response to an initial course of treatment must be conducted following a minimum of 12 weeks of therapy. An application for the continuing treatment must be accompanied with the assessment of response and submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted for the following purposes:

(a) exempting a patient from the requirement to undertake a minimum 3 month trial of methotrexate at a 20 mg weekly dose; (b) substituting azathioprine, cyclosporin or sodium aurothiomalate for another DMARD as part of the 6 month intensive DMARD trial; (c) exempting a patient from the requirement for a 6 month trial of intensive DMARD therapy.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

16777

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months)

Clinical criteria:

- Patient must have a documented history of severe active juvenile idiopathic arthritis with onset prior to the age of 18 years, **AND**
- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) an active joint count of fewer than 10 active (swollen and tender) joints; or

(b) a reduction in the active (swollen and tender) joint count by at least 50% from baseline; or

(c) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to change or recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient who fails to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

16728

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 24 months or more from the most recently approved PBS-subsidised biological medicine for this condition; **OR**
- Patient must not have received PBS-subsidised biological medicine for at least 5 years if they failed or ceased to respond to PBS-subsidised biological medicine treatment 3 times in their last treatment cycle, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; **OR**
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either (a) a total active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active major joints, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Active joints are defined as:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measurements must be no more than 4 weeks old at the time of this application.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

9386

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after break of less than 24 months) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months) - balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months) to complete 16 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

etanercept 25 mg injection [4 vials] (&) inert substance diluent [4 x 1 mL syringes], 1 pack

3445H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	3	0.00	*823.74	25.00	Enbrel [PF]

ETANERCEPT

Note TREATMENT OF ADULT PATIENTS WITH A HISTORY OF JUVENILE IDIOPATHIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, etanercept and tocilizumab for a patient over 18 years who has a history of juvenile idiopathic arthritis with onset prior to the age of 18 years. Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, etanercept and tocilizumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 3 biological medicines at any one time.

From 1 April 2014, a patient receiving PBS-subsidised biological medicine therapy is considered to be in a treatment cycle where they may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements, within a single treatment cycle, a patient may:

(i) continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy; and

(ii) fail to respond or to sustain a response to each PBS-subsidised biological medicine once only. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single treatment cycle and they must have, at a minimum, a 5 year break in PBS-subsidised biological medicine therapy before they are eligible to receive further PBS-subsidised biological medicine therapy.

The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine was approved to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who received PBS-subsidised biological medicine treatment immediately prior to 1 April 2014 is considered to be in their first cycle as of 1 April 2014. A patient who has had a break in biological medicine treatment of at least 24 months immediately prior to making a new application, on or after 1 April 2014, will commence a new treatment cycle under the Initial 3 treatment restriction

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 24 months may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 24 months must commence a new treatment cycle under the Initial 3 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine therapy after 1 April 2014.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or recommencement of treatment after a break in biological medicine of less than 24 months) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 24 months with the same medicine (Initial 2 - Change or recommencement of treatment after a break in biological medicine therapy of less than 24 months); or

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 24 months (Initial 3 - recommencement of treatment after a break in biological medicine of more than 24 months).

Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy.

A patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Adalimumab and infliximab only:

Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (joint count and ESR/CRP) or the prior non-biological medicine therapy requirements, except if the patient has had a break in therapy of more than 24 months who would then need to requalify under the Initial 3 restrictions with respect to the indices of disease severity.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the joint count submitted with the first authority application for a biological medicine. However, prescribers may provide a new baseline measurement any time that an initial treatment authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after 24 months break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological medicine therapy of at least 24 months, must qualify under the Initial 3 restriction and meet the relevant criteria and index of disease severity.

Note Biosimilar prescribing policy

Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Pharmaceutical benefits that have the form etanercept injection 50 mg/mL, 4 x 1 mL syringes and pharmaceutical benefits that have the form etanercept injection 50 mg/mL, 4 x 1 mL pen devices are equivalent for the purposes of substitution.

Authority Required

16727

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Clinical criteria:

- Patient must have a documented history of severe active juvenile idiopathic arthritis with onset prior to the age of 18 years, **AND**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with disease modifying anti-rheumatic drugs (DMARDs) which must include at least 3 months continuous treatment with each of at least 2 DMARDs, one of which must be methotrexate at a dose of at least 20 mg weekly and one of which must be: (i) hydroxychloroquine at a dose of at least 200 mg daily; or (ii) leflunomide at a dose of at least 10 mg daily; or (iii) sulfasalazine at a dose of at least 2 g daily; **OR**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with DMARDs which, if methotrexate is contraindicated

according to the Therapeutic Goods Administration (TGA)-approved Product Information or cannot be tolerated at a 20 mg weekly dose, must include at least 3 months continuous treatment with each of at least 2 of the following DMARDs: (i) hydroxychloroquine at a dose of at least 200 mg daily; and/or (ii) leflunomide at a dose of at least 10 mg daily; and/or (iii) sulfasalazine at a dose of at least 2 g daily; **OR**

- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 3 months of continuous treatment with a DMARD where 2 of: (i) hydroxychloroquine, (ii) leflunomide, (iii) sulfasalazine, are either contraindicated according to the relevant TGA-approved Product Information or cannot be tolerated at the doses specified above in addition to having a contraindication or intolerance to methotrexate: the remaining tolerated DMARD must be trialled at a minimum dose as mentioned above; **OR**
- Patient must have a contraindication/severe intolerance to each of: (i) methotrexate, (ii) hydroxychloroquine, (iii) leflunomide, (iv) sulfasalazine; in such cases, provide details for each of the contraindications/severe intolerances claimed in the authority application, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

If methotrexate is contraindicated according to the TGA-approved Product Information or cannot be tolerated at a 20 mg weekly dose, the application must include details of the contraindication or intolerance to methotrexate. The maximum tolerated dose of methotrexate must be documented in the application, if applicable.

The application must include details of the DMARDs trialled, their doses and duration of treatment, and all relevant contraindications and/or intolerances.

The requirement to trial at least 2 DMARDs for periods of at least 3 months each can be met using single agents sequentially or by using one or more combinations of DMARDs.

If the requirement to trial 6 months of intensive DMARD therapy with at least 2 DMARDs cannot be met because of contraindications and/or intolerances of a severity necessitating permanent treatment withdrawal to all of the DMARDs specified above, details of the contraindication or intolerance and dose for each DMARD must be provided in the authority application.

The following criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; AND either

(a) an active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The joint count and ESR and/or CRP must be determined at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. All measures must be no more than one month old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An assessment of a patient's response to an initial course of treatment must be conducted following a minimum of 12 weeks of therapy. An application for the continuing treatment must be accompanied with the assessment of response and submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted for the following purposes:

(a) exempting a patient from the requirement to undertake a minimum 3 month trial of methotrexate at a 20 mg weekly dose; (b) substituting azathioprine, cyclosporin or sodium aurothiomalate for another DMARD as part of the 6 month intensive DMARD trial; (c) exempting a patient from the requirement for a 6 month trial of intensive DMARD therapy.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority Required

16777

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months)

Clinical criteria:

- Patient must have a documented history of severe active juvenile idiopathic arthritis with onset prior to the age of 18 years, **AND**
- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) an active joint count of fewer than 10 active (swollen and tender) joints; or

(b) a reduction in the active (swollen and tender) joint count by at least 50% from baseline; or

(c) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to change or recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient who fails to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority Required

16728

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 24 months or more from the most recently approved PBS-subsidised biological medicine for this condition; **OR**
- Patient must not have received PBS-subsidised biological medicine for at least 5 years if they failed or ceased to respond to PBS-subsidised biological medicine treatment 3 times in their last treatment cycle, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; **OR**
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either (a) a total active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active major joints, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Active joints are defined as:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measurements must be no more than 4 weeks old at the time of this application.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority Required

9386

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after break of less than 24 months) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months) - balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months) to complete 16 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

etanercept 50 mg/mL injection, 4 x 1 mL syringes

3446J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	3	0.00	823.71	25.00	[a] Enbrel [PF]	[a] Erelzi [SZ]

etanercept 50 mg/mL injection, 4 x 1 mL pen devices

3447K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	3	0.00	823.71	25.00	[a] Enbrel [PF]	[a] Erelzi [SZ]
						[a] Nepexto [GQ]	

ETANERCEPT

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who received PBS-subsidised adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.

A patient receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.

(1) Initial treatment.

An application for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab, and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab, 24 weeks of therapy for bimekizumab and 28 weeks of therapy for risankizumab, tildrakizumab and ustekinumab.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of their course of initial treatment to ensure uninterrupted biological medicine supply.

(2) Assessment of response to initial treatment.

When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment and no later than 4 weeks from the completion of this initial treatment course.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

(3) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Infliximab, adalimumab and etanercept only:

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.

For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(4) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle or have experienced treatment failure with that particular biological medicine that required permanent treatment withdrawal.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.

(5) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.

To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.

(6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 4 weeks at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

16792

Severe chronic plaque psoriasis

Treatment Phase: First continuing treatment, Whole body

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**

- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

The authority application must be made in writing and must include:

(a) details of the proposed prescription(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed Psoriasis Area and Severity Index (PASI) calculation sheet including the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

17374

Severe chronic plaque psoriasis

Treatment Phase: First continuing treatment, Face, hand, foot

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

The authority application must be made in writing and must include:

(a) details of the proposed prescription(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed Psoriasis Area and Severity Index (PASI) calculation sheet and face, hand, foot area diagrams including the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 1 month old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

The PASI assessment for first continuing or subsequent continuing treatment must be performed on the same affected area assessed at baseline.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

16750

Severe chronic plaque psoriasis

Treatment Phase: Continuing treatment, Whole body or Continuing treatment, Face, hand, foot - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the first continuing treatment, Whole body restriction to complete 24 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug under the first continuing treatment, Face, hand, foot restriction to complete 24 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug under the subsequent continuing treatment Authority Required (in writing), Whole body restriction to complete 24 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug under the subsequent continuing treatment Authority Required (in writing), Face, hand, foot restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate).

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority Required

16766

Severe chronic plaque psoriasis

Treatment Phase: Subsequent continuing treatment, whole body

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheet including the date of the assessment of the patient's condition.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

16772

Severe chronic plaque psoriasis

Treatment Phase: Subsequent continuing treatment, Face, hand, foot

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

The authority application must be made in writing and must include:

(a) details of the proposed prescription(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed Psoriasis Area and Severity Index (PASI) calculation sheet including the date of the assessment of the patient's condition.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

etanercept 25 mg injection [4 vials] (&) inert substance diluent [4 x 1 mL syringes], 1 pack

9429G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	0.00	*823.74	25.00	Enbrel [PF]

ETANERCEPT

Note PBS AUTHORITY APPLICATIONS FOR SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) subsidy of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to all PBS benefits with the specific PBS indication of: 'severe active rheumatoid arthritis'.

Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

Only one biological medicine is to be PBS-subsidised at any one time for rheumatoid arthritis.

Upon 5 inadequate responses to biological medicines with the specific PBS indication of 'severe active rheumatoid arthritis', further subsidy is to cease. Where a particular biological medicine has provided an inadequate response, it must not be subsidised again.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

(1) Selecting the correct 'Treatment phase' listing to apply under

Initiating subsidy:

(i) Apply through 'Initial 1 treatment' where a patient has received no prior PBS-subsidised biological medicine treatment; or

(ii) Apply through 'Initial 2 treatment' where one of the following occurs: (a) PBS-subsidised treatment has at least been initiated through any Initial 1 listing, but the prescribed biological medicine is changing, (b) there has been a break in biological medicine of less than 24 months, but resumption of treatment is with the same biological medicine last prescribed, (c) there has been a break in biological medicine of less than 24 months and resumption of treatment is with a different biological medicine to that last prescribed, (d) treatment with rituximab has occurred within the past 24 months and is the most recent therapy prescribed leading up to this authority application, irrespective of the length in time elapsed between the 2 non-rituximab bDMARDs administered before and after rituximab.

Initial 2 does not require markers of inflammation/joint count to be re-established - those recorded in the first Initial 1 application can remain as baseline measures. Prerequisite DMARD treatments need not be re-proven to be inadequate.

The prescribed biological medicine may be changed at any time, regardless of whether the current prescribed biological medicine has been obtained through Initial treatment or Continuing treatment. However, the change in biological medicine cannot be back to the same biological medicine where that medicine has provided an inadequate response.

(iii) Apply through 'Initial 3 treatment' where treatment is recommencing following a break in PBS-subsidised therapy of at least 24 months. Initial 3 requires current markers of inflammation/joint count to be re-established. Prerequisite DMARD treatments need not be re-proven to be inadequate. PBS-subsidised therapy in this instance can include rituximab where prescribed as the most recent treatment - the 24 month break in therapy is from the second dose of the prior rituximab course.

Response assessment to any course of PBS-subsidised biological therapy must follow a minimum of 12 weeks of therapy. Applications made on the same day for Initial treatment and Continuing treatment clearly do reflect this requirement.

Where a response assessment is not conducted with a 'Continuing treatment' application, the biological medicine will be assumed to have failed, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. Authority applications for patients who experienced adverse reaction necessitating permanent treatment withdrawal should be submitted through 'Initial 2 treatment' or 'Initial 3 treatment'. Indicate where the adverse reaction has occurred in the authority application.

Continuing subsidy:

Apply under a 'Continuing treatment' phase listing only where treatment has initiated through an 'Initial treatment' listing and measures of disease control (i.e. ESR/CRP/joint count) demonstrate response following at least 12 weeks of treatment. Continuing treatment should never precede Initial treatment where the same biological medicine is being prescribed.

The description of 'Continuing treatment' means 'Continuing treatment of severe rheumatoid arthritis with the same biological medicine'. Where treatment of severe rheumatoid arthritis is continuing with a different biological medicine, 'Continuing treatment' is not to be interpreted as meaning 'Continuing treatment of severe rheumatoid arthritis with a different biological medicine' - see 'Initial 2 treatment' where continuing treatment is with a different biological medicine.

'Continuing treatment' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Where continuing treatment is divided into 'First continuing' and 'Subsequent continuing', the next authority application following immediately after any 'Initial treatment' authority application is to be through 'First continuing'. Following this, the next authority application is to occur under the 'Subsequent continuing' treatment phase. Assuming the drug continues to provide an adequate response, 'Subsequent continuing' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Balance of Supply listings:

Maximum quantities and the number of repeats stated in a PBS-listing are values that prescribers may seek up to, but are not obligated to prescribe. From time to time, there may be particular reasons why a prescriber may elect not to request the full maximum quantity listed, or, the full number of repeat prescriptions. Where this occurs, the intent of Balance of Supply treatment phase listings is to circumvent the need for another written-only authority application to be completed, as a written-only authority application may not be practical in terms of providing timely access to continued treatment.

Apply under a 'Balance of Supply' treatment phase (where available) when either the full maximum quantity or repeat prescriptions available under a particular treatment phase, was not requested and where the biological medicine has had insufficient time to demonstrate an adequate response. Where the preceding supply has been adequate to provide at least 12 weeks of treatment and has resulted in an adequate response, it may be more practical to access further treatment under 'Continuing treatment'.

(2) Baseline measurements to determine response.

Determination of response to treatment must be based on baseline measurements of the joint count, ESR and/or CRP provided with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements demonstrating elevation of both joint count and markers of inflammation any time that an initial treatment authority application is provided and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.

Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.

Applications under the Initial 3 treatment restriction for recommencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note Biosimilar prescribing policy

Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

16788

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with disease modifying anti-rheumatic drugs (DMARDs) which must include at least 3 months continuous treatment with at least 2 DMARDs, one of which must be methotrexate at a dose of at least 20 mg weekly plus one of the following: (i) hydroxychloroquine at a dose of at least 200 mg daily; (ii) leflunomide at a dose of at least 10 mg daily; (iii) sulfasalazine at a dose of at least 2 g daily; **OR**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with DMARDs which, if methotrexate is contraindicated according to the Therapeutic Goods Administration (TGA)-approved Product Information/cannot be tolerated at a 20 mg weekly dose, must include at least 3 months continuous treatment with at least 2 of the following DMARDs: (i) hydroxychloroquine at a dose of at least 200 mg daily; (ii) leflunomide at a dose of at least 10 mg daily; (iii) sulfasalazine at a dose of at least 2 g daily; **OR**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 3 months of continuous treatment with a DMARD where 2 of: (i) hydroxychloroquine, (ii) leflunomide, (iii) sulfasalazine, are contraindicated according to the relevant TGA-approved Product Information/cannot be tolerated at the doses specified above in addition to having a contraindication or intolerance to methotrexate: the remaining tolerated DMARD must be trialled at a minimum dose as mentioned above; **OR**
- Patient must have a contraindication/severe intolerance to each of: (i) methotrexate, (ii) hydroxychloroquine, (iii) leflunomide, (iv) sulfasalazine; in such cases, provide details for each of the contraindications/severe intolerances claimed in the authority application, **AND**

- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

If methotrexate is contraindicated according to the TGA-approved product information or cannot be tolerated at a 20 mg weekly dose, the application must include details of the contraindication or intolerance including severity to methotrexate. The maximum tolerated dose of methotrexate must be documented in the application, if applicable.

The application must include details of the DMARDs trialled, their doses and duration of treatment, and all relevant contraindications and/or intolerances including severity.

The requirement to trial at least 2 DMARDs for periods of at least 3 months each can be met using single agents sequentially or by using one or more combinations of DMARDs, however the time on treatment must be at least 6 months.

If the requirement to trial 6 months of intensive DMARD therapy with at least 2 DMARDs cannot be met because of contraindications and/or intolerances of a severity necessitating permanent treatment withdrawal to all of the DMARDs specified above, details of the contraindication or intolerance including severity and dose for each DMARD must be provided in the authority application.

The following criteria indicate failure to achieve an adequate response to DMARD treatment and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour and/or a C-reactive protein (CRP) level greater than 15 mg per L; AND either

(a) a total active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The joint count and ESR and/or CRP must be determined at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. All measures must be no more than 4 weeks old at the time of initial application.

If the requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

16709

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition; **OR**

- Patient must have received prior PBS-subsidised treatment with a biological medicine under the paediatric Severe active juvenile idiopathic arthritis/Systemic juvenile idiopathic arthritis indication, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed/ceased to respond to PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Patients who have received PBS-subsidised treatment for paediatric Severe active juvenile idiopathic arthritis or Systemic juvenile idiopathic arthritis where the condition has progressed to Rheumatoid arthritis may receive treatment through this restriction using existing baseline scores.

Where a patient is changing from a biosimilar medicine for the treatment of this condition, the prescriber must provide baseline disease severity indicators with this application, in addition to the response assessment outlined below.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

An application for a patient who is either changing treatment from another biological medicine to this drug or recommencing therapy with this drug after a treatment break of less than 24 months, must be accompanied with details of the evidence of a response to the patient's most recent course of PBS-subsidised biological medicine, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

A patient who has demonstrated a response to a course of rituximab must have a PBS-subsidised biological therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

16710

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 24 months or more from the most recent PBS-subsidised biological medicine for this condition, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed/ceased to respond to PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; **OR**
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either: (a) a total active joint count of at least 20 active (swollen and tender) joints; (b) at least 4 active major joints, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Major joints are defined as (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count and ESR and/or CRP must be no more than 4 weeks old at the time of initial application.

If the requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

14488

Severe active rheumatoid arthritis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months) - balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months) to complete 16 weeks of treatment, **AND**

- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

etanercept 25 mg injection [4 vials] (&) inert substance diluent [4 x 1 mL syringes], 1 pack

8637N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	3	0.00	*823.74	25.00	Enbrel [PF]

ETANERCEPT

Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed for adult patients with the indication of ankylosing spondylitis (AS).

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Ankylosing spondylitis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

Treatment cycles:

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who has been receiving PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab and secukinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Where treatment has resulted in an inadequate response on 3 occasions a treatment cycle is considered to have been completed and there must be a 5-year break in PBS subsidy from all medicines with the PBS indication: 'Ankylosing spondylitis' before starting a new treatment cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle and where a break in therapy of less than 5 years has occurred, a further course of treatment may be commenced within the same treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Prescribing under the correct 'Treatment phase' listing for the authority application:

(1) Initial treatment.

Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for ankylosing spondylitis.

(2) Continuing treatment.

Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to proceed initial treatment. An authority application for continuing treatment is not to be made on the same day as initial treatment.

(3) Changing therapy.

Apply under the 'Initial 2' treatment listing. Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to prior NSAID therapy and exercise program requirements. Where a patient is changing from a biosimilar medicine the prescriber must submit baseline indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI). A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot change to a particular biological medicine if it has failed to provide the patient with an adequate response within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this initial 2 treatment authority application.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological medicine. To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under the 'Initial 3' treatment listing. Prior NSAID and exercise therapies need not be re-trialled.

Note Biosimilar prescribing policy

Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

16747

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Clinical criteria:

- The condition must be either radiologically (plain X-ray) confirmed: (i) Grade II bilateral sacroiliitis; (ii) Grade III unilateral sacroiliitis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have at least 2 of the following: (i) low back pain and stiffness for 3 or more months that is relieved by exercise but not by rest; (ii) limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by a score of at least 1 on each of the lumbar flexion and lumbar side flexion measurements of the Bath Ankylosing Spondylitis Metrology Index (BASMI); (iii) limitation of chest expansion relative to normal values for age and gender, **AND**
- Patient must have failed to achieve an adequate response following treatment with at least 2 non-steroidal anti-inflammatory drugs (NSAIDs), whilst completing an appropriate exercise program, for a total period of 3 months, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The application must include details of the NSAIDs trialled, their doses and duration of treatment.

If the NSAID dose is less than the maximum recommended dose in the relevant TGA-approved Product Information, the application must include the reason a higher dose cannot be used.

If treatment with NSAIDs is contraindicated according to the relevant TGA-approved Product Information, the application must provide details of the contraindication.

If intolerance to NSAID treatment develops during the relevant period of use which is of a severity to necessitate permanent treatment withdrawal, the application must provide details of the nature and severity of this intolerance.

The following criteria indicate failure to achieve an adequate response and must be demonstrated at the time of the initial application:

(a) a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 4 on a 0-10 scale; and

(b) an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 10 mg per L.

The baseline BASDAI score and ESR or CRP level must be determined at the completion of the 3 month NSAID and exercise trial, but prior to ceasing NSAID treatment. All measurements must be no more than 4 weeks old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reason this criterion cannot be satisfied.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The following must be provided at the time of application and documented in the patient's medical records:

(i) details (name of the radiology report provider, date of the radiology report and unique identifying number/code that links report to the individual patient) of the radiological report confirming Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis; and

(ii) a baseline BASDAI score; and

(iii) a completed Exercise Program Self Certification Form included in the supporting information form; and

(iv) baseline ESR and/or CRP level.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Details of the toxicities, including severity, which will be accepted for the purposes of administering this restriction can be found on the Services Australia website at www.servicesaustralia.gov.au

Note For details on the appropriate minimum exercise program that will be accepted for the purposes of administering this restriction, please refer to the Services Australia website at www.servicesaustralia.gov.au

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority Required

16773

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed/ceased to respond to PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for a patient who is either changing treatment from another biological medicine to this drug or recommencing therapy with this drug after a treatment break of less than 5 years, must be accompanied with details of the evidence of a response to the patient's most recent course of PBS-subsidised biological medicine within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a patient is changing from PBS-subsidised treatment with a biosimilar medicine for this condition, the prescriber must submit baseline disease severity indicators with this application, in addition to the response assessment outlined below.

An adequate response is defined as an improvement from baseline of at least 2 units (on a scale of 0-10) in the BASDAI score combined with at least 1 of the following:

(a) an ESR measurement no greater than 25 mm per hour; or

(b) a CRP measurement no greater than 10 mg per L; or

(c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and used to assess all future responses to treatment.

The assessment of response to treatment must be documented in the patient's medical records.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority Required

16713

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of at least 5 years from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must be either radiologically (plain X-ray) confirmed: (i) Grade II bilateral sacroiliitis; (ii) Grade III unilateral sacroiliitis, **AND**
- Patient must have at least 2 of the following: (i) low back pain and stiffness for 3 or more months that is relieved by exercise but not by rest; (ii) limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by a score of at least 1 on each of the lumbar flexion and lumbar side flexion measurements of the Bath Ankylosing Spondylitis Metrology Index (BASMI); (iii) limitation of chest expansion relative to normal values for age and gender, **AND**
- Patient must have a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 4 on a 0-10 scale that is no more than 4 weeks old at the time of application, **AND**
- Patient must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour that is no more than 4 weeks old at the time of application; **OR**
- Patient must have a C-reactive protein (CRP) level greater than 10 mg per L that is no more than 4 weeks old at the time of application; **OR**
- Patient must have a clinical reason as to why demonstration of an elevated ESR or CRP cannot be met and the application must state the reason, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The following must be provided at the time of application and documented in the patient's medical records:

(i) details (name of the radiology report provider, date of the radiology report and unique identifying number/code that links report to the individual patient) of the radiological report confirming Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis; and

(ii) a baseline BASDAI score; and

(iii) a baseline ESR and/or CRP level.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

14703

Ankylosing spondylitis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; **OR**

- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

etanercept 25 mg injection [4 vials] (&) inert substance diluent [4 x 1 mL syringes], 1 pack

8778B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	3	0.00	*823.74	25.00	Enbrel [PF]

ETANERCEPT

Note TREATMENT OF ADULT PATIENTS WITH SEVERE PSORIATIC ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) listed for adult patients with severe psoriatic arthritis.

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Severe Psoriatic Arthritis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

A patient is eligible for PBS-subsidised treatment with only 1 of the biological medicines at any one time.

Under these arrangements, within a single treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib or ustekinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe psoriatic arthritis.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or,

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or,

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than the 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be

deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements. An authority application must be made under the 'Initial 2' treatment phase.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.

However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response to the PBS-subsidised treatment.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment restriction according to the criteria of the relevant restriction and index of disease severity. The application must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note Biosimilar prescribing policy

Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

17355

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response to methotrexate at a dose of at least 20 mg weekly for a minimum period of 3 months, **AND**
- Patient must have failed to achieve an adequate response to sulfasalazine at a dose of at least 2 g per day for a minimum period of 3 months; **OR**
- Patient must have failed to achieve an adequate response to leflunomide at a dose of up to 20 mg daily for a minimum period of 3 months, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Where treatment with methotrexate, sulfasalazine or leflunomide is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.

Where intolerance to treatment with methotrexate, sulfasalazine or leflunomide developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

The following initiation criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; and

either

(a) an active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

The authority application must be made in writing and must include:

(a) details of the proposed prescription(s); and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

16764

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The authority application must be made in writing and must include:

(a) details of the proposed prescription(s); and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to change or recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

16737

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; **OR**
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either (a) a total active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active major joints, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Major joints are defined as (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count and ESR and/or CRP must be no more than one month old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(a) details of the proposed prescription(s); and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

9064

Severe psoriatic arthritis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

etanercept 25 mg injection [4 vials] (&) inert substance diluent [4 x 1 mL syringes], 1 pack

9035M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	3	0.00	*823.74	25.00	Enbrel [PF]

ETANERCEPT

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who received PBS-subsidised adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.

A patient receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.

(1) Initial treatment.

An application for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab, and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab, 24 weeks of therapy for bimekizumab and 28 weeks of therapy for risankizumab, tildrakizumab and ustekinumab.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of their course of initial treatment to ensure uninterrupted biological medicine supply.

(2) Assessment of response to initial treatment.

When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment and no later than 4 weeks from the completion of this initial treatment course.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

(3) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Infliximab, adalimumab and etanercept only:

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.

For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(4) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle or have experienced treatment failure with that particular biological medicine that required permanent treatment withdrawal.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.

(5) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide

new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.

To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.

(6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 4 weeks at the time of application.

Note Pharmaceutical benefits that have the form etanercept injection 50 mg/mL, 4 x 1 mL syringes and pharmaceutical benefits that have the form etanercept injection 50 mg/mL, 4 x 1 mL pen devices are equivalent for the purposes of substitution.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

16792

Severe chronic plaque psoriasis

Treatment Phase: First continuing treatment, Whole body

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

The authority application must be made in writing and must include:

(a) details of the proposed prescription(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed Psoriasis Area and Severity Index (PASI) calculation sheet including the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

17374

Severe chronic plaque psoriasis

Treatment Phase: First continuing treatment, Face, hand, foot

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

The authority application must be made in writing and must include:

(a) details of the proposed prescription(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed Psoriasis Area and Severity Index (PASI) calculation sheet and face, hand, foot area diagrams including the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 1 month old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

The PASI assessment for first continuing or subsequent continuing treatment must be performed on the same affected area assessed at baseline.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

16750

Severe chronic plaque psoriasis

Treatment Phase: Continuing treatment, Whole body or Continuing treatment, Face, hand, foot - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the first continuing treatment, Whole body restriction to complete 24 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug under the first continuing treatment, Face, hand, foot restriction to complete 24 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug under the subsequent continuing treatment Authority Required (in writing), Whole body restriction to complete 24 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug under the subsequent continuing treatment Authority Required (in writing), Face, hand, foot restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate).

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority Required

16766

Severe chronic plaque psoriasis

Treatment Phase: Subsequent continuing treatment, whole body

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheet including the date of the assessment of the patient's condition.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

16772

Severe chronic plaque psoriasis

Treatment Phase: Subsequent continuing treatment, Face, hand, foot

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:
(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or
(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.
The authority application must be made in writing and must include:
(a) details of the proposed prescription(s); and
(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed Psoriasis Area and Severity Index (PASI) calculation sheet including the date of the assessment of the patient's condition.
An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.
Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.
The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.
The most recent PASI assessment must be no more than 4 weeks old at the time of application.
Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.
A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

etanercept 50 mg/mL injection, 4 x 1 mL syringes

9431J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	0.00	823.71	25.00	[a] Brenzys [OQ]	[a] Enbrel [PF]
						[a] Erelzi [SZ]	

etanercept 50 mg/mL injection, 4 x 1 mL pen devices

9462B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	0.00	823.71	25.00	[a] Brenzys [OQ]	[a] Enbrel [PF]
						[a] Erelzi [SZ]	[a] Nepexto [GQ]

GOLIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits for the indication of moderate to severe ulcerative colitis (MSUC). Patients are eligible for one PBS-subsidised drug treatment indicated for MSUC at any one time.
Where the term 'biological medicine' appears in this note and restrictions, it refers to any PBS benefit indicated for MSUC.
Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.
From 1 July 2021, under the PBS, all adult patients will be able to commence a treatment cycle where they may trial PBS-subsidised biological medicine without having to experience a disease flare when swapping to one of the alternate agents. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy.
A patient who received PBS-subsidised biological medicine treatment prior to 1 July 2021 is considered to have started their first cycle as of 1 July 2021. Within the same treatment cycle, the same biological medicine cannot be trialled twice. Where 3 biological medicines have failed to provide the patient with an adequate response a treatment cycle is considered complete. There must be a 5-year break in PBS-subsidised therapy before starting the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for Initial treatment with a PBS-subsidised biological medicine under the new treatment cycle.
A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Selecting the correct treatment phase listing when applying for authority approval:

(1) Initial treatment.

Apply under an Initial 1 treatment listing where the patient has never received a biological medicine.

(2) Continuing treatment.

Under no circumstance is Continuing treatment to precede Initial treatment. An authority application for Continuing treatment is not to be made on the same day as Initial treatment.

(3) Changing therapy.

Apply under an Initial 2 treatment listing. The indices of disease severity (i.e. Mayo clinic score or partial Mayo clinic score), or the prior corticosteroid therapy and immunosuppressive therapy will not need to be restated. A patient may trial an alternate biological medicine treatment at any time, regardless of whether they are receiving therapy (initial or continuing) at the time of the application. However, they cannot change to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this Initial 2 treatment authority application.

(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under an Initial 3 treatment listing. Prior corticosteroid and immunosuppressive therapies need not be re-trialled.

(5) Balance of supply.

Where the full number of repeat prescriptions have not been requested under any initial or continuing listing, apply for the balance of the supply of the repeats under any treatment phase listing containing the words "balance of supply".

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

9745

Moderate to severe ulcerative colitis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 14 weeks of treatment (weeks 0, 2, 6 and 10); **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 14 weeks of treatment (weeks 0, 2, 6 and 10); **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 14 weeks of treatment (weeks 0, 2, 6 and 10), **AND**
- The treatment must provide no more than the balance of up to 14 weeks therapy available under Initial 1, 2 or 3 treatment.

Note Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

golimumab 100 mg/mL injection, 1 mL pen device

11502J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	0.00	1,038.79	25.00	Simponi [JC]

GOLIMUMAB

Note PBS AUTHORITY APPLICATIONS FOR SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) subsidy of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to all PBS benefits with the specific PBS indication of: 'severe active rheumatoid arthritis'.

Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

Only one biological medicine is to be PBS-subsidised at any one time for rheumatoid arthritis.

Upon 5 inadequate responses to biological medicines with the specific PBS indication of 'severe active rheumatoid arthritis', further subsidy is to cease. Where a particular biological medicine has provided an inadequate response, it must not be subsidised again.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

(1) Selecting the correct 'Treatment phase' listing to apply under

Initiating subsidy:

(i) Apply through 'Initial 1 treatment' where a patient has received no prior PBS-subsidised biological medicine treatment; or

(ii) Apply through 'Initial 2 treatment' where one of the following occurs: (a) PBS-subsidised treatment has at least been initiated through any Initial 1 listing, but the prescribed biological medicine is changing, (b) there has been a break in biological medicine of less than 24 months, but resumption of treatment is with the same biological medicine last prescribed, (c) there has been a break in biological medicine of less than 24 months and resumption of treatment is with a different biological medicine to that last prescribed, (d) treatment with rituximab has occurred within the past 24 months and is the most recent therapy prescribed leading up to this authority application, irrespective of the length in time elapsed between the 2 non-rituximab bDMARDs administered before and after rituximab.

Initial 2 does not require markers of inflammation/joint count to be re-established - those recorded in the first Initial 1 application can remain as baseline measures. Prerequisite DMARD treatments need not be re-proven to be inadequate.

The prescribed biological medicine may be changed at any time, regardless of whether the current prescribed biological medicine has been obtained through Initial treatment or Continuing treatment. However, the change in biological medicine cannot be back to the same biological medicine where that medicine has provided an inadequate response.

(iii) Apply through 'Initial 3 treatment' where treatment is recommencing following a break in PBS-subsidised therapy of at least 24 months. Initial 3 requires current markers of inflammation/joint count to be re-established. Prerequisite DMARD treatments need not be re-proven to be inadequate. PBS-subsidised therapy in this instance can include rituximab where prescribed as the most recent treatment - the 24 month break in therapy is from the second dose of the prior rituximab course.

Response assessment to any course of PBS-subsidised biological therapy must follow a minimum of 12 weeks of therapy. Applications made on the same day for Initial treatment and Continuing treatment clearly do reflect this requirement.

Where a response assessment is not conducted with a 'Continuing treatment' application, the biological medicine will be assumed to have failed, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. Authority applications for patients who experienced adverse reaction necessitating permanent treatment withdrawal should be submitted through 'Initial 2 treatment' or 'Initial 3 treatment'. Indicate where the adverse reaction has occurred in the authority application.

Continuing subsidy:

Apply under a 'Continuing treatment' phase listing only where treatment has initiated through an 'Initial treatment' listing and measures of disease control (i.e. ESR/CRP/joint count) demonstrate response following at least 12 weeks of treatment. Continuing treatment should never precede Initial treatment where the same biological medicine is being prescribed.

The description of 'Continuing treatment' means 'Continuing treatment of severe rheumatoid arthritis with the same biological medicine'. Where treatment of severe rheumatoid arthritis is continuing with a different biological medicine, 'Continuing treatment' is not to be interpreted as meaning 'Continuing treatment of severe rheumatoid arthritis with a different biological medicine' - see 'Initial 2 treatment' where continuing treatment is with a different biological medicine.

'Continuing treatment' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Where continuing treatment is divided into 'First continuing' and 'Subsequent continuing', the next authority application following immediately after any 'Initial treatment' authority application is to be through 'First continuing'. Following this, the next authority application is to occur under the 'Subsequent continuing' treatment phase. Assuming the drug continues to provide an adequate response, 'Subsequent continuing' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Balance of Supply listings:

Maximum quantities and the number of repeats stated in a PBS-listing are values that prescribers may seek up to, but are not obligated to prescribe. From time to time, there may be particular reasons why a prescriber may elect not to request the full maximum quantity listed, or, the full number of repeat prescriptions. Where this occurs, the intent of Balance of Supply treatment phase listings is to circumvent the need for another written-only authority application to be completed, as a written-only authority application may not be practical in terms of providing timely access to continued treatment.

Apply under a 'Balance of Supply' treatment phase (where available) when either the full maximum quantity or repeat prescriptions available under a particular treatment phase, was not requested and where the biological medicine has had insufficient time to demonstrate an adequate response. Where the preceding supply has been adequate to provide at least 12 weeks of treatment and has resulted in an adequate response, it may be more practical to access further treatment under 'Continuing treatment'.

(2) Baseline measurements to determine response.

Determination of response to treatment must be based on baseline measurements of the joint count, ESR and/or CRP provided with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements demonstrating elevation of both joint count and markers of inflammation any time that an initial treatment authority application is provided and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.

Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.

Applications under the Initial 3 treatment restriction for recommencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)

14604

Severe active rheumatoid arthritis

Treatment Phase: Subsequent continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition under the First continuing treatment restriction; **OR**
- Patient must have received this drug under this treatment phase as their most recent course of PBS-subsidised biological medicine, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction, **AND**
- The treatment must be given concomitantly with methotrexate at a dose of at least 7.5 mg weekly.

Population criteria:

- Patient must be at least 18 years of age.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The assessment of response to treatment must be documented in the patient's medical records and must be no more than 4 weeks old at the time of the authority application.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

If the requirement for concomitant treatment with methotrexate cannot be met because of a contraindication and/or severe intolerance, details must be documented in the patient's medical records.

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

golimumab 50 mg/0.5 mL injection, 0.5 mL syringe

13699B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	0.00	1,038.79	25.00	Simponi [JC]

golimumab 50 mg/0.5 mL injection, 0.5 mL pen device

13706J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	0.00	1,038.79	25.00	Simponi [JC]

GOLIMUMAB

Note PBS AUTHORITY APPLICATIONS FOR SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) subsidy of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to all PBS benefits with the specific PBS indication of: 'severe active rheumatoid arthritis'.

Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

Only one biological medicine is to be PBS-subsidised at any one time for rheumatoid arthritis.

Upon 5 inadequate responses to biological medicines with the specific PBS indication of 'severe active rheumatoid arthritis', further subsidy is to cease. Where a particular biological medicine has provided an inadequate response, it must not be subsidised again.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

(1) Selecting the correct 'Treatment phase' listing to apply under

Initiating subsidy:

(i) Apply through 'Initial 1 treatment' where a patient has received no prior PBS-subsidised biological medicine treatment; or

(ii) Apply through 'Initial 2 treatment' where one of the following occurs: (a) PBS-subsidised treatment has at least been initiated through any Initial 1 listing, but the prescribed biological medicine is changing, (b) there has been a break in biological medicine of less than 24 months, but resumption of treatment is with the same biological medicine last prescribed, (c) there has been a break in biological medicine of less than 24 months and resumption of treatment is with a different biological medicine to that last prescribed, (d) treatment with rituximab has occurred within the past 24 months and is the most recent therapy prescribed leading up to this authority application, irrespective of the length in time elapsed between the 2 non-rituximab bDMARDs administered before and after rituximab.

Initial 2 does not require markers of inflammation/joint count to be re-established - those recorded in the first Initial 1 application can remain as baseline measures. Prerequisite DMARD treatments need not be re-proven to be inadequate.

The prescribed biological medicine may be changed at any time, regardless of whether the current prescribed biological medicine has been obtained through Initial treatment or Continuing treatment. However, the change in biological medicine cannot be back to the same biological medicine where that medicine has provided an inadequate response.

(iii) Apply through 'Initial 3 treatment' where treatment is recommencing following a break in PBS-subsidised therapy of at least 24 months. Initial 3 requires current markers of inflammation/joint count to be re-established. Prerequisite DMARD treatments need not be re-proven to be inadequate. PBS-subsidised therapy in this instance can include rituximab where prescribed as the most recent treatment - the 24 month break in therapy is from the second dose of the prior rituximab course.

Response assessment to any course of PBS-subsidised biological therapy must follow a minimum of 12 weeks of therapy. Applications made on the same day for Initial treatment and Continuing treatment clearly do reflect this requirement.

Where a response assessment is not conducted with a 'Continuing treatment' application, the biological medicine will be assumed to have failed, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. Authority applications for patients who experienced adverse reaction necessitating permanent treatment withdrawal should be submitted through 'Initial 2 treatment' or 'Initial 3 treatment'. Indicate where the adverse reaction has occurred in the authority application.

Continuing subsidy:

Apply under a 'Continuing treatment' phase listing only where treatment has initiated through an 'Initial treatment' listing and measures of disease control (i.e. ESR/CRP/joint count) demonstrate response following at least 12 weeks of treatment. Continuing treatment should never precede Initial treatment where the same biological medicine is being prescribed.

The description of 'Continuing treatment' means 'Continuing treatment of severe rheumatoid arthritis with the same biological medicine'. Where treatment of severe rheumatoid arthritis is continuing with a different biological medicine, 'Continuing treatment' is not to be interpreted as meaning 'Continuing treatment of severe rheumatoid arthritis with a different biological medicine' - see 'Initial 2 treatment' where continuing treatment is with a different biological medicine.

'Continuing treatment' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Where continuing treatment is divided into 'First continuing' and 'Subsequent continuing', the next authority application following immediately after any 'Initial treatment' authority application is to be through 'First continuing'. Following this, the next authority application is to occur under the 'Subsequent continuing' treatment phase. Assuming the drug continues to provide an adequate response, 'Subsequent continuing' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Balance of Supply listings:

Maximum quantities and the number of repeats stated in a PBS-listing are values that prescribers may seek up to, but are not obligated to prescribe. From time to time, there may be particular reasons why a prescriber may elect not to request the full maximum quantity listed, or, the full number of repeat prescriptions. Where this occurs, the intent of Balance of Supply treatment phase listings is to circumvent the need for another written-only authority application to be completed, as a written-only authority application may not be practical in terms of providing timely access to continued treatment.

Apply under a 'Balance of Supply' treatment phase (where available) when either the full maximum quantity or repeat prescriptions available under a particular treatment phase, was not requested and where the biological medicine has had insufficient time to demonstrate an adequate response. Where the preceding supply has been adequate to provide at least 12 weeks of treatment and has resulted in an adequate response, it may be more practical to access further treatment under 'Continuing treatment'.

(2) Baseline measurements to determine response.

Determination of response to treatment must be based on baseline measurements of the joint count, ESR and/or CRP provided with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements demonstrating elevation of both joint count and markers of inflammation any time that an initial treatment authority application is provided and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.

Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.

Applications under the Initial 3 treatment restriction for recommencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

18560

Severe active rheumatoid arthritis

Treatment Phase: First continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction, **AND**
- The treatment must be given concomitantly with methotrexate at a dose of at least 7.5 mg weekly.

Population criteria:

- Patient must be at least 18 years of age.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

14507

Severe active rheumatoid arthritis

Treatment Phase: First continuing treatment - balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

golimumab 50 mg/0.5 mL injection, 0.5 mL syringe

3428K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	0.00	1,038.79	25.00	Simponi [JC]

golimumab 50 mg/0.5 mL injection, 0.5 mL pen device

11375Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	0.00	1,038.79	25.00	Simponi [JC]

GOLIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE PSORIATIC ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) listed for adult patients with severe psoriatic arthritis.

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Severe Psoriatic Arthritis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

A patient is eligible for PBS-subsidised treatment with only 1 of the biological medicines at any one time.

Under these arrangements, within a single treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib or ustekinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe psoriatic arthritis.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or,

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or,

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following

a minimum of 12 weeks of therapy and no later than the 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements. An authority application must be made under the 'Initial 2' treatment phase.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.

However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response to the PBS-subsidised treatment.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment restriction according to the criteria of the relevant restriction and index of disease severity. The application must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

9105

Severe psoriatic arthritis

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed Severe Psoriatic Arthritis PBS Authority Application - Supporting Information Form.

Where the most recent course of PBS-subsidised treatment with this drug was approved under either Initial 1, Initial 2, or Initial 3 treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

9063

Severe psoriatic arthritis

Treatment Phase: Continuing treatment - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Note Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

golimumab 50 mg/0.5 mL injection, 0.5 mL syringe

3432P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	0.00	1,038.79	25.00	Simponi [JC]

golimumab 50 mg/0.5 mL injection, 0.5 mL pen device

11373N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	0.00	1,038.79	25.00	Simponi [JC]

GOLIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed for adult patients with the indication of ankylosing spondylitis (AS).

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Ankylosing spondylitis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

Treatment cycles:

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who has been receiving PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab and secukinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Where treatment has resulted in an inadequate response on 3 occasions a treatment cycle is considered to have been completed and there must be a 5-year break in PBS subsidy from all medicines with the PBS indication: 'Ankylosing spondylitis' before starting a new treatment cycle. The 5-year break is measured from the date of the last prescription for

PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle and where a break in therapy of less than 5 years has occurred, a further course of treatment may be commenced within the same treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Prescribing under the correct 'Treatment phase' listing for the authority application:

(1) Initial treatment.

Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for ankylosing spondylitis.

(2) Continuing treatment.

Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to proceed initial treatment. An authority application for continuing treatment is not to be made on the same day as initial treatment.

(3) Changing therapy.

Apply under the 'Initial 2' treatment listing. Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to prior NSAID therapy and exercise program requirements. Where a patient is changing from a biosimilar medicine the prescriber must submit baseline indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI). A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot change to a particular biological medicine if it has failed to provide the patient with an adequate response within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this initial 2 treatment authority application.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological medicine. To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under the 'Initial 3' treatment listing. Prior NSAID and exercise therapies need not be re-trialled.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

14692

Ankylosing spondylitis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An adequate response is defined as an improvement from baseline of at least 2 units (on a scale of 0-10) in the BASDAI score combined with at least 1 of the following:

(a) an ESR measurement no greater than 25 mm per hour; or

(b) a CRP measurement no greater than 10 mg per L; or

(c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and used to assess all future responses to treatment.

The assessment of response to treatment must be documented in the patient's medical records.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

9431

Ankylosing spondylitis

Treatment Phase: Continuing treatment - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the Continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

golimumab 50 mg/0.5 mL injection, 0.5 mL syringe

3436W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	0.00	1,038.79	25.00	Simponi [JC]

golimumab 50 mg/0.5 mL injection, 0.5 mL pen device

11376R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	0.00	1,038.79	25.00	Simponi [JC]

GOLIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits for the indication of moderate to severe ulcerative colitis (MSUC). Patients are eligible for one PBS-subsidised drug treatment indicated for MSUC at any one time.

Where the term 'biological medicine' appears in this note and restrictions, it refers to any PBS benefit indicated for MSUC.

Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

From 1 July 2021, under the PBS, all adult patients will be able to commence a treatment cycle where they may trial PBS-subsidised biological medicine without having to experience a disease flare when swapping to one of the alternate agents. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised biological medicine treatment prior to 1 July 2021 is considered to have started their first cycle as of 1 July 2021. Within the same treatment cycle, the same biological medicine cannot be trialled twice. Where 3 biological medicines have failed to provide the patient with an adequate response a treatment cycle is considered complete. There must be a 5-year break in PBS-subsidised therapy before starting the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for Initial treatment with a PBS-subsidised biological medicine under the new treatment cycle.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Selecting the correct treatment phase listing when applying for authority approval:

(1) Initial treatment.

Apply under an Initial 1 treatment listing where the patient has never received a biological medicine.

(2) Continuing treatment.

Under no circumstance is Continuing treatment to precede Initial treatment. An authority application for Continuing treatment is not to be made on the same day as Initial treatment.

(3) Changing therapy.

Apply under an Initial 2 treatment listing. The indices of disease severity (i.e. Mayo clinic score or partial Mayo clinic score), or the prior corticosteroid therapy and immunosuppressive therapy will not need to be restated. A patient may trial an alternate biological medicine treatment at any time, regardless of whether they are receiving therapy (initial or continuing) at the time of the application. However, they cannot change to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this Initial 2 treatment authority application.

(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under an Initial 3 treatment listing. Prior corticosteroid and immunosuppressive therapies need not be re-trialled.

(5) Balance of supply.

Where the full number of repeat prescriptions have not been requested under any initial or continuing listing, apply for the balance of the supply of the repeats under any treatment phase listing containing the words "balance of supply".

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

9770

Moderate to severe ulcerative colitis

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated or sustained an adequate response to treatment by having a partial Mayo clinic score less than or equal to 2, with no subscore greater than 1 while receiving treatment with this drug.

Population criteria:

- Patient must be aged 18 years or older.

Patients who have failed to maintain a partial Mayo clinic score less than or equal to 2, with no subscore greater than 1 with continuing treatment with this drug, will not be eligible to receive further PBS-subsidised treatment with this drug.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

At the time of the authority application, medical practitioners should request sufficient quantity for up to 24 weeks of treatment under this restriction.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Authority applications for continuing treatment may be made by telephone to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority Required

9651

Moderate to severe ulcerative colitis

Treatment Phase: Continuing treatment - balance of supply

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under this restriction.

Note Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

golimumab 100 mg/mL injection, 1 mL pen device

11381B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	0.00	1,038.79	25.00	Simponi [JC]

GOLIMUMAB

Note PATIENTS WITH NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS - TREATMENT CYCLES AND TREATMENT PHASES

Where the term 'biological medicine' appears in notes and restrictions, it refers to pharmaceutical benefits listed specifically for the indication of: non-radiographic axial spondyloarthritis. Some listed pharmaceutical benefits are technically not biological medicines (e.g. Janus-kinase inhibitors), but for practical purposes, have been included under the broad term of 'biological medicine'.

A patient is eligible for PBS-subsidised treatment with only 1 biological medicine at any one time.

Treatment cycles:

A treatment cycle commences when the authority application for first PBS-subsidised biological medicine is approved for a given patient under the 'Initial 1' treatment phase. The treatment cycle continues until a fourth biological medicine fails to provide the patient with an adequate response. A new treatment cycle begins each time PBS subsidy is obtained through the 'Initial 3' treatment phase.

Within a treatment cycle, the same PBS-subsidised biological medicine must not be subsidised more than once where it has failed to provide the patient with an adequate response on any occasion that a response assessment is conducted.

Once biological medicines have failed to provide a patient with an adequate response 4 times (once with any biological medicine) within the same treatment cycle, the treatment cycle has been completed and the patient must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A serious adverse reaction requiring permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a completed treatment attempt.

Where there have been fewer than 4 inadequate responses with biological medicine therapy in a treatment cycle and there has been a break in therapy of less than 5 years, the patient may continue treatment within the same treatment cycle.

A patient who has had a break in therapy of more than 5 years may commence a new treatment cycle with up to 4 treatment attempts.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Treatment phases:

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) no prior PBS-subsidised biological medicine treatment has been prescribed - apply through the 'Initial 1 - New patient' treatment phase

(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy, but is prescribed an alternate biological medicine - apply through the 'Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years' [further details are under 'Changing the prescribed biological medicine' below]; or

(iii) a patient is recommencing treatment following a break in PBS-subsidised therapy of less than 5 years - apply through the 'Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years' treatment phase (note that where there is both a change and recommencement after less than 5 years occurring simultaneously, Initial 2 is the correct treatment phase to apply through); or

(iv) a patient is recommencing treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years - apply through the 'Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years' treatment phase.

A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy.

(2) Continuing treatment.

For continuing PBS subsidy of biological medicine it is recommended that a patient be reviewed the month prior to when the continuing dose is due to ensure uninterrupted biological medicine supply.

Continuing PBS subsidy is available in quantities/repeats that provide up to 24 weeks of continuing treatment where an adequate response to the immediately preceding supply of treatment has been experienced.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be conducted no later than 4 weeks from the cessation of that treatment course. Where a response assessment is not conducted within the required timeframe, the treatment will be deemed to have failed to provide an adequate response, unless the patient has experienced a serious adverse reaction requiring permanent treatment withdrawal.

(3) Changing the prescribed biological medicine.

Once initial treatment with the first PBS-subsidised biological medicine is approved, an alternate biological medicine may be prescribed within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. the C-reactive protein (CRP) level and the BASDAI score), or the prior NSAID therapy and exercise program requirements. An authority application must be made under the 'Initial 2' treatment phase and must indicate the response to the preceding biological medicine in terms of whether the response was adequate or not. The prescription for the discontinued biological medicine must be marked as cancelled by the prescriber.

(4) Baseline measurements to determine response.

A response to treatment is based on the baseline BASDAI score and CRP level documented in the patient's medical records.

For a patient untreated with biological medicines, the BASDAI score used to determine baseline disease severity must be measured while the patient is receiving NSAID therapy and completing their exercise program.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications.

Prescribers may provide new baseline measurements any time that an 'Initial treatment' authority application is submitted and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A second or subsequent course of treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must occur through the Initial 3 treatment restriction. The same clinical criteria and indices of disease severity (i.e. the C-reactive protein (CRP) levels and the BASDAI) as for the Initial 1 (New patient) restriction will need to be met, but a re-trial of NSAID therapy and exercise therapy is not required.

(6) Balance of Supply

Where the full number of repeat prescriptions have not been requested under any initial or continuing listing, apply for the balance of the supply of the repeats under any treatment phase listing containing the words 'balance of supply'.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority Required

15125

Non-radiographic axial spondyloarthritis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug for this condition, **AND**
- The treatment must not exceed a maximum of 24 weeks with this drug per authorised course under this restriction.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of non-radiographic axial spondyloarthritis.

An adequate response to therapy with this biological medicine is defined as a reduction from baseline in the Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) score by 2 or more units (on a scale of 0-10) and 1 of the following:

(a) a CRP measurement no greater than 10 mg per L; or

(b) a CRP measurement reduced by at least 20% from baseline.

If the requirement to demonstrate an elevated CRP level could not be met under an initial treatment restriction, a reduction in the BASDAI score from baseline will suffice for the purposes of administering this continuing treatment restriction.

The patient remains eligible to receive continuing treatment with the same biological medicine in courses of up to 24 weeks providing they continue to sustain an adequate response. It is recommended that a patient be reviewed in the month prior to completing their current course of treatment.

Authority Required

10434

Non-radiographic axial spondyloarthritis

Treatment Phase: Continuing treatment - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the Continuing treatment restriction to complete 24 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of non-radiographic axial spondyloarthritis.

golimumab 50 mg/0.5 mL injection, 0.5 mL syringe

11516D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	0.00	1,038.79	25.00	Simponi [JC]

golimumab 50 mg/0.5 mL injection, 0.5 mL pen device

11521J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	0.00	1,038.79	25.00	Simponi [JC]

GOLIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits for the indication of moderate to severe ulcerative colitis (MSUC). Patients are eligible for one PBS-subsidised drug treatment indicated for MSUC at any one time.

Where the term 'biological medicine' appears in this note and restrictions, it refers to any PBS benefit indicated for MSUC.

Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

From 1 July 2021, under the PBS, all adult patients will be able to commence a treatment cycle where they may trial PBS-subsidised biological medicine without having to experience a disease flare when swapping to one of the alternate agents. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised biological medicine treatment prior to 1 July 2021 is considered to have started their first cycle as of 1 July 2021. Within the same treatment cycle, the same biological medicine cannot be trialled twice. Where 3 biological medicines have failed to provide the patient with an adequate response a treatment cycle is considered complete. There must be a 5-year break in PBS-subsidised therapy before starting the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for Initial treatment with a PBS-subsidised biological medicine under the new treatment cycle.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Selecting the correct treatment phase listing when applying for authority approval:

(1) Initial treatment.

Apply under an Initial 1 treatment listing where the patient has never received a biological medicine.

(2) Continuing treatment.

Under no circumstance is Continuing treatment to precede Initial treatment. An authority application for Continuing treatment is not to be made on the same day as Initial treatment.

(3) Changing therapy.

Apply under an Initial 2 treatment listing. The indices of disease severity (i.e. Mayo clinic score or partial Mayo clinic score), or the prior corticosteroid therapy and immunosuppressive therapy will not need to be restated. A patient may trial an alternate biological medicine treatment at any time, regardless of whether they are receiving therapy (initial or continuing) at the time of the application. However, they cannot change to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this Initial 2 treatment authority application.

(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under an Initial 3 treatment listing. Prior corticosteroid and immunosuppressive therapies need not be re-trialled.

(5) Balance of supply.

Where the full number of repeat prescriptions have not been requested under any initial or continuing listing, apply for the balance of the supply of the repeats under any treatment phase listing containing the words "balance of supply".

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

9822

Moderate to severe ulcerative colitis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have failed to achieve an adequate response to a 5-aminosalicylate oral preparation in a standard dose for induction of remission for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal, **AND**
- Patient must have failed to achieve an adequate response to azathioprine at a dose of at least 2 mg per kg daily for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal; **OR**
- Patient must have failed to achieve an adequate response to 6-mercaptopurine at a dose of at least 1 mg per kg daily for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal; **OR**
- Patient must have failed to achieve an adequate response to a tapered course of oral steroids, starting at a dose of at least 40 mg prednisolone (or equivalent), over a 6 week period or have intolerance necessitating permanent treatment withdrawal, and followed by a failure to achieve an adequate response to 3 or more consecutive months of treatment of an appropriately dosed thiopurine agent, **AND**
- Patient must have a Mayo clinic score greater than or equal to 6; **OR**
- Patient must have a partial Mayo clinic score greater than or equal to 6, provided the rectal bleeding and stool frequency subscores are both greater than or equal to 2 (endoscopy subscore is not required for a partial Mayo clinic score).

Population criteria:

- Patient must be aged 18 years or older.

Application for authorisation of initial treatment must be in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Ulcerative Colitis PBS Authority Application - Supporting Information Form which includes the following:

(i) the completed current Mayo clinic or partial Mayo clinic calculation sheet including the date of assessment of the patient's condition; and

(ii) details of prior systemic drug therapy [dosage, date of commencement and duration of therapy].

All tests and assessments should be performed preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior conventional treatment.

The most recent Mayo clinic or partial Mayo clinic score must be no more than 4 weeks old at the time of application.

A partial Mayo clinic assessment of the patient's response to this initial course of treatment must be following a minimum of 12 weeks of treatment for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for golimumab, infliximab and vedolizumab so that there is adequate time for a response to be demonstrated.

A maximum of 14 weeks of treatment with this drug will be approved under this criterion. A loading dose of 200 mg at week 0 and a dose of 100 mg at weeks 2, 6 and 10.

If treatment with any of the above-mentioned drugs is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Details of the accepted toxicities including severity can be found on the Department of Human Services website.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

9823

Moderate to severe ulcerative colitis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle.

Population criteria:

- Patient must be aged 18 years or older.

Application for authorisation must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Ulcerative Colitis PBS Authority Application - Supporting Information Form which includes the following:

(i) the completed current Mayo clinic or partial Mayo clinic calculation sheet including the date of assessment of the patient's condition if relevant; and

(ii) the details of prior biological medicine treatment including the details of date and duration of treatment.

A maximum of 14 weeks of treatment with this drug will be approved under this criterion. A loading dose of 200 mg at week 0 and a dose of 100 mg at weeks 2, 6 and 10.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to change or recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

Where the most recent course of PBS-subsidised biological medicine treatment was approved under either Initial 1, Initial 2, Initial 3, or continuing treatment restrictions, an assessment of a patient's response must have been conducted following a

minimum of 12 weeks of therapy for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for golimumab, infliximab and vedolizumab and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient who fails to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

9705

Moderate to severe ulcerative colitis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have had a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- Patient must have a Mayo clinic score greater than or equal to 6; **OR**
- Patient must have a partial Mayo clinic score greater than or equal to 6, provided the rectal bleeding and stool frequency subscores are both greater than or equal to 2 (endoscopy subscore is not required for a partial Mayo clinic score).

Population criteria:

- Patient must be aged 18 years or older.

Application for authorisation must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Ulcerative Colitis PBS Authority Application - Supporting Information Form which includes the following:

(i) the completed current Mayo clinic or partial Mayo clinic calculation sheet including the date of assessment of the patient's condition; and

(ii) the details of prior biological medicine treatment including the details of date and duration of treatment.

A maximum of 14 weeks of treatment with this drug will be approved under this criterion. A loading dose of 200 mg at week 0 and a dose of 100 mg at weeks 2, 6 and 10.

All tests and assessments should be performed preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior conventional treatment.

The most recent Mayo clinic or partial Mayo clinic score must be no more than 4 weeks old at the time of application.

A partial Mayo clinic assessment of the patient's response to this initial course of treatment must be following a minimum of 12 weeks of treatment for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for golimumab, infliximab and vedolizumab so that there is adequate time for a response to be demonstrated.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

Where the most recent course of PBS-subsidised biological medicine treatment was approved under either Initial 1, Initial 2, Initial 3 or continuing treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Details of the accepted toxicities including severity can be found on the Department of Human Services website.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

golimumab 100 mg/mL injection, 1 mL pen device

11382C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	0	0.00	*3,050.58	25.00	Simponi [JC]

GOLIMUMAB

Note PBS AUTHORITY APPLICATIONS FOR SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) subsidy of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to all PBS benefits with the specific PBS indication of: 'severe active rheumatoid arthritis'.

Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

Only one biological medicine is to be PBS-subsidised at any one time for rheumatoid arthritis.

Upon 5 inadequate responses to biological medicines with the specific PBS indication of 'severe active rheumatoid arthritis', further subsidy is to cease. Where a particular biological medicine has provided an inadequate response, it must not be subsidised again.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

(1) Selecting the correct 'Treatment phase' listing to apply under

Initiating subsidy:

(i) Apply through 'Initial 1 treatment' where a patient has received no prior PBS-subsidised biological medicine treatment; or

(ii) Apply through 'Initial 2 treatment' where one of the following occurs: (a) PBS-subsidised treatment has at least been initiated through any Initial 1 listing, but the prescribed biological medicine is changing, (b) there has been a break in biological medicine of less than 24 months, but resumption of treatment is with the same biological medicine last prescribed, (c) there has been a break in biological medicine of less than 24 months and resumption of treatment is with a different biological medicine to that last prescribed, (d) treatment with rituximab has occurred within the past 24 months and is the most recent therapy prescribed leading up to this authority application, irrespective of the length in time elapsed between the 2 non-rituximab bDMARDs administered before and after rituximab.

Initial 2 does not require markers of inflammation/joint count to be re-established - those recorded in the first Initial 1 application can remain as baseline measures. Prerequisite DMARD treatments need not be re-proven to be inadequate.

The prescribed biological medicine may be changed at any time, regardless of whether the current prescribed biological medicine has been obtained through Initial treatment or Continuing treatment. However, the change in biological medicine cannot be back to the same biological medicine where that medicine has provided an inadequate response.

(iii) Apply through 'Initial 3 treatment' where treatment is recommencing following a break in PBS-subsidised therapy of at least 24 months. Initial 3 requires current markers of inflammation/joint count to be re-established. Prerequisite DMARD treatments need not be re-proven to be inadequate. PBS-subsidised therapy in this instance can include rituximab where prescribed as the most recent treatment - the 24 month break in therapy is from the second dose of the prior rituximab course.

Response assessment to any course of PBS-subsidised biological therapy must follow a minimum of 12 weeks of therapy. Applications made on the same day for Initial treatment and Continuing treatment clearly do reflect this requirement.

Where a response assessment is not conducted with a 'Continuing treatment' application, the biological medicine will be assumed to have failed, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. Authority applications for patients who experienced adverse reaction necessitating permanent treatment withdrawal should be submitted through 'Initial 2 treatment' or 'Initial 3 treatment'. Indicate where the adverse reaction has occurred in the authority application.

Continuing subsidy:

Apply under a 'Continuing treatment' phase listing only where treatment has initiated through an 'Initial treatment' listing and measures of disease control (i.e. ESR/CRP/joint count) demonstrate response following at least 12 weeks of treatment. Continuing treatment should never precede Initial treatment where the same biological medicine is being prescribed.

The description of 'Continuing treatment' means 'Continuing treatment of severe rheumatoid arthritis with the same biological medicine'. Where treatment of severe rheumatoid arthritis is continuing with a different biological medicine, 'Continuing treatment' is not to be interpreted as meaning 'Continuing treatment of severe rheumatoid arthritis with a different biological medicine' - see 'Initial 2 treatment' where continuing treatment is with a different biological medicine.

'Continuing treatment' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Where continuing treatment is divided into 'First continuing' and 'Subsequent continuing', the next authority application following immediately after any 'Initial treatment' authority application is to be through 'First continuing'. Following this, the next authority application is to occur under the 'Subsequent continuing' treatment phase. Assuming the drug continues to provide an adequate response, 'Subsequent continuing' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Balance of Supply listings:

Maximum quantities and the number of repeats stated in a PBS-listing are values that prescribers may seek up to, but are not obligated to prescribe. From time to time, there may be particular reasons why a prescriber may elect not to request the full maximum quantity listed, or, the full number of repeat prescriptions. Where this occurs, the intent of Balance of Supply treatment phase listings is to circumvent the need for another written-only authority application to be completed, as a written-only authority application may not be practical in terms of providing timely access to continued treatment.

Apply under a 'Balance of Supply' treatment phase (where available) when either the full maximum quantity or repeat prescriptions available under a particular treatment phase, was not requested and where the biological medicine has had insufficient time to demonstrate an adequate response. Where the preceding supply has been adequate to provide at least 12 weeks of treatment and has resulted in an adequate response, it may be more practical to access further treatment under 'Continuing treatment'.

(2) Baseline measurements to determine response.

Determination of response to treatment must be based on baseline measurements of the joint count, ESR and/or CRP provided with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements demonstrating elevation of both joint count and markers of inflammation any time that an initial treatment authority application is provided and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.

Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.

Applications under the Initial 3 treatment restriction for recommencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

18633

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with disease modifying anti-rheumatic drugs (DMARDs) which must include at least 3 months continuous treatment with at least 2 DMARDs, one of which must be methotrexate at a dose of at least 20 mg weekly plus one of the following: (i) hydroxychloroquine at a dose of at least 200 mg daily; (ii) leflunomide at a dose of at least 10 mg daily; (iii) sulfasalazine at a dose of at least 2 g daily; **OR**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with DMARDs which, if methotrexate is contraindicated according to the Therapeutic Goods Administration (TGA)-approved Product Information/cannot be tolerated at a 20 mg weekly dose, must include at least 3 months continuous treatment with at least 2 of the following DMARDs: (i) hydroxychloroquine at a dose of at least 200 mg daily; (ii) leflunomide at a dose of at least 10 mg daily; (iii) sulfasalazine at a dose of at least 2 g daily; **OR**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 3 months of continuous treatment with a DMARD where 2 of: (i) hydroxychloroquine, (ii)

leflunomide, (iii) sulfasalazine, are contraindicated according to the relevant TGA-approved Product Information/cannot be tolerated at the doses specified above in addition to having a contraindication or intolerance to methotrexate: the remaining tolerated DMARD must be trialled at a minimum dose as mentioned above; **OR**

- Patient must have a contraindication/severe intolerance to each of: (i) methotrexate, (ii) hydroxychloroquine, (iii) leflunomide, (iv) sulfasalazine; in such cases, provide details for each of the contraindications/severe intolerances claimed in the authority application, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction, **AND**
- The treatment must be given concomitantly with methotrexate at a dose of at least 7.5 mg weekly.

Population criteria:

- Patient must be at least 18 years of age.

If methotrexate is contraindicated according to the TGA-approved product information or cannot be tolerated at a 20 mg weekly dose, the application must include details of the contraindication or intolerance including severity to methotrexate. The maximum tolerated dose of methotrexate must be documented in the application, if applicable.

The application must include details of the DMARDs trialled, their doses and duration of treatment, and all relevant contraindications and/or intolerances including severity.

The requirement to trial at least 2 DMARDs for periods of at least 3 months each can be met using single agents sequentially or by using one or more combinations of DMARDs, however the time on treatment must be at least 6 months.

If the requirement to trial 6 months of intensive DMARD therapy with at least 2 DMARDs cannot be met because of contraindications and/or intolerances of a severity necessitating permanent treatment withdrawal to all of the DMARDs specified above, details of the contraindication or intolerance including severity and dose for each DMARD must be provided in the authority application.

The following criteria indicate failure to achieve an adequate response to DMARD treatment and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour and/or a C-reactive protein (CRP) level greater than 15 mg per L; AND either

(a) a total active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The joint count and ESR and/or CRP must be determined at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. All measures must be no more than 4 weeks old at the time of initial application.

If the requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

At the time of authority application, medical practitioners should request the appropriate number of vials to provide sufficient drug, based on the weight of the patient, for a single infusion.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Initial treatment with an I.V. loading dose: Two completed authority prescriptions must be submitted with the initial application. One prescription must be for the I.V. loading dose for sufficient vials for one dose based on the patient's weight with no repeats. The second prescription must be written for the subcutaneous formulation, with a maximum quantity of 4 and up to 3 repeats.

Initial treatment with no loading dose: One completed authority prescription must be submitted with the initial application. The prescription must be written with a maximum quantity of 4 and up to 3 repeats.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority Required

18635

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition; **OR**
- Patient must have received prior PBS-subsidised treatment with a biological medicine under the paediatric Severe active juvenile idiopathic arthritis/Systemic juvenile idiopathic arthritis indication, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed/ceased to respond to PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction, **AND**
- The treatment must be given concomitantly with methotrexate at a dose of at least 7.5 mg weekly.

Population criteria:

- Patient must be at least 18 years of age.

Patients who have received PBS-subsidised treatment for paediatric Severe active juvenile idiopathic arthritis or Systemic juvenile idiopathic arthritis where the condition has progressed to Rheumatoid arthritis may receive treatment through this restriction using existing baseline scores.

Where a patient is changing from a biosimilar medicine for the treatment of this condition, the prescriber must provide baseline disease severity indicators with this application, in addition to the response assessment outlined below.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

An application for a patient who is either changing treatment from another biological medicine to this drug or recommencing therapy with this drug after a treatment break of less than 24 months, must be accompanied with details of the evidence of a response to the patient's most recent course of PBS-subsidised biological medicine, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Initial treatment with an I.V. loading dose: Two completed authority prescriptions must be submitted with the initial application. One prescription must be for the I.V. loading dose for sufficient vials for one dose based on the patient's weight with no repeats. The second prescription must be written for the subcutaneous formulation, with a maximum quantity of 4 and up to 3 repeats.

Initial treatment with no loading dose: One completed authority prescription must be submitted with the initial application. The prescription must be written with a maximum quantity of 4 and up to 3 repeats.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

A patient who has demonstrated a response to a course of rituximab must have a PBS-subsidised biological therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18596

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 24 months or more from the most recent PBS-subsidised biological medicine for this condition, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed/ceased to respond to PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; **OR**
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either: (a) a total active joint count of at least 20 active (swollen and tender) joints; (b) at least 4 active major joints, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction, **AND**
- The treatment must be given concomitantly with methotrexate at a dose of at least 7.5 mg weekly.

Population criteria:

- Patient must be at least 18 years of age.

Major joints are defined as (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count and ESR and/or CRP must be no more than 4 weeks old at the time of initial application.

If the requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Initial treatment with an I.V. loading dose: Two completed authority prescriptions must be submitted with the initial application. One prescription must be for the I.V. loading dose for sufficient vials for one dose based on the patient's weight with no repeats. The second prescription must be written for the subcutaneous formulation, with a maximum quantity of 4 and up to 3 repeats.

Initial treatment with no loading dose: One completed authority prescription must be submitted with the initial application. The prescription must be written with a maximum quantity of 4 and up to 3 repeats.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18584

Severe active rheumatoid arthritis

Treatment Phase: Balance of supply - Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months) to complete 16 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

golimumab 50 mg/0.5 mL injection, 0.5 mL syringe

3426H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	3	0.00	1,038.79	25.00	Simponi [JC]

golimumab 50 mg/0.5 mL injection, 0.5 mL pen device

11372M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	3	0.00	1,038.79	25.00	Simponi [JC]

GOLIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE PSORIATIC ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) listed for adult patients with severe psoriatic arthritis.

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Severe Psoriatic Arthritis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

A patient is eligible for PBS-subsidised treatment with only 1 of the biological medicines at any one time.

Under these arrangements, within a single treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib or ustekinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe psoriatic arthritis.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or,

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or,

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than the 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements. An authority application must be made under the 'Initial 2' treatment phase.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.

However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response to the PBS-subsidised treatment.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment restriction according to the criteria of the relevant restriction and index of disease severity. The application must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

9155

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**

- Patient must have failed to achieve an adequate response to methotrexate at a dose of at least 20 mg weekly for a minimum period of 3 months, **AND**
- Patient must have failed to achieve an adequate response to sulfasalazine at a dose of at least 2 g per day for a minimum period of 3 months; **OR**
- Patient must have failed to achieve an adequate response to leflunomide at a dose of up to 20 mg daily for a minimum period of 3 months, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Where treatment with methotrexate, sulfasalazine or leflunomide is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.

Where intolerance to treatment with methotrexate, sulfasalazine or leflunomide developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

The following initiation criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; and

either

(a) an active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed Severe Psoriatic Arthritis PBS Authority Application - Supporting Information Form.

An assessment of a patient's response to an initial course of treatment must be conducted following a minimum of 12 weeks of therapy. An application for the continuing treatment must be accompanied with the assessment of response and submitted to the Department of Human Services no later than 4 weeks from the date of completion of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 3 months treatment with methotrexate and 3 months treatment with sulfasalazine or leflunomide can be found on the Department of Human Services website (www.humanservices.gov.au)

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

16370

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**

- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed Severe Psoriatic Arthritis PBS Authority Application - Supporting Information Form.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to change or recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

Where the most recent course of PBS-subsidised biological medicine treatment was approved under either Initial 1, Initial 2, Initial 3 or continuing treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

9069

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; **OR**
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either (a) a total active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active major joints, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Major joints are defined as (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count and ESR and/or CRP must be no more than one month old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed Severe Psoriatic Arthritis PBS Authority Application - Supporting Information Form.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

Where the most recent course of PBS-subsidised biological medicine treatment was approved under either Initial 1, Initial 2, Initial 3 or continuing treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

9064

Severe psoriatic arthritis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Note Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

golimumab 50 mg/0.5 mL injection, 0.5 mL syringe

3430M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	0.00	1,038.79	25.00	Simponi [JC]

golimumab 50 mg/0.5 mL injection, 0.5 mL pen device

11365E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	0.00	1,038.79	25.00	Simponi [JC]

GOLIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed for adult patients with the indication of ankylosing spondylitis (AS).

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Ankylosing spondylitis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

Treatment cycles:

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who has been receiving PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab and secukinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Where treatment has resulted in an inadequate response on 3 occasions a treatment cycle is considered to have been completed and there must be a 5-year break in PBS subsidy from all medicines with the PBS indication: 'Ankylosing spondylitis' before starting a new treatment cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle and where a break in therapy of less than 5 years has occurred, a further course of treatment may be commenced within the same treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Prescribing under the correct 'Treatment phase' listing for the authority application:

(1) Initial treatment.

Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for ankylosing spondylitis.

(2) Continuing treatment.

Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to proceed initial treatment. An authority application for continuing treatment is not to be made on the same day as initial treatment.

(3) Changing therapy.

Apply under the 'Initial 2' treatment listing. Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to prior NSAID therapy and exercise program requirements. Where a patient is changing from a biosimilar medicine the prescriber must submit baseline indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI). A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot change to a particular biological medicine if it has failed to provide the patient with an adequate response within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this initial 2 treatment authority application.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological medicine. To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under the 'Initial 3' treatment listing. Prior NSAID and exercise therapies need not be re-trialled.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

14670

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Clinical criteria:

- The condition must be either radiologically (plain X-ray) confirmed: (i) Grade II bilateral sacroiliitis; (ii) Grade III unilateral sacroiliitis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**

- Patient must have at least 2 of the following: (i) low back pain and stiffness for 3 or more months that is relieved by exercise but not by rest; (ii) limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by a score of at least 1 on each of the lumbar flexion and lumbar side flexion measurements of the Bath Ankylosing Spondylitis Metrology Index (BASMI); (iii) limitation of chest expansion relative to normal values for age and gender, **AND**
- Patient must have failed to achieve an adequate response following treatment with at least 2 non-steroidal anti-inflammatory drugs (NSAIDs), whilst completing an appropriate exercise program, for a total period of 3 months, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The application must include details of the NSAIDs trialled, their doses and duration of treatment.

If the NSAID dose is less than the maximum recommended dose in the relevant TGA-approved Product Information, the application must include the reason a higher dose cannot be used.

If treatment with NSAIDs is contraindicated according to the relevant TGA-approved Product Information, the application must provide details of the contraindication.

If intolerance to NSAID treatment develops during the relevant period of use which is of a severity to necessitate permanent treatment withdrawal, the application must provide details of the nature and severity of this intolerance.

The following criteria indicate failure to achieve an adequate response and must be demonstrated at the time of the initial application:

(a) a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 4 on a 0-10 scale; and

(b) an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 10 mg per L.

The baseline BASDAI score and ESR or CRP level must be determined at the completion of the 3 month NSAID and exercise trial, but prior to ceasing NSAID treatment. All measurements must be no more than 4 weeks old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reason this criterion cannot be satisfied.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The following must be provided at the time of application and documented in the patient's medical records:

(i) details (name of the radiology report provider, date of the radiology report and unique identifying number/code that links report to the individual patient) of the radiological report confirming Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis; and

(ii) a baseline BASDAI score; and

(iii) a completed Exercise Program Self Certification Form included in the supporting information form; and

(iv) baseline ESR and/or CRP level.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Details of the toxicities, including severity, which will be accepted for the purposes of administering this restriction can be found on the Services Australia website at www.servicesaustralia.gov.au

Note For details on the appropriate minimum exercise program that will be accepted for the purposes of administering this restriction, please refer to the Services Australia website at www.servicesaustralia.gov.au

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

14655

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed/ceased to respond to PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for a patient who is either changing treatment from another biological medicine to this drug or recommencing therapy with this drug after a treatment break of less than 5 years, must be accompanied with details of the evidence of a response to the patient's most recent course of PBS-subsidised biological medicine within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a patient is changing from PBS-subsidised treatment with a biosimilar medicine for this condition, the prescriber must submit baseline disease severity indicators with this application, in addition to the response assessment outlined below.

An adequate response is defined as an improvement from baseline of at least 2 units (on a scale of 0-10) in the BASDAI score combined with at least 1 of the following:

(a) an ESR measurement no greater than 25 mm per hour; or

(b) a CRP measurement no greater than 10 mg per L; or

(c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and used to assess all future responses to treatment.

The assessment of response to treatment must be documented in the patient's medical records.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

14662

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of at least 5 years from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must be either radiologically (plain X-ray) confirmed: (i) Grade II bilateral sacroiliitis; (ii) Grade III unilateral sacroiliitis, **AND**

- Patient must have at least 2 of the following: (i) low back pain and stiffness for 3 or more months that is relieved by exercise but not by rest; (ii) limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by a score of at least 1 on each of the lumbar flexion and lumbar side flexion measurements of the Bath Ankylosing Spondylitis Metrology Index (BASMI); (iii) limitation of chest expansion relative to normal values for age and gender, **AND**
- Patient must have a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 4 on a 0-10 scale that is no more than 4 weeks old at the time of application, **AND**
- Patient must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour that is no more than 4 weeks old at the time of application; **OR**
- Patient must have a C-reactive protein (CRP) level greater than 10 mg per L that is no more than 4 weeks old at the time of application; **OR**
- Patient must have a clinical reason as to why demonstration of an elevated ESR or CRP cannot be met and the application must state the reason, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The following must be provided at the time of application and documented in the patient's medical records:

(i) details (name of the radiology report provider, date of the radiology report and unique identifying number/code that links report to the individual patient) of the radiological report confirming Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis; and

(ii) a baseline BASDAI score; and

(iii) a baseline ESR and/or CRP level.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

9429

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 1 (new patient), Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

golimumab 50 mg/0.5 mL injection, 0.5 mL syringe

3434R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	3	0.00	1,038.79	25.00	Simponi [JC]

golimumab 50 mg/0.5 mL injection, 0.5 mL pen device

11361Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	3	0.00	1,038.79	25.00	Simponi [JC]

GOLIMUMAB

Note PATIENTS WITH NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS - TREATMENT CYCLES AND TREATMENT PHASES

Where the term 'biological medicine' appears in notes and restrictions, it refers to pharmaceutical benefits listed specifically for the indication of: non-radiographic axial spondyloarthritis. Some listed pharmaceutical benefits are technically not biological medicines (e.g. Janus-kinase inhibitors), but for practical purposes, have been included under the broad term of 'biological medicine'.

A patient is eligible for PBS-subsidised treatment with only 1 biological medicine at any one time.

Treatment cycles:

A treatment cycle commences when the authority application for first PBS-subsidised biological medicine is approved for a given patient under the 'Initial 1' treatment phase. The treatment cycle continues until a fourth biological medicine fails to provide the patient with an adequate response. A new treatment cycle begins each time PBS subsidy is obtained through the 'Initial 3' treatment phase.

Within a treatment cycle, the same PBS-subsidised biological medicine must not be subsidised more than once where it has failed to provide the patient with an adequate response on any occasion that a response assessment is conducted.

Once biological medicines have failed to provide a patient with an adequate response 4 times (once with any biological medicine) within the same treatment cycle, the treatment cycle has been completed and the patient must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A serious adverse reaction requiring permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a completed treatment attempt.

Where there have been fewer than 4 inadequate responses with biological medicine therapy in a treatment cycle and there has been a break in therapy of less than 5 years, the patient may continue treatment within the same treatment cycle.

A patient who has had a break in therapy of more than 5 years may commence a new treatment cycle with up to 4 treatment attempts.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Treatment phases:

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) no prior PBS-subsidised biological medicine treatment has been prescribed - apply through the 'Initial 1 - New patient' treatment phase

(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy, but is prescribed an alternate biological medicine - apply through the 'Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years' [further details are under 'Changing the prescribed biological medicine' below]; or

(iii) a patient is recommencing treatment following a break in PBS-subsidised therapy of less than 5 years - apply through the 'Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years' treatment phase (note that where there is both a change and recommencement after less than 5 years occurring simultaneously, Initial 2 is the correct treatment phase to apply through); or

(iv) a patient is recommencing treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years - apply through the 'Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years' treatment phase.

A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy.

(2) Continuing treatment.

For continuing PBS subsidy of biological medicine it is recommended that a patient be reviewed the month prior to when the continuing dose is due to ensure uninterrupted biological medicine supply.

Continuing PBS subsidy is available in quantities/repeats that provide up to 24 weeks of continuing treatment where an adequate response to the immediately preceding supply of treatment has been experienced.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be conducted no later than 4 weeks from the cessation of that treatment course. Where a response assessment is not conducted within the

required timeframe, the treatment will be deemed to have failed to provide an adequate response, unless the patient has experienced a serious adverse reaction requiring permanent treatment withdrawal.

(3) Changing the prescribed biological medicine.

Once initial treatment with the first PBS-subsidised biological medicine is approved, an alternate biological medicine may be prescribed within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. the C-reactive protein (CRP) level and the BASDAI score), or the prior NSAID therapy and exercise program requirements. An authority application must be made under the 'Initial 2' treatment phase and must indicate the response to the preceding biological medicine in terms of whether the response was adequate or not. The prescription for the discontinued biological medicine must be marked as cancelled by the prescriber.

(4) Baseline measurements to determine response.

A response to treatment is based on the baseline BASDAI score and CRP level documented in the patient's medical records.

For a patient untreated with biological medicines, the BASDAI score used to determine baseline disease severity must be measured while the patient is receiving NSAID therapy and completing their exercise program.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications.

Prescribers may provide new baseline measurements any time that an 'Initial treatment' authority application is submitted and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A second or subsequent course of treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must occur through the Initial 3 treatment restriction. The same clinical criteria and indices of disease severity (i.e. the C-reactive protein (CRP) levels and the BASDAI) as for the Initial 1 (New patient) restriction will need to be met, but a re-trial of NSAID therapy and exercise therapy is not required.

(6) Balance of Supply

Where the full number of repeat prescriptions have not been requested under any initial or continuing listing, apply for the balance of the supply of the repeats under any treatment phase listing containing the words 'balance of supply'.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

18429

Non-radiographic axial spondyloarthritis

Treatment Phase: Initial treatment - Initial 1 (New patient)

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have had chronic lower back pain and stiffness for 3 or more months that is relieved by exercise but not rest, **AND**
- Patient must have failed to achieve an adequate response following treatment with at least 2 non-steroidal anti-inflammatory drugs (NSAIDs), whilst completing an appropriate exercise program, for a total period of 3 months, **AND**
- Patient must have one or more of the following: (a) enthesitis (heel); (b) uveitis; (c) dactylitis; (d) psoriasis; (e) inflammatory bowel disease; or (f) positive for Human Leukocyte Antigen B27 (HLA-B27), **AND**
- The condition must not be radiographically evidenced on plain x-ray of Grade II bilateral sacroiliitis or Grade III or IV unilateral sacroiliitis, **AND**
- The condition must be non-radiographic axial spondyloarthritis, as defined by Assessment of Spondyloarthritis International Society (ASAS) criteria, **AND**
- The condition must be sacroiliitis with active inflammation and/or oedema on non-contrast Magnetic Resonance Imaging (MRI), **AND**
- The condition must have presence of Bone Marrow Oedema (BMO) depicted as a hyperintense signal on a Short Tau Inversion Recovery (STIR) image (or equivalent), **AND**
- The condition must have BMO depicted as a hypointense signal on a T1 weighted image (without gadolinium), **AND**
- The treatment must not exceed a maximum of 16 weeks with this drug under this restriction.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of non-radiographic axial spondyloarthritis.

The application must include details of the NSAIDs trialled, their doses and duration of treatment.

If the NSAID dose is less than the maximum recommended dose in the relevant TGA-approved Product Information, the application must include the reason a higher dose cannot be used.

If treatment with NSAIDs is contraindicated according to the relevant TGA-approved Product Information, the application must provide details of the contraindication.

If intolerance to NSAID treatment develops during the relevant period of use which is of a severity to necessitate permanent treatment withdrawal, the application must provide details of the nature and severity of this intolerance.

The following criteria indicate failure to achieve an adequate response to NSAIDs and must be demonstrated at the time of the initial application:

(a) a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) score of at least 4 on a 0-10 scale; and

(b) C-reactive protein (CRP) level greater than 10 mg per L.

The baseline BASDAI score and CRP level must be determined at the completion of the 3-month NSAID and exercise trial, but prior to ceasing NSAID treatment. All measures must be no more than 4 weeks old at the time of initial application.

If the requirement to demonstrate an elevated CRP level could not be met, the reason must be stated in the application. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

The assessment of the patient's response to the initial course of treatment must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment in this treatment cycle.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The baseline BASDAI score and CRP level must also be documented in the patient's medical records.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

15135

Non-radiographic axial spondyloarthritis

Treatment Phase: Initial treatment - Initial 2 (Change or re-commencement of treatment after a break of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- The condition must not have responded inadequately to biological medicine on 4 occasions within the same treatment cycle, **AND**
- The treatment must not exceed a maximum of 16 weeks with this drug under this restriction.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of non-radiographic axial spondyloarthritis.

Clinical criteria:

- Patient must not have failed PBS-subsidised therapy with this biological medicine for this PBS indication more than once in the current treatment cycle.

An application for Initial 2 treatment must indicate whether the patient has demonstrated an adequate response (an absence of treatment failure), failed or experienced an intolerance to the most recent supply of biological medicine treatment.

A new baseline Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) score and C-reactive protein (CRP) level may be provided at the time of this application.

An adequate response to therapy with this biological medicine is defined as a reduction from baseline in the Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) score by 2 or more units (on a scale of 0-10) and 1 of the following:

(a) a CRP measurement no greater than 10 mg per L; or

(b) a CRP measurement reduced by at least 20% from baseline.

The assessment of the patient's response to the most recent supply of biological medicine must be conducted following a minimum of 12 weeks of treatment.

BASDAI scores and CRP levels must be documented in the patient's medical records.

The assessment of the patient's response to the initial course of treatment must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment in this treatment cycle.

The following must be provided at the time of application and documented in the patient's medical records:

(a) the BASDAI score; and

(b) the C-reactive protein (CRP) level.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority Required

15071

Non-radiographic axial spondyloarthritis

Treatment Phase: Initial treatment - Initial 3 (Recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have had chronic lower back pain and stiffness for 3 or more months that is relieved by exercise but not rest, **AND**
- Patient must have had a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- Patient must have one or more of the following: (a) enthesitis (heel); (b) uveitis; (c) dactylitis; (d) psoriasis; (e) inflammatory bowel disease; or (f) positive for Human Leukocyte Antigen B27 (HLA-B27), **AND**
- The condition must not be radiographically evidenced on plain x-ray of Grade II bilateral sacroiliitis or Grade III or IV unilateral sacroiliitis, **AND**
- The condition must be non-radiographic axial spondyloarthritis, as defined by Assessment of Spondyloarthritis International Society (ASAS) criteria, **AND**
- The condition must be sacroiliitis with active inflammation and/or oedema on non-contrast Magnetic Resonance Imaging (MRI), **AND**
- The condition must have presence of Bone Marrow Oedema (BMO) depicted as a hyperintense signal on a Short Tau Inversion Recovery (STIR) image (or equivalent), **AND**
- The condition must have BMO depicted as a hypointense signal on a T1 weighted image (without gadolinium), **AND**
- The treatment must not exceed a maximum of 16 weeks duration under this restriction.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of non-radiographic axial spondyloarthritis.

The following must be provided at the time of application and documented in the patient's medical records:

(a) a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) score of at least 4 on a 0-10 scale; and

(b) C-reactive protein (CRP) level greater than 10 mg per L.

The BASDAI score and CRP level must be no more than 4 weeks old at the time of this application.

If the requirement to demonstrate an elevated CRP level could not be met, the reason must be stated in the application. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

The assessment of the patient's response to the initial course of treatment must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment in this treatment cycle.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority Required

10436

Non-radiographic axial spondyloarthritis

Treatment Phase: Initial 1 (New patient), Initial 2 (Change or re-commencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of non-radiographic axial spondyloarthritis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

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golimumab 50 mg/0.5 mL injection, 0.5 mL pen device

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11538G	1	3	0.00	1,038.79	25.00	Simponi [JC]

golimumab 50 mg/0.5 mL injection, 0.5 mL syringe

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11560K	1	3	0.00	1,038.79	25.00	Simponi [JC]

INFLIXIMAB

Note PBS AUTHORITY APPLICATIONS FOR SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) subsidy of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to all PBS benefits with the specific PBS indication of: 'severe active rheumatoid arthritis'.

Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

Only one biological medicine is to be PBS-subsidised at any one time for rheumatoid arthritis.

Upon 5 inadequate responses to biological medicines with the specific PBS indication of 'severe active rheumatoid arthritis', further subsidy is to cease. Where a particular biological medicine has provided an inadequate response, it must not be subsidised again.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

(1) Selecting the correct 'Treatment phase' listing to apply under

Initiating subsidy:

(i) Apply through 'Initial 1 treatment' where a patient has received no prior PBS-subsidised biological medicine treatment; or

(ii) Apply through 'Initial 2 treatment' where one of the following occurs: (a) PBS-subsidised treatment has at least been initiated through any Initial 1 listing, but the prescribed biological medicine is changing, (b) there has been a break in biological medicine of less than 24 months, but resumption of treatment is with the same biological medicine last prescribed, (c) there has been a break in biological medicine of less than 24 months and resumption of treatment is with a different biological medicine to that last prescribed, (d) treatment with rituximab has occurred within the past 24 months and is the most recent therapy prescribed leading up to this authority application, irrespective of the length in time elapsed between the 2 non-rituximab bDMARDs administered before and after rituximab.

Initial 2 does not require markers of inflammation/joint count to be re-established - those recorded in the first Initial 1 application can remain as baseline measures. Prerequisite DMARD treatments need not be re-proven to be inadequate.

The prescribed biological medicine may be changed at any time, regardless of whether the current prescribed biological medicine has been obtained through Initial treatment or Continuing treatment. However, the change in biological medicine cannot be back to the same biological medicine where that medicine has provided an inadequate response.

(iii) Apply through 'Initial 3 treatment' where treatment is recommencing following a break in PBS-subsidised therapy of at least 24 months. Initial 3 requires current markers of inflammation/joint count to be re-established. Prerequisite DMARD treatments need not be re-proven to be inadequate. PBS-subsidised therapy in this instance can include rituximab where prescribed as the most recent treatment - the 24 month break in therapy is from the second dose of the prior rituximab course.

Response assessment to any course of PBS-subsidised biological therapy must follow a minimum of 12 weeks of therapy. Applications made on the same day for Initial treatment and Continuing treatment clearly do reflect this requirement.

Where a response assessment is not conducted with a 'Continuing treatment' application, the biological medicine will be assumed to have failed, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. Authority applications for patients who experienced adverse reaction necessitating permanent treatment withdrawal should be submitted through 'Initial 2 treatment' or 'Initial 3 treatment'. Indicate where the adverse reaction has occurred in the authority application.

Continuing subsidy:

Apply under a 'Continuing treatment' phase listing only where treatment has initiated through an 'Initial treatment' listing and measures of disease control (i.e. ESR/CRP/joint count) demonstrate response following at least 12 weeks of treatment. Continuing treatment should never precede Initial treatment where the same biological medicine is being prescribed.

The description of 'Continuing treatment' means 'Continuing treatment of severe rheumatoid arthritis with the same biological medicine'. Where treatment of severe rheumatoid arthritis is continuing with a different biological medicine, 'Continuing treatment' is not to be interpreted as meaning 'Continuing treatment of severe rheumatoid arthritis with a different biological medicine' - see 'Initial 2 treatment' where continuing treatment is with a different biological medicine.

'Continuing treatment' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Where continuing treatment is divided into 'First continuing' and 'Subsequent continuing', the next authority application following immediately after any 'Initial treatment' authority application is to be through 'First continuing'. Following this, the next authority application is to occur under the 'Subsequent continuing' treatment phase. Assuming the drug continues to provide an adequate response, 'Subsequent continuing' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Balance of Supply listings:

Maximum quantities and the number of repeats stated in a PBS-listing are values that prescribers may seek up to, but are not obligated to prescribe. From time to time, there may be particular reasons why a prescriber may elect not to request the full maximum quantity listed, or, the full number of repeat prescriptions. Where this occurs, the intent of Balance of Supply treatment phase listings is to circumvent the need for another written-only authority application to be completed, as a written-only authority application may not be practical in terms of providing timely access to continued treatment.

Apply under a 'Balance of Supply' treatment phase (where available) when either the full maximum quantity or repeat prescriptions available under a particular treatment phase, was not requested and where the biological medicine has had insufficient time to demonstrate an adequate response. Where the preceding supply has been adequate to provide at least 12 weeks of treatment and has resulted in an adequate response, it may be more practical to access further treatment under 'Continuing treatment'.

(2) Baseline measurements to determine response.

Determination of response to treatment must be based on baseline measurements of the joint count, ESR and/or CRP provided with the first authority application for a biological medicine. However, prescribers may provide new baseline

measurements demonstrating elevation of both joint count and markers of inflammation any time that an initial treatment authority application is provided and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.

Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.

Applications under the Initial 3 treatment restriction for recommencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority Required

17549

Severe active rheumatoid arthritis

Treatment Phase: Balance of supply for Initial treatment - subcutaneous form

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial treatment with subcutaneous form restriction to complete 22 weeks initial treatment (intravenous and subcutaneous inclusive), **AND**
- The treatment must be given concomitantly with methotrexate at a dose of at least 7.5 mg weekly, **AND**
- The treatment must provide no more than the balance of up to 22 weeks treatment available under the Initial treatment - subcutaneous form.

Population criteria:

- Patient must be at least 18 years of age.

infliximab 120 mg/mL injection, 1 mL syringe

12555T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	0	0.00	373.83	25.00	Remsima SC [EW]

infliximab 120 mg/mL injection, 1 mL pen device

12566J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	0	0.00	244.26	25.00	Remsima SC [EW]

INFLIXIMAB

Note TREATMENT OF ADULT PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits for the indication of moderate to severe ulcerative colitis (MSUC). Patients are eligible for one PBS-subsidised drug treatment indicated for MSUC at any one time.

Where the term 'biological medicine' appears in this note and restrictions, it refers to any PBS benefit indicated for MSUC.

Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

From 1 July 2021, under the PBS, all adult patients will be able to commence a treatment cycle where they may trial PBS-subsidised biological medicine without having to experience a disease flare when swapping to one of the alternate agents. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised biological medicine treatment prior to 1 July 2021 is considered to have started their first cycle as of 1 July 2021. Within the same treatment cycle, the same biological medicine cannot be trialled twice. Where 3 biological medicines have failed to provide the patient with an adequate response a treatment cycle is considered complete. There must be a 5-year break in PBS-subsidised therapy before starting the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for Initial treatment with a PBS-subsidised biological medicine under the new treatment cycle.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Selecting the correct treatment phase listing when applying for authority approval:

(1) Initial treatment.

Apply under an Initial 1 treatment listing where the patient has never received a biological medicine.

(2) Continuing treatment.

Under no circumstance is Continuing treatment to precede Initial treatment. An authority application for Continuing treatment is not to be made on the same day as Initial treatment.

(3) Changing therapy.

Apply under an Initial 2 treatment listing. The indices of disease severity (i.e. Mayo clinic score or partial Mayo clinic score), or the prior corticosteroid therapy and immunosuppressive therapy will not need to be restated. A patient may trial an alternate biological medicine treatment at any time, regardless of whether they are receiving therapy (initial or continuing) at the time of the application. However, they cannot change to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this Initial 2 treatment authority application.

(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under an Initial 3 treatment listing. Prior corticosteroid and immunosuppressive therapies need not be re-trialled.

(5) Balance of supply.

Where the full number of repeat prescriptions have not been requested under any initial or continuing listing, apply for the balance of the supply of the repeats under any treatment phase listing containing the words "balance of supply".

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Authority Required

17552

Moderate to severe ulcerative colitis

Treatment Phase: Balance of supply for Initial treatment - subcutaneous form

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the Initial treatment with subcutaneous form to complete 14 to 16 weeks initial treatment (intravenous and subcutaneous inclusive), **AND**
- The treatment must provide no more than the balance of doses up to 14 to 16 weeks therapy available under Initial treatment - subcutaneous form.

Population criteria:

- Patient must be at least 18 years of age.

infliximab 120 mg/mL injection, 1 mL syringe

12550M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	0	0.00	*738.30	25.00	Remsima SC [EW]

infliximab 120 mg/mL injection, 1 mL pen device

12584H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	0	0.00	*479.16	25.00	Remsima SC [EW]

INFLIXIMAB

Note SEVERE CROHN DISEASE - TREATMENT PHASES AND CYCLES

The following information applies to the prescribing of targeted therapies under the Pharmaceutical Benefits Scheme (PBS) for benefits with a stated indication of: 'Severe Crohn disease'. For PBS administration, the term targeted therapy includes biological and targeted synthetic disease modifying anti-rheumatic drugs.

A patient is eligible for PBS-subsidised treatment with only one targeted therapy at any one time.

Treatment cycle:

A treatment cycle begins when an authority application is approved under an Initial 1, Initial 2 patients who are accessing PBS-subsidised treatment for the first time, Initial 3 or transitioning from non-PBS-subsidised therapy that was commenced as a paediatric patient type restriction. Treatment must not continue with the same targeted therapy if it has not provided an adequate response as defined in the continuing treatment phase. A patient may trial different targeted therapies within a cycle; however, if all available targeted therapies have been trialled and have not provided an adequate response, the treatment cycle ends and a 12-month PBS exclusion period applies.

The 12-month break is measured from the date of the last PBS approval for a targeted therapy in the most recent cycle to the date of first initial treatment application under the next treatment cycle.

If a new targeted therapy with a different pharmacological mechanism of action becomes available on the PBS during a 12-month break, a patient may be prescribed the newly listed targeted therapy through the Initial 2 treatment phase, if they have never received that medicine previously. If the newly listed targeted therapy does not provide an adequate response, the treatment cycle ends and the 12-month break recommences. This will not be considered a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Treatment phases:

Initial 1 - use when the patient has never received a targeted therapy for this indication.

Baseline disease activity and inadequate response to conventional therapies must be demonstrated.

Initial 2 - use when an alternative targeted therapy is being prescribed for this indication, or when the patient has previously been treated with this targeted therapy and treatment is resuming after a break of less than 12 months.

Baseline disease activity and inadequate response to conventional therapies do not need to be re-demonstrated; however, an assessment of response to the preceding supply must be provided if a response has been demonstrated.

Initial 3 - use when treatment is resuming after an absence of PBS subsidy for at least 12 months.

Baseline disease activity must be demonstrated; however, a re-trial of conventional therapies is not required.

Transitioning from non-PBS supply commenced as a paediatric patient - use when the patient is receiving non-PBS-subsidised treatment with a targeted therapy for this condition and has been initiated on treatment on the same targeted therapy as a paediatric patient (prior to 18 years of age) via non-PBS pathways (e.g. compassionate access or public hospital individual patient use program).

Continuing treatment - use when patient has demonstrated an adequate response to the preceding supply and/or when the dose is being increased. Continuing treatment authority scripts must not be written on the same day as Initial treatment authority applications.

Balance of supply - use when the full amount of the preceding supply was not provided. This phase provides the remaining quantity that could have been obtained under the preceding authority approval or where additional time is required for an adequate response to be demonstrated.

Recency of assessments:

Where possible, all related assessment documentation (including Crohn Disease Activity Index calculations, pathology tests and diagnostic imaging studies) should be within 4 weeks of the date of authority application but no longer than 4 weeks following cessation of the most recent treatment.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Authority Required

18777

Severe Crohn disease

Treatment Phase: Balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the Initial treatment with subcutaneous form to complete 14 to 16 weeks initial treatment (intravenous and subcutaneous inclusive), **AND**
- The treatment must provide no more than the balance of doses up to 14 to 16 weeks therapy available under Initial treatment.

Treatment criteria:

- Must be treated by a gastroenterologist; **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology]; **OR**
- Must be treated by a paediatrician; **OR**
- Must be treated by a specialist paediatric gastroenterologist.

infliximab 120 mg/mL injection, 1 mL pen device

12567K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	0	0.00	*479.16	25.00	Remsima SC [EW]

infliximab 120 mg/mL injection, 1 mL syringe

12597B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	0	0.00	*738.30	25.00	Remsima SC [EW]

INFLIXIMAB

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note Where there is already an approved authority prescription for the IV formulation, an authority application for this subcutaneously administered form can be made under one of:

(1) The Balance of Supply listing - apply under this listing if the treatment phase (Initial treatment, First Continuing treatment, Subsequent Continuing treatment) is yet to be completed; the following authority application is to be under a Continuing treatment listing.

(2) A Continuing treatment listing - apply under one of these types of listings where a treatment phase is concluding/has concluded; this typically occurs for the dose due at treatment week 16, 40, 64, 88 etc.

Note No increase in the maximum quantity or number of units may be authorised.

Authority Required

13040

Severe psoriatic arthritis

Treatment Phase: Balance of supply (including switching formulation) where the full duration of treatment available under a particular treatment phase was not requested in the preceding prescription

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis, **AND**

- Patient must be undergoing continuing PBS-subsidised treatment with this benefit, irrespective of formulation, where each of the following is true: (i) the most recent authority application did not specify the full quantity of repeat prescriptions available under the relevant PBS listing, (ii) this authority application does not extend the current treatment phase beyond that available under the listing of the most recent authority application, (iii) this Balance of Supply listing is not being accessed on consecutive occasions; **OR**
- Patient must be undergoing continuing PBS-subsidised treatment with this benefit, irrespective of formulation, where each of the following is true: (i) the most recent authority application was for a different formulation of this benefit, (ii) this authority application does not extend the current treatment phase beyond that available under the listing of the most recent authority application, (iii) this Balance of Supply listing is not being accessed on consecutive occasions.

Population criteria:

- Patient must be at least 18 years of age.

Where there is a current, approved PBS prescription with valid repeat prescriptions specified (i.e. where the drug formulation is changing), mark the prescription that is intended for no further supply as 'Cancelled'.

infliximab 120 mg/mL injection, 1 mL pen device

13056E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	0	0.00	*479.16	25.00	Remsima SC [EW]

infliximab 120 mg/mL injection, 1 mL syringe

13078H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	0	0.00	*738.30	25.00	Remsima SC [EW]

INFLIXIMAB

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note Where there is already an approved authority prescription for the IV formulation, an authority application for this subcutaneously administered form can be made under one of:

(1) The Balance of Supply listing - apply under this listing if the treatment phase (Initial treatment, First Continuing treatment, Subsequent Continuing treatment) is yet to be completed; the following authority application is to be under a Continuing treatment listing.

(2) A Continuing treatment listing - apply under one of these types of listings where a treatment phase is concluding/has concluded; this typically occurs for the dose due at treatment week 16, 40, 64, 88 etc.

Note No increase in the maximum quantity or number of units may be authorised.

Authority Required

13058

Severe chronic plaque psoriasis

Treatment Phase: Balance of supply (including switching formulation) where the full duration of treatment available under a particular treatment phase was not requested in the preceding prescription

Treatment criteria:

- Must be treated by a dermatologist, **AND**
- Patient must be undergoing continuing PBS-subsidised treatment with this benefit, irrespective of formulation, where each of the following is true: (i) the most recent authority application did not specify the full quantity of repeat prescriptions available under the relevant PBS listing, (ii) this authority application does not extend the current treatment phase beyond that available under the listing of the most recent authority application, (iii) this Balance of Supply listing is not being accessed on consecutive occasions; **OR**
- Patient must be undergoing continuing PBS-subsidised treatment with this benefit, irrespective of formulation, where each of the following is true: (i) the most recent authority application was for a different formulation of this benefit, (ii) this authority application does not extend the current treatment phase beyond that available under the listing of the most recent authority application, (iii) this Balance of Supply listing is not being accessed on consecutive occasions.

Population criteria:

- Patient must be at least 18 years of age.

Where there is a current, approved PBS prescription with valid repeat prescriptions specified (i.e. where the drug formulation is changing), mark the prescription that is intended for no further supply as 'Cancelled'.

infliximab 120 mg/mL injection, 1 mL syringe

13058G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	0	0.00	*738.30	25.00	Remsima SC [EW]

infliximab 120 mg/mL injection, 1 mL pen device

13070X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	0	0.00	*479.16	25.00	Remsima SC [EW]

INFLIXIMAB

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note Where there is already an approved authority prescription for the IV formulation, an authority application for this subcutaneously administered form can be made under one of:

(1) The Balance of Supply listing - apply under this listing if the treatment phase (Initial treatment, First Continuing treatment, Subsequent Continuing treatment) is yet to be completed; the following authority application is to be under a Continuing treatment listing.

(2) A Continuing treatment listing - apply under one of these types of listings where a treatment phase is concluding/has concluded; this typically occurs for the dose due at treatment week 16, 40, 64, 88 etc.

Note No increase in the maximum quantity or number of units may be authorised.

Authority Required

13096

Ankylosing spondylitis

Treatment Phase: Balance of supply (including switching formulation) where the full duration of treatment available under a particular treatment phase was not requested in the preceding prescription

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis, **AND**
- Patient must be undergoing continuing PBS-subsidised treatment with this benefit, irrespective of formulation, where each of the following is true: (i) the most recent authority application did not specify the full quantity of repeat prescriptions available under the relevant PBS listing, (ii) this authority application does not extend the current treatment phase beyond that available under the listing of the most recent authority application, (iii) this Balance of Supply listing is not being accessed on consecutive occasions; **OR**
- Patient must be undergoing continuing PBS-subsidised treatment with this benefit, irrespective of formulation, where each of the following is true: (i) the most recent authority application was for a different formulation of this benefit, (ii) this authority application does not extend the current treatment phase beyond that available under the listing of the most recent authority application, (iii) this Balance of Supply listing is not being accessed on consecutive occasions.

Population criteria:

- Patient must be at least 18 years of age.

Where there is a current, approved PBS prescription with valid repeat prescriptions specified (i.e. where the drug formulation is changing), mark the prescription that is intended for no further supply as 'Cancelled'.

infliximab 120 mg/mL injection, 1 mL syringe

13065P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	0	0.00	*738.30	25.00	Remsima SC [EW]

infliximab 120 mg/mL injection, 1 mL pen device

13075E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	0	0.00	*479.16	25.00	Remsima SC [EW]

INFLIXIMAB

Note TREATMENT OF ADULT PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits for the indication of moderate to severe ulcerative colitis (MSUC). Patients are eligible for one PBS-subsidised drug treatment indicated for MSUC at any one time.

Where the term 'biological medicine' appears in this note and restrictions, it refers to any PBS benefit indicated for MSUC.

Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

From 1 July 2021, under the PBS, all adult patients will be able to commence a treatment cycle where they may trial PBS-subsidised biological medicine without having to experience a disease flare when swapping to one of the alternate agents. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised biological medicine treatment prior to 1 July 2021 is considered to have started their first cycle as of 1 July 2021. Within the same treatment cycle, the same biological medicine cannot be trialled twice. Where 3 biological medicines have failed to provide the patient with an adequate response a treatment cycle is considered complete. There must be a 5-year break in PBS-subsidised therapy before starting the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for Initial treatment with a PBS-subsidised biological medicine under the new treatment cycle.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Selecting the correct treatment phase listing when applying for authority approval:

(1) Initial treatment.

Apply under an Initial 1 treatment listing where the patient has never received a biological medicine.

(2) Continuing treatment.

Under no circumstance is Continuing treatment to precede Initial treatment. An authority application for Continuing treatment is not to be made on the same day as Initial treatment.

(3) Changing therapy.

Apply under an Initial 2 treatment listing. The indices of disease severity (i.e. Mayo clinic score or partial Mayo clinic score), or the prior corticosteroid therapy and immunosuppressive therapy will not need to be restated. A patient may trial an alternate biological medicine treatment at any time, regardless of whether they are receiving therapy (initial or continuing) at

the time of the application. However, they cannot change to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this Initial 2 treatment authority application.

(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under an Initial 3 treatment listing. Prior corticosteroid and immunosuppressive therapies need not be re-trialled.

(5) Balance of supply.

Where the full number of repeat prescriptions have not been requested under any initial or continuing listing, apply for the balance of the supply of the repeats under any treatment phase listing containing the words "balance of supply".

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

17434

Moderate to severe ulcerative colitis

Treatment Phase: Continuing treatment with subcutaneous form or switching from intravenous form to subcutaneous form

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have received this drug (in any form) as their most recent course of PBS-subsidised biological medicine treatment for this condition; **OR**
- Patient must have received this drug in the intravenous form as their most recent course of PBS-subsidised biological medicine for this condition under the infliximab intravenous form continuing treatment restriction, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction, **AND**
- Patient must have demonstrated or sustained an adequate response to treatment by having a partial Mayo clinic score less than or equal to 2, with no subscore greater than 1 while receiving treatment with this drug; **OR**
- Patient must have demonstrated an adequate response to treatment with this drug in the intravenous form.

Population criteria:

- Patient must be at least 18 years of age.

Patients who have failed to maintain a partial Mayo clinic score less than or equal to 2, with no subscore greater than 1 with continuing treatment with this drug, will not be eligible to receive further PBS-subsidised treatment with this drug.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

The patient remains eligible to receive continuing treatment with the same biological medicine in courses of up to 24 weeks providing they continue to sustain an adequate response. It is recommended that a patient be reviewed within 4 weeks prior to completing their current course of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

infliximab 120 mg/mL injection, 1 mL syringe

12552P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	5	0.00	*738.30	25.00	Remsima SC [EW]

infliximab 120 mg/mL injection, 1 mL pen device

12587L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	5	0.00	*479.16	25.00	Remsima SC [EW]

INFLIXIMAB

Note PBS AUTHORITY APPLICATIONS FOR SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) subsidy of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to all PBS benefits with the specific PBS indication of: 'severe active rheumatoid arthritis'.

Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

Only one biological medicine is to be PBS-subsidised at any one time for rheumatoid arthritis.

Upon 5 inadequate responses to biological medicines with the specific PBS indication of 'severe active rheumatoid arthritis', further subsidy is to cease. Where a particular biological medicine has provided an inadequate response, it must not be subsidised again.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive

multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

(1) Selecting the correct 'Treatment phase' listing to apply under

Initiating subsidy:

(i) Apply through 'Initial 1 treatment' where a patient has received no prior PBS-subsidised biological medicine treatment; or

(ii) Apply through 'Initial 2 treatment' where one of the following occurs: (a) PBS-subsidised treatment has at least been initiated through any Initial 1 listing, but the prescribed biological medicine is changing, (b) there has been a break in biological medicine of less than 24 months, but resumption of treatment is with the same biological medicine last prescribed, (c) there has been a break in biological medicine of less than 24 months and resumption of treatment is with a different biological medicine to that last prescribed, (d) treatment with rituximab has occurred within the past 24 months and is the most recent therapy prescribed leading up to this authority application, irrespective of the length in time elapsed between the 2 non-rituximab bDMARDs administered before and after rituximab.

Initial 2 does not require markers of inflammation/joint count to be re-established - those recorded in the first Initial 1 application can remain as baseline measures. Prerequisite DMARD treatments need not be re-proven to be inadequate.

The prescribed biological medicine may be changed at any time, regardless of whether the current prescribed biological medicine has been obtained through Initial treatment or Continuing treatment. However, the change in biological medicine cannot be back to the same biological medicine where that medicine has provided an inadequate response.

(iii) Apply through 'Initial 3 treatment' where treatment is recommencing following a break in PBS-subsidised therapy of at least 24 months. Initial 3 requires current markers of inflammation/joint count to be re-established. Prerequisite DMARD treatments need not be re-proven to be inadequate. PBS-subsidised therapy in this instance can include rituximab where prescribed as the most recent treatment - the 24 month break in therapy is from the second dose of the prior rituximab course.

Response assessment to any course of PBS-subsidised biological therapy must follow a minimum of 12 weeks of therapy. Applications made on the same day for Initial treatment and Continuing treatment clearly do reflect this requirement.

Where a response assessment is not conducted with a 'Continuing treatment' application, the biological medicine will be assumed to have failed, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. Authority applications for patients who experienced adverse reaction necessitating permanent treatment withdrawal should be submitted through 'Initial 2 treatment' or 'Initial 3 treatment'. Indicate where the adverse reaction has occurred in the authority application.

Continuing subsidy:

Apply under a 'Continuing treatment' phase listing only where treatment has initiated through an 'Initial treatment' listing and measures of disease control (i.e. ESR/CRP/joint count) demonstrate response following at least 12 weeks of treatment. Continuing treatment should never precede Initial treatment where the same biological medicine is being prescribed.

The description of 'Continuing treatment' means 'Continuing treatment of severe rheumatoid arthritis with the same biological medicine'. Where treatment of severe rheumatoid arthritis is continuing with a different biological medicine, 'Continuing treatment' is not to be interpreted as meaning 'Continuing treatment of severe rheumatoid arthritis with a different biological medicine' - see 'Initial 2 treatment' where continuing treatment is with a different biological medicine.

'Continuing treatment' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Where continuing treatment is divided into 'First continuing' and 'Subsequent continuing', the next authority application following immediately after any 'Initial treatment' authority application is to be through 'First continuing'. Following this, the next authority application is to occur under the 'Subsequent continuing' treatment phase. Assuming the drug continues to provide an adequate response, 'Subsequent continuing' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Balance of Supply listings:

Maximum quantities and the number of repeats stated in a PBS-listing are values that prescribers may seek up to, but are not obligated to prescribe. From time to time, there may be particular reasons why a prescriber may elect not to request the full maximum quantity listed, or, the full number of repeat prescriptions. Where this occurs, the intent of Balance of Supply treatment phase listings is to circumvent the need for another written-only authority application to be completed, as a written-only authority application may not be practical in terms of providing timely access to continued treatment.

Apply under a 'Balance of Supply' treatment phase (where available) when either the full maximum quantity or repeat prescriptions available under a particular treatment phase, was not requested and where the biological medicine has had insufficient time to demonstrate an adequate response. Where the preceding supply has been adequate to provide at least 12 weeks of treatment and has resulted in an adequate response, it may be more practical to access further treatment under 'Continuing treatment'.

(2) Baseline measurements to determine response.

Determination of response to treatment must be based on baseline measurements of the joint count, ESR and/or CRP provided with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements demonstrating elevation of both joint count and markers of inflammation any time that an initial treatment authority application is provided and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.

Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.

Applications under the Initial 3 treatment restriction for recommencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

17551

Severe active rheumatoid arthritis

Treatment Phase: Continuing treatment with subcutaneous form or switching from intravenous form to subcutaneous form

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received this drug (in any form) as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug; **OR**
- Patient must have demonstrated an adequate response to treatment with this drug in the intravenous form, **AND**
- The treatment must be given concomitantly with methotrexate at a dose of at least 7.5 mg weekly, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The assessment of response to treatment must be documented in the patient's medical records and must be no more than 4 weeks old at the time of the authority application.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

If the requirement for concomitant treatment with methotrexate cannot be met because of a contraindication and/or severe intolerance, details must be documented in the patient's medical records.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

infliximab 120 mg/mL injection, 1 mL syringe

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12553Q	2	5	0.00	*738.30	25.00	Remsima SC [EW]

infliximab 120 mg/mL injection, 1 mL pen device

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12554R	2	5	0.00	*479.16	25.00	Remsima SC [EW]

INFLIXIMAB

Note SEVERE CROHN DISEASE - TREATMENT PHASES AND CYCLES

The following information applies to the prescribing of targeted therapies under the Pharmaceutical Benefits Scheme (PBS) for benefits with a stated indication of: 'Severe Crohn disease'. For PBS administration, the term targeted therapy includes biological and targeted synthetic disease modifying anti-rheumatic drugs.

A patient is eligible for PBS-subsidised treatment with only one targeted therapy at any one time.

Treatment cycle:

A treatment cycle begins when an authority application is approved under an Initial 1, Initial 2 patients who are accessing PBS-subsidised treatment for the first time, Initial 3 or transitioning from non-PBS-subsidised therapy that was commenced as a paediatric patient type restriction. Treatment must not continue with the same targeted therapy if it has not provided an adequate response as defined in the continuing treatment phase. A patient may trial different targeted therapies within a cycle; however, if all available targeted therapies have been trialled and have not provided an adequate response, the treatment cycle ends and a 12-month PBS exclusion period applies.

The 12-month break is measured from the date of the last PBS approval for a targeted therapy in the most recent cycle to the date of first initial treatment application under the next treatment cycle.

If a new targeted therapy with a different pharmacological mechanism of action becomes available on the PBS during a 12-month break, a patient may be prescribed the newly listed targeted therapy through the Initial 2 treatment phase, if they have never received that medicine previously. If the newly listed targeted therapy does not provide an adequate response, the treatment cycle ends and the 12-month break recommences. This will not be considered a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Treatment phases:

Initial 1 - use when the patient has never received a targeted therapy for this indication.

Baseline disease activity and inadequate response to conventional therapies must be demonstrated.

Initial 2 - use when an alternative targeted therapy is being prescribed for this indication, or when the patient has previously been treated with this targeted therapy and treatment is resuming after a break of less than 12 months.

Baseline disease activity and inadequate response to conventional therapies do not need to be re-demonstrated; however, an assessment of response to the preceding supply must be provided if a response has been demonstrated.

Initial 3 - use when treatment is resuming after an absence of PBS subsidy for at least 12 months.

Baseline disease activity must be demonstrated; however, a re-trial of conventional therapies is not required.

Transitioning from non-PBS supply commenced as a paediatric patient - use when the patient is receiving non-PBS-subsidised treatment with a targeted therapy for this condition and has been initiated on treatment on the same targeted therapy as a paediatric patient (prior to 18 years of age) via non-PBS pathways (e.g. compassionate access or public hospital individual patient use program).

Continuing treatment - use when patient has demonstrated an adequate response to the preceding supply and/or when the dose is being increased. Continuing treatment authority scripts must not be written on the same day as Initial treatment authority applications.

Balance of supply - use when the full amount of the preceding supply was not provided. This phase provides the remaining quantity that could have been obtained under the preceding authority approval or where additional time is required for an adequate response to be demonstrated.

Recency of assessments:

Where possible, all related assessment documentation (including Crohn Disease Activity Index calculations, pathology tests and diagnostic imaging studies) should be within 4 weeks of the date of authority application but no longer than 4 weeks following cessation of the most recent treatment.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

18869

Severe Crohn disease

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received this drug (in any form) as their most recent course of PBS-subsidised targeted therapy treatment for this condition, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction per authority application, **AND**
- Patient must have an adequate response to this drug defined as a reduction in Crohn Disease Activity Index (CDAI) Score to a level no greater than 150 if assessed by CDAI or if affected by extensive small intestine disease; **OR**
- Patient must have an adequate response to this drug defined as (a) an improvement of intestinal inflammation as demonstrated by: (i) blood: normalisation of the platelet count, or an erythrocyte sedimentation rate (ESR) level no greater than 25 mm per hour, or a C-reactive protein (CRP) level no greater than 15 mg per L; or (ii) faeces: normalisation of lactoferrin or calprotectin level; or (iii) evidence of mucosal healing, as demonstrated by diagnostic imaging findings, compared to the baseline assessment; or (b) reversal of high faecal output state; or (c) avoidance of the need for surgery or total parenteral nutrition (TPN), if affected by short gut syndrome, extensive small intestine or is an ostomy patient; **OR**
- Patient must have both: (i) a total PCDAI score of 30 points or less, and (ii) a reduction in PCDAI score by at least 15 points from baseline value; **OR**
- Patient must have an adequate response to this drug defined as an improvement of intestinal inflammation as demonstrated by: (i) blood: normalisation of the platelet count, or an erythrocyte sedimentation rate (ESR) level no greater than 25 mm per hour, or a C-reactive protein (CRP) level no greater than 15 mg per L; or (ii) faeces: normalisation of lactoferrin or calprotectin level; or (iii) evidence of mucosal healing, as demonstrated by diagnostic imaging findings, compared to the baseline assessment.

Treatment criteria:

- Must be treated by a gastroenterologist; **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology]; **OR**
- Must be treated by a paediatrician; **OR**
- Must be treated by a specialist paediatric gastroenterologist.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

If a patient does not demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised targeted therapy was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

infliximab 120 mg/mL injection, 1 mL pen device

12560C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	5	0.00	*479.16	25.00	Remsima SC [EW]

infliximab 120 mg/mL injection, 1 mL syringe

12586K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	5	0.00	*738.30	25.00	Remsima SC [EW]

INFLIXIMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE PSORIATIC ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) listed for adult patients with severe psoriatic arthritis.

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Severe Psoriatic Arthritis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

A patient is eligible for PBS-subsidised treatment with only 1 of the biological medicines at any one time.

Under these arrangements, within a single treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib or ustekinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe psoriatic arthritis.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or,

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or,

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than the 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be

deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements. An authority application must be made under the 'Initial 2' treatment phase.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.

However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response to the PBS-subsidised treatment.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment restriction according to the criteria of the relevant restriction and index of disease severity. The application must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

17531

Severe psoriatic arthritis

Treatment Phase: Continuing treatment with subcutaneous form or switching from intravenous form to subcutaneous form

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- The treatment must have both: (i) provided the patient with an adequate response with the preceding supply, (ii) been assessed for response after at least 12 weeks of therapy, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments.

The measurement of response to the prior course of therapy must have been conducted following a minimum of 12 weeks of therapy with this drug and must be documented in the patient's medical records.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

infliximab 120 mg/mL injection, 1 mL syringe

13047Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	0.00	*738.30	25.00	Remsima SC [EW]

infliximab 120 mg/mL injection, 1 mL pen device

13054C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	0.00	*479.16	25.00	Remsima SC [EW]

INFLIXIMAB

Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed for adult patients with the indication of ankylosing spondylitis (AS).

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Ankylosing spondylitis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

Treatment cycles:

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who has been receiving PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab and secukinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Where treatment has resulted in an inadequate response on 3 occasions a treatment cycle is considered to have been completed and there must be a 5-year break in PBS subsidy from all medicines with the PBS indication: 'Ankylosing spondylitis' before starting a new treatment cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle and where a break in therapy of less than 5 years has occurred, a further course of treatment may be commenced within the same treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Prescribing under the correct 'Treatment phase' listing for the authority application:

(1) Initial treatment.

Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for ankylosing spondylitis.

(2) Continuing treatment.

Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to proceed initial treatment. An authority application for continuing treatment is not to be made on the same day as initial treatment.

(3) Changing therapy.

Apply under the 'Initial 2' treatment listing. Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to prior NSAID therapy and exercise program requirements. Where a patient is changing from a biosimilar medicine the prescriber must submit baseline indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI). A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot change to a particular biological medicine if it has failed to provide the patient with an adequate response within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this initial 2 treatment authority application.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological medicine. To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under the 'Initial 3' treatment listing. Prior NSAID and exercise therapies need not be re-trialled.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

17502

Ankylosing spondylitis

Treatment Phase: Continuing treatment with subcutaneous form or switching from intravenous form to subcutaneous form

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- The treatment must have both: (i) provided the patient with an adequate response with the preceding supply, (ii) been assessed for response after at least 12 weeks of therapy, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

An adequate response is defined as an improvement from baseline of at least 2 of the BASDAI and 1 of the following:

(a) an ESR measurement no greater than 25 mm per hour; or

(b) a CRP measurement no greater than 10 mg per L; or

(c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and used to assess all future responses to treatment.

The assessment of response to treatment must be documented in the patient's medical records and must be no more than 4 weeks old at the time of the authority application.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

infliximab 120 mg/mL injection, 1 mL pen device

13048R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	5	0.00	*479.16	25.00	Remsima SC [EW]

infliximab 120 mg/mL injection, 1 mL syringe

13069W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	5	0.00	*738.30	25.00	Remsima SC [EW]

INFLIXIMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who received PBS-subsidised adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.

A patient receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.

(1) Initial treatment.

An application for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab, and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab, 24 weeks of therapy for bimekizumab and 28 weeks of therapy for risankizumab, tildrakizumab and ustekinumab.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of their course of initial treatment to ensure uninterrupted biological medicine supply.

(2) Assessment of response to initial treatment.

When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment and no later than 4 weeks from the completion of this initial treatment course.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

(3) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Infliximab, adalimumab and etanercept only:

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.

For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(4) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle or have experienced treatment failure with that particular biological medicine that required permanent treatment withdrawal.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.

(5) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.

To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.

(6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of

disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 4 weeks at the time of application.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

17431

Severe chronic plaque psoriasis

Treatment Phase: Continuing treatment (whole body, or, face/hand/foot) with subcutaneous form or switching from intravenous form to subcutaneous form

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- The treatment must have both: (i) provided the patient with an adequate response with the preceding supply, (ii) been assessed for response after at least 12 weeks of therapy, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

Where the condition is affecting the whole body, an adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by at least 75%, or, is sustained at this level, when compared with the baseline value for this treatment cycle.

Where the condition is affecting the face/hand/foot, an adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) A reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or, sustained at this level, as compared to the baseline values. Indicate the rating (0=none, 1=slight) for each of these 3 observations in the authority application for each affected area; or

(ii) A reduction by at least 75% in the skin area affected, or, sustained at this level, as compared to the baseline value for this treatment cycle.

All assessment findings must be no more than 1 month old at the time of application. Response assessments must be performed on the same affected area assessed at baseline.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

Determination of response must be based on the PASI assessment of response to the most recent course of treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

infliximab 120 mg/mL injection, 1 mL syringe

13050W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	0.00	*738.30	25.00	Remsima SC [EW]

infliximab 120 mg/mL injection, 1 mL pen device

13076F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	0.00	*479.16	25.00	Remsima SC [EW]

INFLIXIMAB

Note TREATMENT OF COMPLEX REFRACTORY FISTULISING CROHN DISEASE

The following information applies to the prescribing of targeted therapies under the Pharmaceutical Benefits Scheme (PBS) for benefits with a stated indication of 'complex refractory fistulising Crohn disease'. For PBS administration, the term targeted therapy includes biological and targeted synthetic disease modifying anti-rheumatic drugs.

A patient is eligible for PBS-subsidised treatment with only one targeted therapy at any one time.

Treatment cycle:

A treatment cycle begins when an authority application is approved under the Initial 1 or Initial 2 who are accessing PBS-subsidised treatment for the first time. Treatment must not continue with the same targeted therapy if it has not provided an adequate response as defined in the continuing treatment phase. A patient may trial different targeted therapies within a cycle; however, if all available targeted therapies have been trialled and do not provide an adequate response, the treatment cycle ends and a 12-month PBS exclusion period applies.

The 12-month break is measured from the date of the last PBS approval for a targeted therapy in the most recent cycle to the date of first initial treatment application under the next treatment cycle.

If a new targeted therapy with a different pharmacological mechanism of action becomes available on the PBS during a 12-month break, a patient may be prescribed the newly listed targeted therapy, through the Initial 2 treatment phase, if they have never received that medicine previously. If the newly listed targeted therapy does not provide an adequate response, the treatment cycle ends and the 12-month break recommences. This will not be considered a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Treatment phases:

Initial 1 - use when the patient has never received a targeted therapy for this indication or if the patient has had a break in targeted therapy of at least 12-months. Patients who have had a break in treatment of at least 12-months must requalify for treatment with respect to the indices of disease severity.

Initial 2 - use when:

- an alternative targeted therapy is prescribed for this indication, or
- the patient has previously been treated with this targeted therapy, or
- treatment is resuming after a break of less than 12-months.

Baseline disease activity does not need to be re demonstrated; however, an assessment of response to the preceding supply must be provided if a response has been demonstrated.

Continuing treatment - use when patient has demonstrated an adequate response to the preceding supply. A response to treatment is determined by comparison of current disease activity measurements relative to the baseline measurements. Prescribers may provide new baseline measurements any time that an initial treatment authority application is made within a treatment cycle and eligibility will be assessed against the revised baseline measurements. Continuing treatment authority scripts must not be written on the same day as Initial treatment authority applications.

Balance of supply - use when the full amount of the preceding supply was not provided. This phase provides the remaining quantity that could have been obtained under the preceding authority approval or where additional time is required for an adequate response to be determined.

Recency of assessments:

Where possible, all related assessment documentation should be within 4 weeks of the date of authority application but no longer than 4 weeks following cessation of the most recent treatment.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note Authority applications for increased repeats may be approved by Services Australia to provide sufficient doses for the relevant treatment phase.

Authority Required

19178

Complex refractory Fistulising Crohn disease

Treatment Phase: Balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the Initial treatment with subcutaneous form to complete 14 to 16 weeks initial treatment (intravenous and subcutaneous inclusive), **AND**
- The treatment must provide no more than the balance of doses up to 14 to 16 weeks therapy available under Initial treatment.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a gastroenterologist; **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

infliximab 120 mg/mL injection, 1 mL pen device

13061K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	0	0.00	*479.16	25.00	Remsima SC [EW]

infliximab 120 mg/mL injection, 1 mL syringe

13074D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	0	0.00	*738.30	25.00	Remsima SC [EW]

INFLIXIMAB

Note SEVERE CROHN DISEASE - TREATMENT PHASES AND CYCLES

The following information applies to the prescribing of targeted therapies under the Pharmaceutical Benefits Scheme (PBS) for benefits with a stated indication of: 'Severe Crohn disease'. For PBS administration, the term targeted therapy includes biological and targeted synthetic disease modifying anti-rheumatic drugs.

A patient is eligible for PBS-subsidised treatment with only one targeted therapy at any one time.

Treatment cycle:

A treatment cycle begins when an authority application is approved under an Initial 1, Initial 2 patients who are accessing PBS-subsidised treatment for the first time, Initial 3 or transitioning from non-PBS-subsidised therapy that was commenced as a paediatric patient type restriction. Treatment must not continue with the same targeted therapy if it has not provided an adequate response as defined in the continuing treatment phase. A patient may trial different targeted therapies within a

cycle; however, if all available targeted therapies have been trialled and have not provided an adequate response, the treatment cycle ends and a 12-month PBS exclusion period applies.

The 12-month break is measured from the date of the last PBS approval for a targeted therapy in the most recent cycle to the date of first initial treatment application under the next treatment cycle.

If a new targeted therapy with a different pharmacological mechanism of action becomes available on the PBS during a 12-month break, a patient may be prescribed the newly listed targeted therapy through the Initial 2 treatment phase, if they have never received that medicine previously. If the newly listed targeted therapy does not provide an adequate response, the treatment cycle ends and the 12-month break recommences. This will not be considered a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Treatment phases:

Initial 1 - use when the patient has never received a targeted therapy for this indication.

Baseline disease activity and inadequate response to conventional therapies must be demonstrated.

Initial 2 - use when an alternative targeted therapy is being prescribed for this indication, or when the patient has previously been treated with this targeted therapy and treatment is resuming after a break of less than 12 months.

Baseline disease activity and inadequate response to conventional therapies do not need to be re-demonstrated; however, an assessment of response to the preceding supply must be provided if a response has been demonstrated.

Initial 3 - use when treatment is resuming after an absence of PBS subsidy for at least 12 months.

Baseline disease activity must be demonstrated; however, a re-trial of conventional therapies is not required.

Transitioning from non-PBS supply commenced as a paediatric patient - use when the patient is receiving non-PBS-subsidised treatment with a targeted therapy for this condition and has been initiated on treatment on the same targeted therapy as a paediatric patient (prior to 18 years of age) via non-PBS pathways (e.g. compassionate access or public hospital individual patient use program).

Continuing treatment - use when patient has demonstrated an adequate response to the preceding supply and/or when the dose is being increased. Continuing treatment authority scripts must not be written on the same day as Initial treatment authority applications.

Balance of supply - use when the full amount of the preceding supply was not provided. This phase provides the remaining quantity that could have been obtained under the preceding authority approval or where additional time is required for an adequate response to be demonstrated.

Recency of assessments:

Where possible, all related assessment documentation (including Crohn Disease Activity Index calculations, pathology tests and diagnostic imaging studies) should be within 4 weeks of the date of authority application but no longer than 4 weeks following cessation of the most recent treatment.

Note Where there is already an approved authority prescription for the IV formulation, an authority application for this subcutaneously administered form can be made under one of:

(1) The Balance of supply listing - apply under this listing if the treatment phase is yet to be completed; the following prescription is to be under a Continuing treatment listing.

(2) A Continuing treatment listing - apply under one of these types of listings where a patient is demonstrating a response to treatment.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

18987

Severe Crohn disease

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have received treatment with the PBS-subsidised IV formulation of this drug for this condition; **OR**
- Patient must have received an approved PBS authority prescription for treatment with the IV formulation of this drug for this condition; **OR**
- Patient must not have received treatment with the IV formulation of this drug, but has met the restrictions criteria as specified in the Initial 1, 2, or 3 for the IV formulation for this condition.

Treatment criteria:

- Must be treated by a gastroenterologist; **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology]; **OR**
- Must be treated by a paediatrician; **OR**
- Must be treated by a specialist paediatric gastroenterologist.

The following information must be provided for patients who have not received the IV formulation as loading dose(s), but has met the restrictions criteria as specified in the Initial 1, 2, or 3 for the IV formulation:

(i) reason for loading doses being omitted; and

(ii) if applicable, details of prior systemic therapy [dosage, date of commencement and duration of therapy]; and

(iii) if applicable, details (date, unique identifying number/code or provider number) of the pathology or diagnostic imaging test(s) nominated as the response criteria; and

(iv) if applicable, details of intestinal inflammation marker/s; and

(v) if applicable, the PCDAI or CDAI score and the date of assessment; and
(vi) the date of the most recent clinical assessment.

infliximab 120 mg/mL injection, 1 mL pen device

12551N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	2	0.00	*479.16	25.00	Remsima SC [EW]

infliximab 120 mg/mL injection, 1 mL syringe

12585J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	2	0.00	*738.30	25.00	Remsima SC [EW]

INFLIXIMAB

Note TREATMENT OF COMPLEX REFRACTORY FISTULISING CROHN DISEASE

The following information applies to the prescribing of targeted therapies under the Pharmaceutical Benefits Scheme (PBS) for benefits with a stated indication of 'complex refractory fistulising Crohn disease'. For PBS administration, the term targeted therapy includes biological and targeted synthetic disease modifying anti-rheumatic drugs.

A patient is eligible for PBS-subsidised treatment with only one targeted therapy at any one time.

Treatment cycle:

A treatment cycle begins when an authority application is approved under the Initial 1 or Initial 2 who are accessing PBS-subsidised treatment for the first time. Treatment must not continue with the same targeted therapy if it has not provided an adequate response as defined in the continuing treatment phase. A patient may trial different targeted therapies within a cycle; however, if all available targeted therapies have been trialled and do not provide an adequate response, the treatment cycle ends and a 12-month PBS exclusion period applies.

The 12-month break is measured from the date of the last PBS approval for a targeted therapy in the most recent cycle to the date of first initial treatment application under the next treatment cycle.

If a new targeted therapy with a different pharmacological mechanism of action becomes available on the PBS during a 12-month break, a patient may be prescribed the newly listed targeted therapy, through the Initial 2 treatment phase, if they have never received that medicine previously. If the newly listed targeted therapy does not provide an adequate response, the treatment cycle ends and the 12-month break recommences. This will not be considered a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Treatment phases:

Initial 1 - use when the patient has never received a targeted therapy for this indication or if the patient has had a break in targeted therapy of at least 12-months. Patients who have had a break in treatment of at least 12-months must requalify for treatment with respect to the indices of disease severity.

Initial 2 - use when:

- an alternative targeted therapy is prescribed for this indication, or
- the patient has previously been treated with this targeted therapy, or
- treatment is resuming after a break of less than 12-months.

Baseline disease activity does not need to be re demonstrated; however, an assessment of response to the preceding supply must be provided if a response has been demonstrated.

Continuing treatment - use when patient has demonstrated an adequate response to the preceding supply. A response to treatment is determined by comparison of current disease activity measurements relative to the baseline measurements. Prescribers may provide new baseline measurements any time that an initial treatment authority application is made within a treatment cycle and eligibility will be assessed against the revised baseline measurements. Continuing treatment authority scripts must not be written on the same day as Initial treatment authority applications.

Balance of supply - use when the full amount of the preceding supply was not provided. This phase provides the remaining quantity that could have been obtained under the preceding authority approval or where additional time is required for an adequate response to be determined.

Recency of assessments:

Where possible, all related assessment documentation should be within 4 weeks of the date of authority application but no longer than 4 weeks following cessation of the most recent treatment.

Note For the purposes of this restriction, the fistula symptom grading total score can be calculated using the following:

(i) Discharge

- 0 - no discharge
- 1 - minimal mucous discharge
- 2 - moderate mucous discharge or purulent discharge
- 3 - substantial discharge
- 4 - gross faecal soiling

(ii) Pain

- 0 - no pain
- 1 - mild discomfort
- 2 - moderate discomfort
- 3 - marked discomfort
- 4 - severe pain

(iii) Degree of induration

- 0 - no induration

- 1 - minimal induration
- 2 - moderate induration
- 3 - substantial induration
- 4 - gross fluctuance/abscess

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

19110

Complex refractory Fistulising Crohn disease

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received this drug (in any form) as their most recent course of PBS-subsidised targeted therapy treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug for this condition, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction per authority application.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a gastroenterologist; **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

An adequate response is defined as:

(a) a decrease from baseline in the number of open draining fistulae of greater than or equal to 50%; and/or

(b) a marked reduction in drainage of all fistula(e) from baseline, together with less pain and induration as reported by the patient.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

If a patient does not demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised targeted therapy was approved in this cycle and the date of the first application under a new cycle under the Initial 1 treatment restriction.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

infliximab 120 mg/mL injection, 1 mL pen device

13060J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	0.00	*479.16	25.00	Remsima SC [EW]

infliximab 120 mg/mL injection, 1 mL syringe

13073C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	0.00	*738.30	25.00	Remsima SC [EW]

INFLIXIMAB

Note TREATMENT OF ADULT PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits for the indication of moderate to severe ulcerative colitis (MSUC). Patients are eligible for one PBS-subsidised drug treatment indicated for MSUC at any one time.

Where the term 'biological medicine' appears in this note and restrictions, it refers to any PBS benefit indicated for MSUC.

Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

From 1 July 2021, under the PBS, all adult patients will be able to commence a treatment cycle where they may trial PBS-subsidised biological medicine without having to experience a disease flare when swapping to one of the alternate agents. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised biological medicine treatment prior to 1 July 2021 is considered to have started their first cycle as of 1 July 2021. Within the same treatment cycle, the same biological medicine cannot be trialled twice. Where 3 biological medicines have failed to provide the patient with an adequate response a treatment cycle is considered complete. There must be a 5-year break in PBS-subsidised therapy before starting the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for Initial treatment with a PBS-subsidised biological medicine under the new treatment cycle.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Selecting the correct treatment phase listing when applying for authority approval:

(1) Initial treatment.

Apply under an Initial 1 treatment listing where the patient has never received a biological medicine.

(2) Continuing treatment.

Under no circumstance is Continuing treatment to precede Initial treatment. An authority application for Continuing treatment is not to be made on the same day as Initial treatment.

(3) Changing therapy.

Apply under an Initial 2 treatment listing. The indices of disease severity (i.e. Mayo clinic score or partial Mayo clinic score), or the prior corticosteroid therapy and immunosuppressive therapy will not need to be restated. A patient may trial an alternate biological medicine treatment at any time, regardless of whether they are receiving therapy (initial or continuing) at the time of the application. However, they cannot change to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this Initial 2 treatment authority application.

(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under an Initial 3 treatment listing. Prior corticosteroid and immunosuppressive therapies need not be re-trialled.

(5) Balance of supply.

Where the full number of repeat prescriptions have not been requested under any initial or continuing listing, apply for the balance of the supply of the repeats under any treatment phase listing containing the words "balance of supply".

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Note Where there is already an approved authority prescription for the IV formulation, an authority application for this subcutaneously administered form can be made under one of:

(1) The Balance of Supply listing - apply under this listing if the treatment phase (Initial treatment, First Continuing treatment, Subsequent Continuing treatment) is yet to be completed; the following authority application is to be under a Continuing treatment listing.

(2) A Continuing treatment listing - apply under one of these types of listings where a treatment phase is concluding/has concluded; this typically occurs for the dose due at treatment week 16, 40, 64, 88 etc.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note The application should indicate which formulation eg. pre-filled pen or pre-filled syringe to ensure appropriate item is approved.

Authority Required

13045

Moderate to severe ulcerative colitis

Treatment Phase: Initial treatment with the subcutaneous form where a concurrent PBS authority application for the intravenously (IV) administered formulation is being made

Treatment criteria:

- Must be treated by a specialist prescriber who is the same prescriber completing the PBS authority application for the IV administered formulation of this drug/biological medicine, **AND**
- Patient must be undergoing treatment with this benefit where: (i) there is a concurrent PBS authority application for the IV administered formulation submitted for approval, (ii) the concurrent PBS authority application is approved/in the process of being approved.

Population criteria:

- Patient must be at least 18 years of age.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The PBS administrator will confirm that:

(i) there is a concurrent authority application for the intravenous (IV) formulation of this benefit for the patient;

(ii) the concurrent authority application for the IV formulation is to be approved before approving this authority application.

infliximab 120 mg/mL injection, 1 mL syringe

12561D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	2	0.00	*738.30	25.00	Remsima SC [EW]

infliximab 120 mg/mL injection, 1 mL pen device

12575W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	2	0.00	*479.16	25.00	Remsima SC [EW]

INFLIXIMAB

Note PBS AUTHORITY APPLICATIONS FOR SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) subsidy of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to all PBS benefits with the specific PBS indication of: 'severe active rheumatoid arthritis'.

Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

Only one biological medicine is to be PBS-subsidised at any one time for rheumatoid arthritis.

Upon 5 inadequate responses to biological medicines with the specific PBS indication of 'severe active rheumatoid arthritis', further subsidy is to cease. Where a particular biological medicine has provided an inadequate response, it must not be subsidised again.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

(1) Selecting the correct 'Treatment phase' listing to apply under

Initiating subsidy:

(i) Apply through 'Initial 1 treatment' where a patient has received no prior PBS-subsidised biological medicine treatment; or

(ii) Apply through 'Initial 2 treatment' where one of the following occurs: (a) PBS-subsidised treatment has at least been initiated through any Initial 1 listing, but the prescribed biological medicine is changing, (b) there has been a break in biological medicine of less than 24 months, but resumption of treatment is with the same biological medicine last prescribed, (c) there has been a break in biological medicine of less than 24 months and resumption of treatment is with a different biological medicine to that last prescribed, (d) treatment with rituximab has occurred within the past 24 months and is the most recent therapy prescribed leading up to this authority application, irrespective of the length in time elapsed between the 2 non-rituximab bDMARDs administered before and after rituximab.

Initial 2 does not require markers of inflammation/joint count to be re-established - those recorded in the first Initial 1 application can remain as baseline measures. Prerequisite DMARD treatments need not be re-proven to be inadequate.

The prescribed biological medicine may be changed at any time, regardless of whether the current prescribed biological medicine has been obtained through Initial treatment or Continuing treatment. However, the change in biological medicine cannot be back to the same biological medicine where that medicine has provided an inadequate response.

(iii) Apply through 'Initial 3 treatment' where treatment is recommencing following a break in PBS-subsidised therapy of at least 24 months. Initial 3 requires current markers of inflammation/joint count to be re-established. Prerequisite DMARD treatments need not be re-proven to be inadequate. PBS-subsidised therapy in this instance can include rituximab where prescribed as the most recent treatment - the 24 month break in therapy is from the second dose of the prior rituximab course.

Response assessment to any course of PBS-subsidised biological therapy must follow a minimum of 12 weeks of therapy. Applications made on the same day for Initial treatment and Continuing treatment clearly do reflect this requirement.

Where a response assessment is not conducted with a 'Continuing treatment' application, the biological medicine will be assumed to have failed, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. Authority applications for patients who experienced adverse reaction necessitating permanent treatment withdrawal should be submitted through 'Initial 2 treatment' or 'Initial 3 treatment'. Indicate where the adverse reaction has occurred in the authority application.

Continuing subsidy:

Apply under a 'Continuing treatment' phase listing only where treatment has initiated through an 'Initial treatment' listing and measures of disease control (i.e. ESR/CRP/joint count) demonstrate response following at least 12 weeks of treatment. Continuing treatment should never precede Initial treatment where the same biological medicine is being prescribed.

The description of 'Continuing treatment' means 'Continuing treatment of severe rheumatoid arthritis with the same biological medicine'. Where treatment of severe rheumatoid arthritis is continuing with a different biological medicine, 'Continuing treatment' is not to be interpreted as meaning 'Continuing treatment of severe rheumatoid arthritis with a different biological medicine' - see 'Initial 2 treatment' where continuing treatment is with a different biological medicine.

'Continuing treatment' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Where continuing treatment is divided into 'First continuing' and 'Subsequent continuing', the next authority application following immediately after any 'Initial treatment' authority application is to be through 'First continuing'. Following this, the next authority application is to occur under the 'Subsequent continuing' treatment phase. Assuming the drug continues to provide an adequate response, 'Subsequent continuing' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Balance of Supply listings:

Maximum quantities and the number of repeats stated in a PBS-listing are values that prescribers may seek up to, but are not obligated to prescribe. From time to time, there may be particular reasons why a prescriber may elect not to request the full maximum quantity listed, or, the full number of repeat prescriptions. Where this occurs, the intent of Balance of Supply treatment phase listings is to circumvent the need for another written-only authority application to be completed, as a written-only authority application may not be practical in terms of providing timely access to continued treatment.

Apply under a 'Balance of Supply' treatment phase (where available) when either the full maximum quantity or repeat prescriptions available under a particular treatment phase, was not requested and where the biological medicine has had

insufficient time to demonstrate an adequate response. Where the preceding supply has been adequate to provide at least 12 weeks of treatment and has resulted in an adequate response, it may be more practical to access further treatment under 'Continuing treatment'.

(2) Baseline measurements to determine response.

Determination of response to treatment must be based on baseline measurements of the joint count, ESR and/or CRP provided with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements demonstrating elevation of both joint count and markers of inflammation any time that an initial treatment authority application is provided and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.

Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.

Applications under the Initial 3 treatment restriction for recommencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note Where there is already an approved authority prescription for the IV formulation, an authority application for this subcutaneously administered form can be made under one of:

(1) The Balance of Supply listing - apply under this listing if the treatment phase (Initial treatment, First Continuing treatment, Subsequent Continuing treatment) is yet to be completed; the following authority application is to be under a Continuing treatment listing.

(2) A Continuing treatment listing - apply under one of these types of listings where a treatment phase is concluding/has concluded; this typically occurs for the dose due at treatment week 16, 40, 64, 88 etc.

Note The application should indicate which formulation eg. pre-filled pen or pre-filled syringe to ensure appropriate item is approved.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

18659

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment with the subcutaneous form where a concurrent PBS authority application for the intravenously (IV) administered formulation is being made

Treatment criteria:

- Must be treated by a specialist prescriber who is the same prescriber completing the PBS authority application for the IV administered formulation of this drug/biological medicine, **AND**
- Patient must be undergoing treatment with this benefit where: (i) there is a concurrent PBS authority application for the IV administered formulation submitted for approval, (ii) the concurrent PBS authority application is approved/in the process of being approved.

Population criteria:

- Patient must be at least 18 years of age.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The PBS administrator will confirm that:

(i) there is a concurrent authority application for the intravenous (IV) formulation of this benefit for the patient;

(ii) the concurrent authority application for the IV formulation is to be approved before approving this authority application.

infliximab 120 mg/mL injection, 1 mL syringe

12576X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	2	0.00	*738.30	25.00	Remsima SC [EW]

infliximab 120 mg/mL injection, 1 mL pen device

12577Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	2	0.00	*479.16	25.00	Remsima SC [EW]

INFLIXIMAB

Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed for adult patients with the indication of ankylosing spondylitis (AS).

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Ankylosing spondylitis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

Treatment cycles:

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who has been receiving PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab and secukinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Where treatment has resulted in an inadequate response on 3 occasions a treatment cycle is considered to have been completed and there must be a 5-year break in PBS subsidy from all medicines with the PBS indication: 'Ankylosing spondylitis' before starting a new treatment cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle and where a break in therapy of less than 5 years has occurred, a further course of treatment may be commenced within the same treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Prescribing under the correct 'Treatment phase' listing for the authority application:

(1) Initial treatment.

Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for ankylosing spondylitis.

(2) Continuing treatment.

Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to proceed initial treatment. An authority application for continuing treatment is not to be made on the same day as initial treatment.

(3) Changing therapy.

Apply under the 'Initial 2' treatment listing. Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to prior NSAID therapy and exercise program requirements. Where a patient is changing from a biosimilar medicine the prescriber must submit baseline indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI). A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot change to a particular biological medicine if it has failed to provide the patient with an adequate response within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this initial 2 treatment authority application.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological medicine. To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under the 'Initial 3' treatment listing. Prior NSAID and exercise therapies need not be re-trialled.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Note Where there is already an approved authority prescription for the IV formulation, an authority application for this subcutaneously administered form can be made under one of:

(1) The Balance of Supply listing - apply under this listing if the treatment phase (Initial treatment, First Continuing treatment, Subsequent Continuing treatment) is yet to be completed; the following authority application is to be under a Continuing treatment listing.

(2) A Continuing treatment listing - apply under one of these types of listings where a treatment phase is concluding/has concluded; this typically occurs for the dose due at treatment week 16, 40, 64, 88 etc.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note The application should indicate which formulation eg. pre-filled pen or pre-filled syringe to ensure appropriate item is approved.

Authority Required

13077

Ankylosing spondylitis

Treatment Phase: Initial treatment with the subcutaneous form where a concurrent PBS authority application for the intravenously (IV) administered formulation is being made

Treatment criteria:

- Must be treated by a specialist prescriber who is the same prescriber completing the PBS authority application for the IV administered formulation of this drug/biological medicine, **AND**
- Patient must be undergoing treatment with this benefit where: (i) there is a concurrent PBS authority application for the IV administered formulation submitted for approval, (ii) the concurrent PBS authority application is approved/in the process of being approved.

Population criteria:

- Patient must be at least 18 years of age.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The PBS administrator will confirm that:

(i) there is a concurrent authority application for the intravenous (IV) formulation of this benefit for the patient;

(ii) the concurrent authority application for the IV formulation is to be approved before approving this authority application.

infliximab 120 mg/mL injection, 1 mL pen device

13049T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	2	0.00	*479.16	25.00	Remsima SC [EW]

infliximab 120 mg/mL injection, 1 mL syringe

13057F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	2	0.00	*738.30	25.00	Remsima SC [EW]

INFLIXIMAB

Note TREATMENT OF COMPLEX REFRACTORY FISTULISING CROHN DISEASE

The following information applies to the prescribing of targeted therapies under the Pharmaceutical Benefits Scheme (PBS) for benefits with a stated indication of 'complex refractory fistulising Crohn disease'. For PBS administration, the term targeted therapy includes biological and targeted synthetic disease modifying anti-rheumatic drugs.

A patient is eligible for PBS-subsidised treatment with only one targeted therapy at any one time.

Treatment cycle:

A treatment cycle begins when an authority application is approved under the Initial 1 or Initial 2 who are accessing PBS-subsidised treatment for the first time. Treatment must not continue with the same targeted therapy if it has not provided an adequate response as defined in the continuing treatment phase. A patient may trial different targeted therapies within a cycle; however, if all available targeted therapies have been trialled and do not provide an adequate response, the treatment cycle ends and a 12-month PBS exclusion period applies.

The 12-month break is measured from the date of the last PBS approval for a targeted therapy in the most recent cycle to the date of first initial treatment application under the next treatment cycle.

If a new targeted therapy with a different pharmacological mechanism of action becomes available on the PBS during a 12-month break, a patient may be prescribed the newly listed targeted therapy, through the Initial 2 treatment phase, if they have never received that medicine previously. If the newly listed targeted therapy does not provide an adequate response, the treatment cycle ends and the 12-month break recommences. This will not be considered a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Treatment phases:

Initial 1 - use when the patient has never received a targeted therapy for this indication or if the patient has had a break in targeted therapy of at least 12-months. Patients who have had a break in treatment of at least 12-months must requalify for treatment with respect to the indices of disease severity.

Initial 2 - use when:

- an alternative targeted therapy is prescribed for this indication, or
- the patient has previously been treated with this targeted therapy, or
- treatment is resuming after a break of less than 12-months.

Baseline disease activity does not need to be re demonstrated; however, an assessment of response to the preceding supply must be provided if a response has been demonstrated.

Continuing treatment - use when patient has demonstrated an adequate response to the preceding supply. A response to treatment is determined by comparison of current disease activity measurements relative to the baseline measurements. Prescribers may provide new baseline measurements any time that an initial treatment authority application is made within a treatment cycle and eligibility will be assessed against the revised baseline measurements. Continuing treatment authority scripts must not be written on the same day as Initial treatment authority applications.

Balance of supply - use when the full amount of the preceding supply was not provided. This phase provides the remaining quantity that could have been obtained under the preceding authority approval or where additional time is required for an adequate response to be determined.

Recency of assessments:

Where possible, all related assessment documentation should be within 4 weeks of the date of authority application but no longer than 4 weeks following cessation of the most recent treatment.

Note For the purposes of this restriction, the fistula symptom grading total score can be calculated using the following:

(i) Discharge

- 0 - no discharge
- 1 - minimal mucous discharge
- 2 - moderate mucous discharge or purulent discharge
- 3 - substantial discharge
- 4 - gross faecal soiling

(ii) Pain

- 0 - no pain
- 1 - mild discomfort
- 2 - moderate discomfort
- 3 - marked discomfort
- 4 - severe pain

(iii) Degree of induration

- 0 - no induration
- 1 - minimal induration
- 2 - moderate induration
- 3 - substantial induration
- 4 - gross fluctuance/abscess

Note Where there is already an approved authority prescription for the IV formulation, an authority application for this subcutaneously administered form can be made under one of:

(1) The Balance of supply listing - apply under this listing if the treatment phase is yet to be completed; the following prescription is to be under a Continuing treatment listing.

(2) A Continuing treatment listing - apply under one of these types of listings where a patient is demonstrating a response to treatment.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

19209

Complex refractory Fistulising Crohn disease

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have received treatment with the PBS-subsidised IV formulation of this drug for this condition; **OR**
- Patient must have received an approved PBS authority prescription for treatment with the IV formulation of this drug for this condition; **OR**
- Patient must not have received treatment with the IV formulation of this drug, but has met the restrictions criteria as specified in the Initial 1 or 2 for the IV formulation for this condition.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a gastroenterologist; **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

The following information must be provided for patients who have not received the IV formulation as loading dose(s), but has met the restrictions criteria as specified in the Initial 1 or 2 for the IV formulation:

(i) reason for loading doses being omitted; and

(ii) if applicable, baseline number of externally draining complex fistulae, fistula symptom grading scores (discharge/pain/induration) and the date of assessment of the patient's condition; and

(iii) if applicable, current number of externally draining complex fistulae, fistula symptom grading scores (discharge/pain/induration) and the date of assessment of the patient's condition; and

(iv) if applicable, details of the most recent targeted therapy in the current treatment cycle, including the date and duration of treatment.

infliximab 120 mg/mL injection, 1 mL pen device

13055D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	2	0.00	*479.16	25.00	Remsima SC [EW]

infliximab 120 mg/mL injection, 1 mL syringe

13072B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	2	0.00	*738.30	25.00	Remsima SC [EW]

INFLIXIMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who received PBS-subsidised adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.

A patient receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.

(1) Initial treatment.

An application for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab, and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab, 24 weeks of therapy for bimekizumab and 28 weeks of therapy for risankizumab, tildrakizumab and ustekinumab.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of their course of initial treatment to ensure uninterrupted biological medicine supply.

(2) Assessment of response to initial treatment.

When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment and no later than 4 weeks from the completion of this initial treatment course.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

(3) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Infliximab, adalimumab and etanercept only:

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.

For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(4) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle or have experienced treatment failure with that particular biological medicine that required permanent treatment withdrawal.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.

(5) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.

To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.

(6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 4 weeks at the time of application.

Note Where there is already an approved authority prescription for the IV formulation, an authority application for this subcutaneously administered form can be made under one of:

(1) The Balance of Supply listing - apply under this listing if the treatment phase (Initial treatment, First Continuing treatment, Subsequent Continuing treatment) is yet to be completed; the following authority application is to be under a Continuing treatment listing.

(2) A Continuing treatment listing - apply under one of these types of listings where a treatment phase is concluding/has concluded; this typically occurs for the dose due at treatment week 16, 40, 64, 88 etc.

Note The application should indicate which formulation eg. pre-filled pen or pre-filled syringe to ensure appropriate item is approved.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

18662

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment with the subcutaneous form where a concurrent PBS authority application for the intravenously (IV) administered formulation is being made

Treatment criteria:

- Must be treated by a specialist prescriber who is the same prescriber completing the PBS authority application for the IV administered formulation of this drug/biological medicine, **AND**
- Patient must be undergoing treatment with this benefit where: (i) there is a concurrent PBS authority application for the IV administered formulation submitted for approval, (ii) the concurrent PBS authority application is approved/in the process of being approved.

Population criteria:

- Patient must be at least 18 years of age.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The PBS administrator will confirm that:

(i) there is a concurrent authority application for the intravenous (IV) formulation of this benefit for the patient;

(ii) the concurrent authority application for the IV formulation is to be approved before approving this authority application.

infliximab 120 mg/mL injection, 1 mL pen device

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13062L	2	2	0.00	*479.16	25.00	Remsima SC [EW]

infliximab 120 mg/mL injection, 1 mL syringe

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13067R	2	2	0.00	*738.30	25.00	Remsima SC [EW]

INFLIXIMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE PSORIATIC ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) listed for adult patients with severe psoriatic arthritis.

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Severe Psoriatic Arthritis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

A patient is eligible for PBS-subsidised treatment with only 1 of the biological medicines at any one time.

Under these arrangements, within a single treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib or ustekinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe psoriatic arthritis.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or,

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or,

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than the 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements. An authority application must be made under the 'Initial 2' treatment phase.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.

However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response to the PBS-subsidised treatment.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment restriction according to the criteria of the relevant restriction and index of disease severity. The application must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Note Where there is already an approved authority prescription for the IV formulation, an authority application for this subcutaneously administered form can be made under one of:

(1) The Balance of Supply listing - apply under this listing if the treatment phase (Initial treatment, First Continuing treatment, Subsequent Continuing treatment) is yet to be completed; the following authority application is to be under a Continuing treatment listing.

(2) A Continuing treatment listing - apply under one of these types of listings where a treatment phase is concluding/has concluded; this typically occurs for the dose due at treatment week 16, 40, 64, 88 etc.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note The application should indicate which formulation eg. pre-filled pen or pre-filled syringe to ensure appropriate item is approved.

Authority Required

13097

Severe psoriatic arthritis

Treatment Phase: Initial treatment with the subcutaneous form where a concurrent PBS authority application for the intravenously (IV) administered formulation is being made

Treatment criteria:

- Must be treated by a specialist prescriber who is the same prescriber completing the PBS authority application for the IV administered formulation of this drug/biological medicine, **AND**
- Patient must be undergoing treatment with this benefit where: (i) there is a concurrent PBS authority application for the IV administered formulation submitted for approval, (ii) the concurrent PBS authority application is approved/in the process of being approved.

Population criteria:

- Patient must be at least 18 years of age.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The PBS administrator will confirm that:

(i) there is a concurrent authority application for the intravenous (IV) formulation of this benefit for the patient;

(ii) the concurrent authority application for the IV formulation is to be approved before approving this authority application.

infliximab 120 mg/mL injection, 1 mL syringe

13066Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	2	0.00	*738.30	25.00	Remsima SC [EW]

infliximab 120 mg/mL injection, 1 mL pen device

13077G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	2	0.00	*479.16	25.00	Remsima SC [EW]

Interleukin inhibitors

BIMEKIZUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who received PBS-subsidised adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.

A patient receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.

(1) Initial treatment.

An application for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab, and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab, 24 weeks of therapy for bimekizumab and 28 weeks of therapy for risankizumab, tildrakizumab and ustekinumab.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of their course of initial treatment to ensure uninterrupted biological medicine supply.

(2) Assessment of response to initial treatment.

When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment and no later than 4 weeks from the completion of this initial treatment course.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

(3) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Infliximab, adalimumab and etanercept only:

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.

For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(4) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle or have experienced treatment failure with that particular biological medicine that required permanent treatment withdrawal.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.

(5) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.

To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.

(6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 4 weeks at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

18083

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 1, Whole body (new patient)

Clinical criteria:

- Patient must have severe chronic plaque psoriasis where lesions have been present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 2 of the following 6 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; (ii) methotrexate at a dose of at least 10 mg weekly for at least 6 weeks; (iii) ciclosporin at a dose of at least 2 mg per kg per day for at least 6 weeks; (iv) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks; (v) apremilast at a dose of 30 mg twice a day for at least 6 weeks; (vi) deucravacitinib at a dose of 6 mg once daily for at least 6 weeks, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

Where treatment with methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin is contraindicated according to the relevant TGA-approved Product Information, or where phototherapy is contraindicated, details must be provided at the time of application.

Where intolerance to treatment with phototherapy, methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Regardless of if a patient has a contraindication to treatment with either methotrexate, ciclosporin, apremilast, deucravacitinib, acitretin or phototherapy, the patient is still required to trial 2 of these prior therapies until a failure to achieve an adequate response is met.

The following criterion indicates failure to achieve an adequate response to prior treatment and must be demonstrated in the patient at the time of the application:

(a) A current Psoriasis Area and Severity Index (PASI) score of greater than 15, as assessed, preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment.

(b) A PASI assessment must be completed for each prior treatment course, preferably whilst still on treatment, but no longer than 4 weeks following cessation of each course of treatment.

(c) The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current and previous Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition; and

(ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy].

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 6 weeks treatment with phototherapy, methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin can be found on the Services Australia website (www.servicesaustralia.gov.au).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18084

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 2, Whole body (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition; and

(ii) details of prior biological treatment, including dosage, date and duration of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18064

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 3, Whole body (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must have a current Psoriasis Area and Severity Index (PASI) score of greater than 15, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**

- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18109

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 1, Face, hand, foot (new patient)

Clinical criteria:

- Patient must have severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot where the plaque or plaques have been present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 2 of the following 6 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; (ii) methotrexate at a dose of at least 10 mg weekly for at least 6 weeks; (iii) ciclosporin at a dose of at least 2 mg per kg per day for at least 6 weeks; (iv) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks; (v) apremilast at a dose of 30 mg twice a day for at least 6 weeks; (vi) deucravacitinib at a dose of 6 mg once daily for at least 6 weeks, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

Where treatment with methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin is contraindicated according to the relevant TGA-approved Product Information, or where phototherapy is contraindicated, details must be provided at the time of application.

Where intolerance to treatment with phototherapy, methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Regardless of if a patient has a contraindication to treatment with either methotrexate, ciclosporin, apremilast, deucravacitinib, acitretin or phototherapy, the patient is still required to trial 2 of these prior therapies until a failure to achieve an adequate response is met.

The following criterion indicates failure to achieve an adequate response to prior treatment and must be demonstrated in the patient at the time of the application:

(a) Chronic plaque psoriasis classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where:

(i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe, as assessed, preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment; or

(ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, as assessed, preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment;

(b) A PASI assessment must be completed for each prior treatment course, preferably whilst still on treatment, but no longer than 4 weeks following cessation of each course of treatment.

(c) The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current and previous Psoriasis Area and Severity Index (PASI) calculation sheets, and the face, hand, foot area diagrams including the dates of assessment of the patient's condition; and

(ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy].

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 6 weeks treatment with phototherapy, methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin can be found on the Services Australia website (www.servicesaustralia.gov.au).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18065

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 2, Face, hand, foot (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current Psoriasis Area and Severity Index (PASI) calculation sheets, and the face, hand, foot area diagrams including the dates of assessment of the patient's condition; and

(ii) details of prior biological treatment, including dosage, date and duration of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18067

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 3, Face, hand, foot (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must be classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where: (i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or (ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheets, and the face, hand, foot area diagrams including the dates of assessment of the patient's condition.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

14449

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 1, Whole body or Face, hand, foot (new patient) or Initial 2, Whole body or Face, hand, foot (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3, Whole body or Face, hand, foot (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1, Whole body (new patient) restriction to complete 24 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2, Whole body (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 24 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3, Whole body (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 24 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 1, Face, hand, foot (new patient) restriction to complete 24 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2, Face, hand, foot (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 24 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3, Face, hand, foot (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 24 weeks treatment, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a dermatologist.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

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bimekizumab 160 mg/mL injection, 2 x 1 mL pen devices

13644D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	4	0.00	3,457.56	25.00	Bimzelx [UC]

bimekizumab 320 mg/2 mL injection, 2 mL pen devices

15256Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	4	0.00	3,457.56	25.00	Bimzelx [UC]

BIMEKIZUMAB

Note TREATMENT OF PATIENTS WITH MODERATE TO SEVERE HIDRADENITIS SUPPURATIVA

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed for patient with the indication of moderate to severe hidradenitis suppurativa.

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Moderate to Severe Hidradenitis Suppurativa.

Treatment cycles:

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who has been receiving PBS-subsidised adalimumab or secukinumab prior to 1 December 2025 is considered to start their first cycle as of 1 December 2025.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Where treatment has resulted in an inadequate response on 3 occasions, a treatment cycle is considered to have been completed, and there must be a 5-year break in PBS subsidy from all medicines with the PBS indication 'moderate to severe hidradenitis suppurativa' before starting a new treatment cycle.

Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle, and where a break in therapy of less than 5 years has occurred, a further course of treatment with another biological medicine may be commenced within the same treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Prescribing under the correct 'Treatment phase' listing for the authority application:

(1) Initial treatment.

Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for moderate to severe hidradenitis suppurativa.

(2) Continuing treatment.

Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to proceed initial treatment. An authority application for continuing treatment is not to be made on the same day as initial treatment.

(3) Changing/swapping therapy.

Apply under the 'Initial 2' treatment listing. Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to prior antibiotic use. A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot change to a particular biological medicine if it has failed to provide the patient with an adequate response as defined in the restriction within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this initial 2 treatment authority application.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurement of abscess and inflammatory nodule (AN) count submitted with the first authority application for a biological medicine. To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under the 'Initial 3' treatment listing. Prior antibiotic courses need not be re-trialled.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

17643

Moderate to severe hidradenitis suppurativa

Treatment Phase: Initial 1 (new patient), Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years), or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment.

Treatment criteria:

- Must be treated by a dermatologist.

bimekizumab 160 mg/mL injection, 2 x 1 mL pen devices

15110G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	3	0.00	*6,805.76	25.00	Bimzelx [UC]

bimekizumab 320 mg/2 mL injection, 2 mL pen devices

15119R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	3	0.00	*6,805.76	25.00	Bimzelx [UC]

BIMEKIZUMAB

Note PATIENTS WITH NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS - TREATMENT CYCLES AND TREATMENT PHASES

Where the term 'biological medicine' appears in notes and restrictions, it refers to pharmaceutical benefits listed specifically for the indication of: non-radiographic axial spondyloarthritis. Some listed pharmaceutical benefits are technically not biological medicines (e.g. Janus-kinase inhibitors), but for practical purposes, have been included under the broad term of 'biological medicine'.

A patient is eligible for PBS-subsidised treatment with only 1 biological medicine at any one time.

Treatment cycles:

A treatment cycle commences when the authority application for first PBS-subsidised biological medicine is approved for a given patient under the 'Initial 1' treatment phase. The treatment cycle continues until a fourth biological medicine fails to provide the patient with an adequate response. A new treatment cycle begins each time PBS subsidy is obtained through the 'Initial 3' treatment phase.

Within a treatment cycle, the same PBS-subsidised biological medicine must not be subsidised more than once where it has failed to provide the patient with an adequate response on any occasion that a response assessment is conducted.

Once biological medicines have failed to provide a patient with an adequate response 4 times (once with any biological medicine) within the same treatment cycle, the treatment cycle has been completed and the patient must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A serious adverse reaction requiring permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a completed treatment attempt.

Where there have been fewer than 4 inadequate responses with biological medicine therapy in a treatment cycle and there has been a break in therapy of less than 5 years, the patient may continue treatment within the same treatment cycle.

A patient who has had a break in therapy of more than 5 years may commence a new treatment cycle with up to 4 treatment attempts.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Treatment phases:

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) no prior PBS-subsidised biological medicine treatment has been prescribed - apply through the 'Initial 1 - New patient' treatment phase

(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy, but is prescribed an alternate biological medicine - apply through the 'Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years' [further details are under 'Changing the prescribed biological medicine' below]; or

(iii) a patient is recommencing treatment following a break in PBS-subsidised therapy of less than 5 years - apply through the 'Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years' treatment phase (note that where there is both a change and recommencement after less than 5 years occurring simultaneously, Initial 2 is the correct treatment phase to apply through); or

(iv) a patient is recommencing treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years - apply through the 'Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years' treatment phase.

A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy.

(2) Continuing treatment.

For continuing PBS subsidy of biological medicine it is recommended that a patient be reviewed the month prior to when the continuing dose is due to ensure uninterrupted biological medicine supply.

Continuing PBS subsidy is available in quantities/repeats that provide up to 24 weeks of continuing treatment where an adequate response to the immediately preceding supply of treatment has been experienced.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be conducted no later than 4 weeks from the cessation of that treatment course. Where a response assessment is not conducted within the required timeframe, the treatment will be deemed to have failed to provide an adequate response, unless the patient has experienced a serious adverse reaction requiring permanent treatment withdrawal.

(3) Changing the prescribed biological medicine.

Once initial treatment with the first PBS-subsidised biological medicine is approved, an alternate biological medicine may be prescribed within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. the C-reactive protein (CRP) level and the BASDAI score), or the prior NSAID therapy and exercise program requirements. An authority application must be made under the 'Initial 2' treatment phase and must indicate the response to the preceding biological medicine in terms of whether the response was adequate or not. The prescription for the discontinued biological medicine must be marked as cancelled by the prescriber.

(4) Baseline measurements to determine response.

A response to treatment is based on the baseline BASDAI score and CRP level documented in the patient's medical records.

For a patient untreated with biological medicines, the BASDAI score used to determine baseline disease severity must be measured while the patient is receiving NSAID therapy and completing their exercise program.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications.

Prescribers may provide new baseline measurements any time that an 'Initial treatment' authority application is submitted and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A second or subsequent course of treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must occur through the Initial 3 treatment restriction. The same clinical criteria and indices of disease severity (i.e. the C-reactive protein (CRP) levels and the BASDAI) as for the Initial 1 (New patient) restriction will need to be met, but a re-trial of NSAID therapy and exercise therapy is not required.

(6) Balance of Supply

Where the full number of repeat prescriptions have not been requested under any initial or continuing listing, apply for the balance of the supply of the repeats under any treatment phase listing containing the words 'balance of supply'.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

15140

Non-radiographic axial spondyloarthritis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug for this condition, **AND**
- The treatment must not exceed a maximum of 24 weeks with this drug per authorised course under this restriction.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of non-radiographic axial spondyloarthritis.

An adequate response to therapy with this biological medicine is defined as a reduction from baseline in the Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) score by 2 or more units (on a scale of 0-10) and 1 of the following:

(a) a CRP measurement no greater than 10 mg per L; or

(b) a CRP measurement reduced by at least 20% from baseline.

If the requirement to demonstrate an elevated CRP level could not be met under an initial treatment restriction, a reduction in the BASDAI score from baseline will suffice for the purposes of administering this continuing treatment restriction.

The patient remains eligible to receive continuing treatment with the same biological medicine in courses of up to 24 weeks providing they continue to sustain an adequate response. It is recommended that a patient be reviewed in the month prior to completing their current course of treatment.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority Required

10434

Non-radiographic axial spondyloarthritis

Treatment Phase: Continuing treatment - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the Continuing treatment restriction to complete 24 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of non-radiographic axial spondyloarthritis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

bimekizumab 160 mg/mL injection, 2 x 1 mL pen devices

14589W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	0.00	3,457.56	25.00	Bimzelx [UC]

BIMEKIZUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE PSORIATIC ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) listed for adult patients with severe psoriatic arthritis.

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Severe Psoriatic Arthritis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

A patient is eligible for PBS-subsidised treatment with only 1 of the biological medicines at any one time.

Under these arrangements, within a single treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib or ustekinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe psoriatic arthritis.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or,

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or,

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than the 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements. An authority application must be made under the 'Initial 2' treatment phase.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.

However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response to the PBS-subsidised treatment.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment restriction according to the criteria of the relevant restriction and index of disease severity. The application must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

15902

Severe psoriatic arthritis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Population criteria:

- Patient must be at least 18 years of age.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

15903

Severe psoriatic arthritis

Treatment Phase: Continuing treatment - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

bimekizumab 160 mg/mL injection, 2 x 1 mL pen devices

14590X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	2	0.00	3,457.56	25.00	Bimzelx [UC]

BIMEKIZUMAB

Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed for adult patients with the indication of ankylosing spondylitis (AS).

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Ankylosing spondylitis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

Treatment cycles:

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who has been receiving PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab and secukinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Where treatment has resulted in an inadequate response on 3 occasions a treatment cycle is considered to have been completed and there must be a 5-year break in PBS subsidy from all medicines with the PBS indication: 'Ankylosing spondylitis' before starting a new treatment cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle and where a break in therapy of less than 5 years has occurred, a further course of treatment may be commenced within the same treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Prescribing under the correct 'Treatment phase' listing for the authority application:

(1) Initial treatment.

Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for ankylosing spondylitis.

(2) Continuing treatment.

Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to proceed initial treatment. An authority application for continuing treatment is not to be made on the same day as initial treatment.

(3) Changing therapy.

Apply under the 'Initial 2' treatment listing. Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to prior NSAID therapy and exercise program requirements. Where a patient is changing from a biosimilar medicine the prescriber must submit baseline indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI). A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot change to a particular biological medicine if it has failed to provide the patient with an adequate response within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this initial 2 treatment authority application.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological medicine. To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under the 'Initial 3' treatment listing. Prior NSAID and exercise therapies need not be re-trialled.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

15937

Ankylosing spondylitis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An adequate response is defined as an improvement from baseline of at least 2 units (on a scale of 0-10) in the BASDAI score combined with at least 1 of the following:

(a) an ESR measurement no greater than 25 mm per hour; or

(b) a CRP measurement no greater than 10 mg per L; or

(c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and used to assess all future responses to treatment.

The assessment of response to treatment must be documented in the patient's medical records.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

15949

Ankylosing spondylitis

Treatment Phase: Continuing treatment - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the Continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

bimekizumab 160 mg/mL injection, 2 x 1 mL pen devices

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14602M	1	2	0.00	3,457.56	25.00	Bimzelx [UC]

BIMEKIZUMAB

Note TREATMENT OF PATIENTS WITH MODERATE TO SEVERE HIDRADENITIS SUPPURATIVA

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed for patient with the indication of moderate to severe hidradenitis suppurativa.

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Moderate to Severe Hidradenitis Suppurativa.

Treatment cycles:

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who has been receiving PBS-subsidised adalimumab or secukinumab prior to 1 December 2025 is considered to start their first cycle as of 1 December 2025.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Where treatment has resulted in an inadequate response on 3 occasions, a treatment cycle is considered to have been completed, and there must be a 5-year break in PBS subsidy from all medicines with the PBS indication 'moderate to severe hidradenitis suppurativa' before starting a new treatment cycle.

Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle, and where a break in therapy of less than 5 years has occurred, a further course of treatment with another biological medicine may be commenced within the same treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Prescribing under the correct 'Treatment phase' listing for the authority application:

(1) Initial treatment.

Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for moderate to severe hidradenitis suppurativa.

(2) Continuing treatment.

Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to proceed initial treatment. An authority application for continuing treatment is not to be made on the same day as initial treatment.

(3) Changing/swapping therapy.

Apply under the 'Initial 2' treatment listing. Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to prior antibiotic use. A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot change to a particular biological medicine if it has failed to provide the patient with an adequate response as defined in the restriction within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this initial 2 treatment authority application.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurement of abscess and inflammatory nodule (AN) count submitted with the first authority application for a biological medicine. To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under the 'Initial 3' treatment listing. Prior antibiotic courses need not be re-trialled.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authorisation under this restriction should be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)

Alternatively applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

17646

Moderate to severe hidradenitis suppurativa

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated a response to treatment with this drug for this condition.

Treatment criteria:

- Must be treated by a dermatologist.

A response to treatment is defined as:

Achieving Hidradenitis Suppurativa Clinical Response (HiSCR) of a 50% reduction in AN count compared to baseline with no increase in abscesses or draining fistulae.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A maximum of 24 weeks treatment will be authorised under this restriction per continuing treatment.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(i) the Hidradenitis Suppurativa Clinical Response (HiSCR) result.

If the application is submitted through HPOS form upload or mail, it must include:

(i) details of the proposed prescription(s); and

(ii) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Authority Required

17591

Moderate to severe hidradenitis suppurativa

Treatment Phase: Transitioning from non-PBS to PBS-subsidised supply - Grandfather arrangements

Clinical criteria:

- Patient must have received non-PBS-subsidised treatment with this drug for this condition prior to 1 December 2025, **AND**
- Patient must have had a Hurley stage II or III with an abscess and inflammatory nodule (AN) count greater than or equal to 3 prior to starting treatment with this drug for this condition, **AND**
- Patient must have demonstrated a response to treatment by achieving Hidradenitis Suppurativa Clinical Response (HiSCR) after 12 weeks of treatment if the patient has been treated with this drug for this condition for 12 weeks or longer, **AND**
- Patient must have failed to achieve an adequate response to 2 courses of different antibiotics each for 3 months prior to initiation of non-PBS-subsidised treatment with this drug for this condition; **OR**
- Patient must have had an adverse reaction to an antibiotic of a severity necessitating permanent treatment withdrawal resulting in the patient being unable to complete treatment with 2 different courses of antibiotics each for 3 months prior to initiation of non-PBS-subsidised treatment with this drug for this condition; **OR**
- Patient must be contraindicated to treatment with an antibiotic due to an allergic reaction of a severity necessitating permanent treatment withdrawal resulting in the patient being unable to complete treatment with 2 different courses of antibiotics each for 3 months prior to initiation of non-PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a dermatologist.

A response to treatment is defined as:

Achieving Hidradenitis Suppurativa Clinical Response (HiSCR) of a 50% reduction in AN count compared to baseline with no increase in abscesses or draining fistulae.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Assessment of disease severity must not have been more than 4 weeks old at the time treatment with this drug was initiated.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(i) the Hurley stage grading; and

(ii) the AN count; and

(iii) the name of the antibiotic/s received; or

(iv) confirmation that the adverse reaction or allergy to an antibiotic necessitated permanent treatment withdrawal. The name of the one course of antibiotics must be provided. Where the patient is unable to be treated with any courses of antibiotics the prescriber must confirm that the patient has a history of adverse reaction or allergy necessitating permanent treatment withdrawal.

(v) the Hidradenitis Suppurativa Clinical Response (HiSCR) result if the patient has received 12 weeks or more of treatment.

If the application is submitted through HPOS form upload or mail, it must include:

(i) details of the proposed prescription(s); and

(ii) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

A patient may qualify for PBS-subsidised treatment under this restriction once only.

For continuing PBS-subsidised treatment, a Grandfathered patient must qualify under the Continuing treatment criteria.

Note This grandfather restriction will cease to operate from 12 months after the date specified in the clinical criteria.

bimekizumab 160 mg/mL injection, 2 x 1 mL pen devices

15133L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	0.00	3,457.56	25.00	Bimzelx [UC]

bimekizumab 320 mg/2 mL injection, 2 mL pen devices

15112J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	0.00	3,457.56	25.00	Bimzelx [UC]

BIMEKIZUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who received PBS-subsidised adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.

A patient receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.

(1) Initial treatment.

An application for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab, and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab, 24 weeks of therapy for bimekizumab and 28 weeks of therapy for risankizumab, tildrakizumab and ustekinumab.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of their course of initial treatment to ensure uninterrupted biological medicine supply.

(2) Assessment of response to initial treatment.

When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment and no later than 4 weeks from the completion of this initial treatment course.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

(3) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Infliximab, adalimumab and etanercept only:

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.

For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(4) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle or have experienced treatment failure with that particular biological medicine that required permanent treatment withdrawal.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.

(5) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.

To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.

(6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 4 weeks at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

18116

Severe chronic plaque psoriasis

Treatment Phase: Continuing treatment, Whole body

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

The authority application must be made in writing and must include:

(a) details of the proposed prescription(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed Psoriasis Area and Severity Index (PASI) calculation sheet including the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18066

Severe chronic plaque psoriasis

Treatment Phase: Continuing treatment, Face, hand, foot

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

The authority application must be made in writing and must include:

(a) details of the proposed prescription(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed Psoriasis Area and Severity Index (PASI) calculation sheet and face, hand, foot area diagrams including the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

10807

Severe chronic plaque psoriasis

Treatment Phase: Continuing treatment, Whole body or Continuing treatment, Face, hand, foot - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the continuing treatment, Whole body restriction to complete 24 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug under the continuing treatment, Face, hand, foot restriction to complete 24 weeks treatment, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a dermatologist.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

bimekizumab 160 mg/mL injection, 2 x 1 mL pen devices

13652M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	2	0.00	3,457.56	25.00	Bimzelx [UC]

bimekizumab 320 mg/2 mL injection, 2 mL pen devices

15262G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	2	0.00	3,457.56	25.00	Bimzelx [UC]

BIMEKIZUMAB

Note TREATMENT OF PATIENTS WITH MODERATE TO SEVERE HIDRADENITIS SUPPURATIVA

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed for patient with the indication of moderate to severe hidradenitis suppurativa.

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Moderate to Severe Hidradenitis Suppurativa.

Treatment cycles:

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who has been receiving PBS-subsidised adalimumab or secukinumab prior to 1 December 2025 is considered to start their first cycle as of 1 December 2025.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Where treatment has resulted in an inadequate response on 3 occasions, a treatment cycle is considered to have been completed, and there must be a 5-year break in PBS subsidy from all medicines with the PBS indication 'moderate to severe hidradenitis suppurativa' before starting a new treatment cycle.

Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle, and where a break in therapy of less than 5 years has occurred, a further course of treatment with another biological medicine may be commenced within the same treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Prescribing under the correct 'Treatment phase' listing for the authority application:

(1) Initial treatment.

Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for moderate to severe hidradenitis suppurativa.

(2) Continuing treatment.

Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to proceed initial treatment. An authority application for continuing treatment is not to be made on the same day as initial treatment.

(3) Changing/swapping therapy.

Apply under the 'Initial 2' treatment listing. Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to prior antibiotic use. A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot change to a particular biological medicine if it has failed to provide the patient with an adequate response as defined in the restriction within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this initial 2 treatment authority application.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurement of abscess and inflammatory nodule (AN) count submitted with the first authority application for a biological medicine. To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under the 'Initial 3' treatment listing. Prior antibiotic courses need not be re-trialled.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authorisation under this restriction should be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)

Alternatively applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

17585

Moderate to severe hidradenitis suppurativa

Treatment Phase: Initial treatment - Initial 1 (new patient)

Clinical criteria:

- Patient must have, at the time of application, a Hurley stage II or III grading with an abscess and inflammatory nodule (AN) count greater than or equal to 3, **AND**
- Patient must have failed to achieve an adequate response to 2 courses of different antibiotics each for 3 months prior to initiation of PBS subsidised treatment with this drug for this condition; **OR**
- Patient must have had an adverse reaction to an antibiotic of a severity necessitating permanent treatment withdrawal resulting in the patient being unable to complete treatment with 2 different courses of antibiotics each for 3 months prior to initiation of PBS-subsidised treatment with this drug for this condition; **OR**
- Patient must be contraindicated to treatment with an antibiotic due to an allergic reaction of a severity necessitating permanent treatment withdrawal resulting in the patient being unable to complete treatment with 2 different courses of antibiotics each for 3 months prior to initiation of PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a dermatologist.

Assessment of disease severity must be no more than 4 weeks old at the time of application.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(i) the Hurley stage grading; and

(ii) the AN count; and

(iii) the name of the antibiotic/s received for two separate courses each of three months; or

(iv) confirmation that the adverse reaction or allergy to an antibiotic necessitated permanent treatment withdrawal resulting in the patient being unable to complete a three month course of antibiotics.

The name of the one course of antibiotics of three months duration must be provided. Where the patient is unable to be treated with any courses of antibiotics the prescriber must confirm that the patient has a history of adverse reaction or allergy necessitating permanent treatment withdrawal to two different antibiotics.

If the application is submitted through HPOS form upload or mail, it must include:

(i) details of the proposed prescription(s); and

(ii) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Authority Required

17595

Moderate to severe hidradenitis suppurativa

Treatment Phase: Initial treatment - Initial 2 (Change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a dermatologist.

Assessment of disease severity must be no more than 4 weeks old at the time of application.

A response to treatment is defined as:

Achieving Hidradenitis Suppurativa Clinical Response (HiSCR) of a 50% reduction in AN count compared to baseline with no increase in abscesses or draining fistulae.

An application for a patient who has received PBS-subsidised treatment with this drug, has not experienced treatment failure, and wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(i) the Hurley stage grading; and

(ii) the AN count.

If the application is submitted through HPOS form upload or mail, it must include:

(i) details of the proposed prescription(s); and

(ii) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Authority Required

17596

Moderate to severe hidradenitis suppurativa

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have, at the time of application, a Hurley stage II or III grading with an abscess and inflammatory nodule (AN) count greater than or equal to 3, **AND**
- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a dermatologist.

Assessment of disease severity must be no more than 4 weeks old at the time of application.

A response to treatment is defined as:

Achieving Hidradenitis Suppurativa Clinical Response (HiSCR) of a 50% reduction in AN count compared to baseline with no increase in abscesses or draining fistulae.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(i) the Hurley stage grading; and

(ii) the AN count.

If the application is submitted through HPOS form upload or mail, it must include:

(i) details of the proposed prescription(s); and

(ii) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

bimekizumab 160 mg/mL injection, 2 x 1 mL pen devices

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15116N	2	3	0.00	*6,805.76	25.00	Bimzelx [UC]

bimekizumab 320 mg/2 mL injection, 2 mL pen devices

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15131J	2	3	0.00	*6,805.76	25.00	Bimzelx [UC]

BIMEKIZUMAB

Note PATIENTS WITH NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS - TREATMENT CYCLES AND TREATMENT PHASES

Where the term 'biological medicine' appears in notes and restrictions, it refers to pharmaceutical benefits listed specifically for the indication of: non-radiographic axial spondyloarthritis. Some listed pharmaceutical benefits are technically not biological medicines (e.g. Janus-kinase inhibitors), but for practical purposes, have been included under the broad term of 'biological medicine'.

A patient is eligible for PBS-subsidised treatment with only 1 biological medicine at any one time.

Treatment cycles:

A treatment cycle commences when the authority application for first PBS-subsidised biological medicine is approved for a given patient under the 'Initial 1' treatment phase. The treatment cycle continues until a fourth biological medicine fails to provide the patient with an adequate response. A new treatment cycle begins each time PBS subsidy is obtained through the 'Initial 3' treatment phase.

Within a treatment cycle, the same PBS-subsidised biological medicine must not be subsidised more than once where it has failed to provide the patient with an adequate response on any occasion that a response assessment is conducted.

Once biological medicines have failed to provide a patient with an adequate response 4 times (once with any biological medicine) within the same treatment cycle, the treatment cycle has been completed and the patient must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A serious adverse reaction requiring permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a completed treatment attempt.

Where there have been fewer than 4 inadequate responses with biological medicine therapy in a treatment cycle and there has been a break in therapy of less than 5 years, the patient may continue treatment within the same treatment cycle.

A patient who has had a break in therapy of more than 5 years may commence a new treatment cycle with up to 4 treatment attempts.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Treatment phases:

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) no prior PBS-subsidised biological medicine treatment has been prescribed - apply through the 'Initial 1 - New patient' treatment phase

(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy, but is prescribed an alternate biological medicine - apply through the 'Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years' [further details are under 'Changing the prescribed biological medicine' below]; or

(iii) a patient is recommencing treatment following a break in PBS-subsidised therapy of less than 5 years - apply through the 'Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years' treatment phase (note that where there is both a change and recommencement after less than 5 years occurring simultaneously, Initial 2 is the correct treatment phase to apply through); or

(iv) a patient is recommencing treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years - apply through the 'Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years' treatment phase.

A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy.

(2) Continuing treatment.

For continuing PBS subsidy of biological medicine it is recommended that a patient be reviewed the month prior to when the continuing dose is due to ensure uninterrupted biological medicine supply.

Continuing PBS subsidy is available in quantities/repeats that provide up to 24 weeks of continuing treatment where an adequate response to the immediately preceding supply of treatment has been experienced.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be conducted no later than 4 weeks from the cessation of that treatment course. Where a response assessment is not conducted within the required timeframe, the treatment will be deemed to have failed to provide an adequate response, unless the patient has experienced a serious adverse reaction requiring permanent treatment withdrawal.

(3) Changing the prescribed biological medicine.

Once initial treatment with the first PBS-subsidised biological medicine is approved, an alternate biological medicine may be prescribed within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. the C-reactive protein (CRP) level and the BASDAI score), or the prior NSAID therapy and exercise program requirements. An authority application must be made under the 'Initial 2' treatment phase and must indicate the response to the preceding biological medicine in terms of whether the response was adequate or not. The prescription for the discontinued biological medicine must be marked as cancelled by the prescriber.

(4) Baseline measurements to determine response.

A response to treatment is based on the baseline BASDAI score and CRP level documented in the patient's medical records.

For a patient untreated with biological medicines, the BASDAI score used to determine baseline disease severity must be measured while the patient is receiving NSAID therapy and completing their exercise program.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications.

Prescribers may provide new baseline measurements any time that an 'Initial treatment' authority application is submitted and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A second or subsequent course of treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must occur through the Initial 3 treatment restriction. The same clinical criteria and indices of disease severity (i.e. the C-reactive protein (CRP) levels and the BASDAI) as for the Initial 1 (New patient) restriction will need to be met, but a re-trial of NSAID therapy and exercise therapy is not required.

(6) Balance of Supply

Where the full number of repeat prescriptions have not been requested under any initial or continuing listing, apply for the balance of the supply of the repeats under any treatment phase listing containing the words 'balance of supply'.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

15891

Non-radiographic axial spondyloarthritis

Treatment Phase: Initial treatment - Initial 1 (New patient)

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have had chronic lower back pain and stiffness for 3 or more months that is relieved by exercise but not rest, **AND**
- Patient must have failed to achieve an adequate response following treatment with at least 2 non-steroidal anti-inflammatory drugs (NSAIDs), whilst completing an appropriate exercise program, for a total period of 3 months, **AND**
- Patient must have one or more of the following: (a) enthesitis (heel); (b) uveitis; (c) dactylitis; (d) psoriasis; (e) inflammatory bowel disease; or (f) positive for Human Leukocyte Antigen B27 (HLA-B27), **AND**
- The condition must not be radiographically evidenced on plain x-ray of Grade II bilateral sacroiliitis or Grade III or IV unilateral sacroiliitis, **AND**
- The condition must be non-radiographic axial spondyloarthritis, as defined by Assessment of Spondyloarthritis International Society (ASAS) criteria, **AND**
- The condition must be sacroiliitis with active inflammation and/or oedema on non-contrast Magnetic Resonance Imaging (MRI), **AND**

- The condition must have presence of Bone Marrow Oedema (BMO) depicted as a hyperintense signal on a Short Tau Inversion Recovery (STIR) image (or equivalent), **AND**
- The condition must have BMO depicted as a hypointense signal on a T1 weighted image (without gadolinium), **AND**
- The treatment must not exceed a maximum of 16 weeks with this drug under this restriction.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of non-radiographic axial spondyloarthritis.

The application must include details of the NSAIDs trialled, their doses and duration of treatment.

If the NSAID dose is less than the maximum recommended dose in the relevant TGA-approved Product Information, the application must include the reason a higher dose cannot be used.

If treatment with NSAIDs is contraindicated according to the relevant TGA-approved Product Information, the application must provide details of the contraindication.

If intolerance to NSAID treatment develops during the relevant period of use which is of a severity to necessitate permanent treatment withdrawal, the application must provide details of the nature and severity of this intolerance.

The following criteria indicate failure to achieve an adequate response to NSAIDs and must be demonstrated at the time of the initial application:

(a) a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) score of at least 4 on a 0-10 scale; and

(b) C-reactive protein (CRP) level greater than 10 mg per L.

The baseline BASDAI score and CRP level must be determined at the completion of the 3-month NSAID and exercise trial, but prior to ceasing NSAID treatment. All measures must be no more than 4 weeks old at the time of initial application.

If the requirement to demonstrate an elevated CRP level could not be met, the reason must be stated in the application. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

The assessment of the patient's response to the initial course of treatment must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment in this treatment cycle.

The authority application must be made in writing and must include:

(a) details of the proposed prescription(s); and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The baseline BASDAI score and CRP level must also be documented in the patient's medical records.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

15149

Non-radiographic axial spondyloarthritis

Treatment Phase: Initial treatment - Initial 2 (Change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- The condition must not have responded inadequately to biological medicine on 4 occasions within the same treatment cycle, **AND**
- Patient must not have failed PBS-subsidised therapy with this biological medicine for this PBS indication more than once in the current treatment cycle, **AND**
- The treatment must not exceed a maximum of 16 weeks with this drug under this restriction.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of non-radiographic axial spondyloarthritis.

An application for Initial 2 treatment must indicate whether the patient has demonstrated an adequate response (an absence of treatment failure), failed or experienced an intolerance to the most recent supply of biological medicine treatment.

A new baseline Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) score and C-reactive protein (CRP) level may be provided at the time of this application.

An adequate response to therapy with this biological medicine is defined as a reduction from baseline in the Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) score by 2 or more units (on a scale of 0-10) and 1 of the following:

(a) a CRP measurement no greater than 10 mg per L; or

(b) a CRP measurement reduced by at least 20% from baseline.

The assessment of the patient's response to the most recent supply of biological medicine must be conducted following a minimum of 12 weeks of treatment.

BASDAI scores and CRP levels must be documented in the patient's medical records.

The assessment of the patient's response to the initial course of treatment must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment in this treatment cycle.

The following must be provided at the time of application and documented in the patient's medical records:

(a) the BASDAI score; and

(b) the C-reactive protein (CRP) level.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority Required

15150

Non-radiographic axial spondyloarthritis

Treatment Phase: Initial treatment - Initial 3 (Recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have had chronic lower back pain and stiffness for 3 or more months that is relieved by exercise but not rest, **AND**
- Patient must have had a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- Patient must have one or more of the following: (a) enthesitis (heel); (b) uveitis; (c) dactylitis; (d) psoriasis; (e) inflammatory bowel disease; or (f) positive for Human Leukocyte Antigen B27 (HLA-B27), **AND**
- The condition must not be radiographically evidenced on plain x-ray of Grade II bilateral sacroiliitis or Grade III or IV unilateral sacroiliitis, **AND**
- The condition must be non-radiographic axial spondyloarthritis, as defined by Assessment of Spondyloarthritis International Society (ASAS) criteria, **AND**
- The condition must be sacroiliitis with active inflammation and/or oedema on non-contrast Magnetic Resonance Imaging (MRI), **AND**
- The condition must have presence of Bone Marrow Oedema (BMO) depicted as a hyperintense signal on a Short Tau Inversion Recovery (STIR) image (or equivalent), **AND**
- The condition must have BMO depicted as a hypointense signal on a T1 weighted image (without gadolinium), **AND**
- The treatment must not exceed a maximum of 16 weeks with this drug under this restriction.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of non-radiographic axial spondyloarthritis.

The following must be provided at the time of application and documented in the patient's medical records:

(a) a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) score of at least 4 on a 0-10 scale; and

(b) C-reactive protein (CRP) level greater than 10 mg per L.

The BASDAI score and CRP level must be no more than 4 weeks old at the time of this application.

If the requirement to demonstrate an elevated CRP level could not be met, the reason must be stated in the application. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

The assessment of the patient's response to the initial course of treatment must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment in this treatment cycle.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority Required

14217

Non-radiographic axial spondyloarthritis

Treatment Phase: Initial 1 (New patient), Initial 2 (Change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (Recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of non-radiographic axial spondyloarthritis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

bimekizumab 160 mg/mL injection, 2 x 1 mL pen devices

14593C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	0.00	3,457.56	25.00	Bimzelx [UC]

BIMEKIZUMAB

Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed for adult patients with the indication of ankylosing spondylitis (AS).

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Ankylosing spondylitis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

Treatment cycles:

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who has been receiving PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab and secukinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Where treatment has resulted in an inadequate response on 3 occasions a treatment cycle is considered to have been completed and there must be a 5-year break in PBS subsidy from all medicines with the PBS indication: 'Ankylosing spondylitis' before starting a new treatment cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle and where a break in therapy of less than 5 years has occurred, a further course of treatment may be commenced within the same treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Prescribing under the correct 'Treatment phase' listing for the authority application:

(1) Initial treatment.

Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for ankylosing spondylitis.

(2) Continuing treatment.

Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to proceed initial treatment. An authority application for continuing treatment is not to be made on the same day as initial treatment.

(3) Changing therapy.

Apply under the 'Initial 2' treatment listing. Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to prior NSAID therapy and exercise program requirements. Where a patient is changing from a biosimilar medicine the prescriber must submit baseline indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI). A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot change to a particular biological medicine if it has failed to provide the patient with an adequate response within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this initial 2 treatment authority application.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological medicine. To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under the 'Initial 3' treatment listing. Prior NSAID and exercise therapies need not be re-trialled.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

15857

Ankylosing spondylitis

Treatment Phase: Initial 1 (new patient)

Clinical criteria:

- The condition must be either radiologically (plain X-ray) confirmed: (i) Grade II bilateral sacroiliitis; (ii) Grade III unilateral sacroiliitis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have at least 2 of the following: (i) low back pain and stiffness for 3 or more months that is relieved by exercise but not by rest; (ii) limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by a score of at least 1 on each of the lumbar flexion and lumbar side flexion measurements of the Bath Ankylosing Spondylitis Metrology Index (BASMI); (iii) limitation of chest expansion relative to normal values for age and gender, **AND**
- Patient must have failed to achieve an adequate response following treatment with at least 2 non-steroidal anti-inflammatory drugs (NSAIDs), whilst completing an appropriate exercise program, for a total period of 3 months, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The application must include details of the NSAIDs trialled, their doses and duration of treatment.

If the NSAID dose is less than the maximum recommended dose in the relevant TGA-approved Product Information, the application must include the reason a higher dose cannot be used.

If treatment with NSAIDs is contraindicated according to the relevant TGA-approved Product Information, the application must provide details of the contraindication.

If intolerance to NSAID treatment develops during the relevant period of use which is of a severity to necessitate permanent treatment withdrawal, the application must provide details of the nature and severity of this intolerance.

The following criteria indicate failure to achieve an adequate response and must be demonstrated at the time of the initial application:

(a) a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 4 on a 0-10 scale; and

(b) an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 10 mg per L.

The baseline BASDAI score and ESR or CRP level must be determined at the completion of the 3 month NSAID and exercise trial, but prior to ceasing NSAID treatment. All measurements must be no more than 4 weeks old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reason this criterion cannot be satisfied.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The following must be provided at the time of application and documented in the patient's medical records:

(i) details (name of the radiology report provider, date of the radiology report and unique identifying number/code that links report to the individual patient) of the radiological report confirming Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis; and

(ii) a baseline BASDAI score; and

(iii) a completed Exercise Program Self Certification Form included in the supporting information form; and

(iv) baseline ESR and/or CRP level.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Details of the toxicities, including severity, which will be accepted for the purposes of administering this restriction can be found on the Services Australia website at www.servicesaustralia.gov.au

Note For details on the appropriate minimum exercise program that will be accepted for the purposes of administering this restriction, please refer to the Services Australia website at www.servicesaustralia.gov.au

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

15938

Ankylosing spondylitis

Treatment Phase: Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed/ceased to respond to PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for a patient who is either changing treatment from another biological medicine to this drug or recommencing therapy with this drug after a treatment break of less than 5 years, must be accompanied with details of the evidence of a response to the patient's most recent course of PBS-subsidised biological medicine within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a patient is changing from PBS-subsidised treatment with a biosimilar medicine for this condition, the prescriber must submit baseline disease severity indicators with this application, in addition to the response assessment outlined below.

An adequate response is defined as an improvement from baseline of at least 2 units (on a scale of 0-10) in the BASDAI score combined with at least 1 of the following:

(a) an ESR measurement no greater than 25 mm per hour; or

(b) a CRP measurement no greater than 10 mg per L; or

(c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and used to assess all future responses to treatment.

The assessment of response to treatment must be documented in the patient's medical records.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

15874

Ankylosing spondylitis

Treatment Phase: Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of at least 5 years from the most recently approved PBS-subsidised biological medicine for this condition, **AND**

- The condition must be either radiologically (plain X-ray) confirmed: (i) Grade II bilateral sacroiliitis; (ii) Grade III unilateral sacroiliitis, **AND**
- Patient must have at least 2 of the following: (i) low back pain and stiffness for 3 or more months that is relieved by exercise but not by rest; (ii) limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by a score of at least 1 on each of the lumbar flexion and lumbar side flexion measurements of the Bath Ankylosing Spondylitis Metrology Index (BASMI); (iii) limitation of chest expansion relative to normal values for age and gender, **AND**
- Patient must have a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 4 on a 0-10 scale that is no more than 4 weeks old at the time of application, **AND**
- Patient must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour that is no more than 4 weeks old at the time of application; **OR**
- Patient must have a C-reactive protein (CRP) level greater than 10 mg per L that is no more than 4 weeks old at the time of application; **OR**
- Patient must have a clinical reason as to why demonstration of an elevated ESR or CRP cannot be met and the application must state the reason, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The following must be provided at the time of application and documented in the patient's medical records:

(i) details (name of the radiology report provider, date of the radiology report and unique identifying number/code that links report to the individual patient) of the radiological report confirming Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis; and

(ii) a baseline BASDAI score; and

(iii) a baseline ESR and/or CRP level.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

15939

Ankylosing spondylitis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment, **AND**

- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

bimekizumab 160 mg/mL injection, 2 x 1 mL pen devices

14618J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	0.00	3,457.56	25.00	Bimzelx [UC]

BIMEKIZUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE PSORIATIC ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) listed for adult patients with severe psoriatic arthritis.

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Severe Psoriatic Arthritis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

A patient is eligible for PBS-subsidised treatment with only 1 of the biological medicines at any one time.

Under these arrangements, within a single treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib or ustekinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe psoriatic arthritis.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or,

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or,

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than the 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte

sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements. An authority application must be made under the 'Initial 2' treatment phase.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.

However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response to the PBS-subsidised treatment.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment restriction according to the criteria of the relevant restriction and index of disease severity. The application must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

15940

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response to methotrexate at a dose of at least 20 mg weekly for a minimum period of 3 months, **AND**
- Patient must have failed to achieve an adequate response to sulfasalazine at a dose of at least 2 g per day for a minimum period of 3 months; **OR**
- Patient must have failed to achieve an adequate response to leflunomide at a dose of up to 20 mg daily for a minimum period of 3 months, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Population criteria:

- Patient must be at least 18 years of age.

Where treatment with methotrexate, sulfasalazine or leflunomide is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.

Where intolerance to treatment with methotrexate, sulfasalazine or leflunomide developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

The following initiation criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; and

either

(a) an active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

16396

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Population criteria:

- Patient must be at least 18 years of age.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

15916

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have had a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; **OR**
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either (a) a total active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active major joints, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Population criteria:

- Patient must be at least 18 years of age.

Major joints are defined as (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count and ESR and/or CRP must be no more than 4 weeks old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

9064

Severe psoriatic arthritis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

bimekizumab 160 mg/mL injection, 2 x 1 mL pen devices

14625R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	0.00	3,457.56	25.00	Bimzelx [UC]

GUSELKUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE PSORIATIC ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) listed for adult patients with severe psoriatic arthritis.

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Severe Psoriatic Arthritis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

A patient is eligible for PBS-subsidised treatment with only 1 of the biological medicines at any one time.

Under these arrangements, within a single treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib or ustekinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe psoriatic arthritis.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or,

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or,

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than the 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements. An authority application must be made under the 'Initial 2' treatment phase.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.

However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response to the PBS-subsidised treatment.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment restriction according to the criteria of the relevant restriction and index of disease severity. The application must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

11919

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response to methotrexate at a dose of at least 20 mg weekly for a minimum period of 3 months, **AND**
- Patient must have failed to achieve an adequate response to sulfasalazine at a dose of at least 2 g per day for a minimum period of 3 months; **OR**
- Patient must have failed to achieve an adequate response to leflunomide at a dose of up to 20 mg daily for a minimum period of 3 months, **AND**

- Patient must not receive more than 20 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Where treatment with methotrexate, sulfasalazine or leflunomide is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.

Where intolerance to treatment with methotrexate, sulfasalazine or leflunomide developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

The following initiation criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; and

either

(a) an active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

11890

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 20 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to change or recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

Where the most recent course of PBS-subsidised biological medicine treatment was approved under either Initial 1, Initial 2, Initial 3 or continuing treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy.

Where an assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond, or to have failed to sustain a response to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

11979

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; **OR**
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either (a) a total active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active major joints, **AND**
- Patient must not receive more than 20 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Major joints are defined as (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count and ESR and/or CRP must be no more than one month old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

9172

Severe psoriatic arthritis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 20 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 20 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 20 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 20 weeks treatment available under the above restrictions.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority Required

11917

Severe psoriatic arthritis

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Where the most recent course of PBS-subsidised biological medicine treatment was approved under either Initial 1, Initial 2, Initial 3 or continuing treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy.

Where an assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond, or to have failed to sustain a response to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority Required

11918

Severe psoriatic arthritis

Treatment Phase: Continuing treatment - balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

guselkumab 100 mg/mL injection, 1 x 1 mL pen device

12568L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	2	0.00	3,654.31	25.00	Tremfya [JC]

guselkumab 100 mg/mL injection, 1 x 1 mL syringe

12590P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	2	0.00	3,654.31	25.00	Tremfya [JC]

GUSELKUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who received PBS-subsidised adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.

A patient receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.

(1) Initial treatment.

An application for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab, and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab, 24 weeks of therapy for bimekizumab and 28 weeks of therapy for risankizumab, tildrakizumab and ustekinumab.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of their course of initial treatment to ensure uninterrupted biological medicine supply.

(2) Assessment of response to initial treatment.

When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment and no later than 4 weeks from the completion of this initial treatment course.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

(3) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Infliximab, adalimumab and etanercept only:

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.

For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(4) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle or have experienced treatment failure with that particular biological medicine that required permanent treatment withdrawal.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.

(5) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.

To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.

(6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 4 weeks at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

18608

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 1, Whole body (new patient)

Clinical criteria:

- Patient must have severe chronic plaque psoriasis where lesions have been present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 2 of the following 6 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; (ii) methotrexate at a dose of at least 10 mg weekly for at least 6 weeks; (iii) ciclosporin at a dose of at least 2 mg per kg per day for at least 6 weeks; (iv) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks; (v) apremilast at a dose of 30 mg twice a day for at least 6 weeks; (vi) deucravacitinib at a dose of 6 mg once daily for at least 6 weeks, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 20 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

Where treatment with methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin is contraindicated according to the relevant TGA-approved Product Information, or where phototherapy is contraindicated, details must be provided at the time of application.

Where intolerance to treatment with phototherapy, methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Regardless of if a patient has a contraindication to treatment with either methotrexate, ciclosporin, apremilast, deucravacitinib, acitretin or phototherapy, the patient is still required to trial 2 of these prior therapies until a failure to achieve an adequate response is met.

The following criterion indicates failure to achieve an adequate response to prior treatment and must be demonstrated in the patient at the time of the application:

(a) A current Psoriasis Area and Severity Index (PASI) score of greater than 15, as assessed, preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment.

(b) A PASI assessment must be completed for each prior treatment course, preferably whilst still on treatment, but no longer than 4 weeks following cessation of each course of treatment.

(c) The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current and previous Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition; and

(ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy].

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 6 weeks treatment with phototherapy, methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin can be found on the Services Australia website (www.servicesaustralia.gov.au).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18692

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 2, Whole body (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 20 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition; and

(ii) details of prior biological treatment, including dosage, date and duration of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18672

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 3, Whole body (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must have a current Psoriasis Area and Severity Index (PASI) score of greater than 15, **AND**

- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 20 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18643

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 1, Face, hand, foot (new patient)

Clinical criteria:

- Patient must have severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot where the plaque or plaques have been present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 2 of the following 6 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; (ii) methotrexate at a dose of at least 10 mg weekly for at least 6 weeks; (iii) ciclosporin at a dose of at least 2 mg per kg per day for at least 6 weeks; (iv) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks; (v) apremilast at a dose of 30 mg twice a day for at least 6 weeks; (vi) deucravacitinib at a dose of 6 mg once daily for at least 6 weeks, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 20 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

Where treatment with methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin is contraindicated according to the relevant TGA-approved Product Information, or where phototherapy is contraindicated, details must be provided at the time of application.

Where intolerance to treatment with phototherapy, methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Regardless of if a patient has a contraindication to treatment with either methotrexate, ciclosporin, apremilast, deucravacitinib, acitretin or phototherapy, the patient is still required to trial 2 of these prior therapies until a failure to achieve an adequate response is met.

The following criterion indicates failure to achieve an adequate response to prior treatment and must be demonstrated in the patient at the time of the application:

(a) Chronic plaque psoriasis classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where:

(i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe, as assessed, preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment; or

(ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, as assessed, preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment;

(b) A PASI assessment must be completed for each prior treatment course, preferably whilst still on treatment, but no longer than 4 weeks following cessation of each course of treatment.

(c) The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current and previous Psoriasis Area and Severity Index (PASI) calculation sheets, and the face, hand, foot area diagrams including the dates of assessment of the patient's condition; and

(ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy].

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 6 weeks treatment with phototherapy, methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin can be found on the Services Australia website (www.servicesaustralia.gov.au).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18713

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 2, Face, hand, foot (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 20 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current Psoriasis Area and Severity Index (PASI) calculation sheets, and the face, hand, foot area diagrams including the dates of assessment of the patient's condition; and

(ii) details of prior biological treatment, including dosage, date and duration of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18698

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 3, Face, hand, foot (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must be classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where: (i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or (ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 20 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheets, and the face, hand, foot area diagrams including the dates of assessment of the patient's condition.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18714

Severe chronic plaque psoriasis

Treatment Phase: Balance of supply - Initial treatment - Initial 1, Whole body or Face, hand, foot (new patient) or Initial 2, Whole body or Face, hand, foot (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3, Whole body or Face, hand, foot (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1, Whole body (new patient) restriction to complete 20 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2, Whole body (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 20 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3, Whole body (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 20 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 1, Face, hand, foot (new patient) restriction to complete 20 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2, Face, hand, foot (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 20 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3, Face, hand, foot (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 20 weeks treatment, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- The treatment must provide no more than the balance of up to 20 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a dermatologist.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority Required

18571

Severe chronic plaque psoriasis

Treatment Phase: Continuing treatment, Whole body

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheet including the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18583

Severe chronic plaque psoriasis

Treatment Phase: Continuing treatment, Face, hand, foot

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheets, and the face, hand, foot area diagrams including the dates of assessment of the patient's condition.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18530

Severe chronic plaque psoriasis

Treatment Phase: Balance of supply - Continuing treatment, Whole body or Continuing treatment, Face, hand, foot

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the continuing treatment, Whole body restriction to complete 24 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug under the continuing treatment, Face, hand, foot restriction to complete 24 weeks treatment, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a dermatologist.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

guselkumab 100 mg/mL injection, 1 x 1 mL syringe

11614G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	0.00	3,654.31	25.00	Tremfya [JC]

IXEKIZUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE PSORIATIC ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) listed for adult patients with severe psoriatic arthritis.

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Severe Psoriatic Arthritis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

A patient is eligible for PBS-subsidised treatment with only 1 of the biological medicines at any one time.

Under these arrangements, within a single treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib or ustekinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe psoriatic arthritis.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or,

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or,

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than the 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements. An authority application must be made under the 'Initial 2' treatment phase.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.

However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response to the PBS-subsidised treatment.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment restriction according to the criteria of the relevant restriction and index of disease severity. The application must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

11981

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response to methotrexate at a dose of at least 20 mg weekly for a minimum period of 3 months, **AND**
- Patient must have failed to achieve an adequate response to sulfasalazine at a dose of at least 2 g per day for a minimum period of 3 months; **OR**
- Patient must have failed to achieve an adequate response to leflunomide at a dose of up to 20 mg daily for a minimum period of 3 months, **AND**
- Patient must not receive more than 20 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Where treatment with methotrexate, sulfasalazine or leflunomide is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.

Where intolerance to treatment with methotrexate, sulfasalazine or leflunomide developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

The following initiation criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; and

either

(a) an active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

11958

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 20 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

11834

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have had a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; **OR**
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either (a) a total active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active major joints, **AND**
- Patient must not receive more than 20 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Major joints are defined as (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count, ESR and/or CRP must be no more than 4 weeks old at the time of application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

9172

Severe psoriatic arthritis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 20 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 20 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 20 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 20 weeks treatment available under the above restrictions.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority Required

11959

Severe psoriatic arthritis

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

11918

Severe psoriatic arthritis

Treatment Phase: Continuing treatment - balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

ixekizumab 80 mg/mL injection, 2 x 1 mL pen devices

11623R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	0.00	3,291.30	25.00	Taltz [LY]

IXEKIZUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who received PBS-subsidised adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.

A patient receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.

(1) Initial treatment.

An application for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab, and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab, 24 weeks of therapy for bimekizumab and 28 weeks of therapy for risankizumab, tildrakizumab and ustekinumab.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of their course of initial treatment to ensure uninterrupted biological medicine supply.

(2) Assessment of response to initial treatment.

When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment and no later than 4 weeks from the completion of this initial treatment course.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

(3) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Infliximab, adalimumab and etanercept only:

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.

For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(4) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle or have experienced treatment failure with that particular biological medicine that required permanent treatment withdrawal.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.

(5) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.

To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.

(6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 4 weeks at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

18653

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 1, Whole body (new patient)

Clinical criteria:

- Patient must have severe chronic plaque psoriasis where lesions have been present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 2 of the following 6 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; (ii) methotrexate at a dose of at least 10 mg weekly for at least 6 weeks; (iii) ciclosporin at a dose of at least 2 mg per kg per day for at least 6 weeks; (iv) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks; (v) apremilast at a dose of 30 mg twice a day for at least 6 weeks; (vi) deucravacitinib at a dose of 6 mg once daily for at least 6 weeks, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

Where treatment with methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin is contraindicated according to the relevant TGA-approved Product Information, or where phototherapy is contraindicated, details must be provided at the time of application.

Where intolerance to treatment with phototherapy, methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Regardless of if a patient has a contraindication to treatment with either methotrexate, ciclosporin, apremilast, deucravacitinib, acitretin or phototherapy, the patient is still required to trial 2 of these prior therapies until a failure to achieve an adequate response is met.

The following criterion indicates failure to achieve an adequate response to prior treatment and must be demonstrated in the patient at the time of the application:

(a) A current Psoriasis Area and Severity Index (PASI) score of greater than 15, as assessed, preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment.

(b) A PASI assessment must be completed for each prior treatment course, preferably whilst still on treatment, but no longer than 4 weeks following cessation of each course of treatment.

(c) The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current and previous Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition; and

(ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy].

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 6 weeks treatment with phototherapy, methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin can be found on the Services Australia website (www.servicesaustralia.gov.au).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

16785

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 2, Whole body (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition; and

(ii) details of prior biological treatment, including dosage, date and duration of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

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Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

16779

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 3, Whole body (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must have a current Psoriasis Area and Severity Index (PASI) score of greater than 15, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

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Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18647

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 1, Face, hand, foot (new patient)

Clinical criteria:

- Patient must have severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot where the plaque or plaques have been present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 2 of the following 6 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; (ii) methotrexate at a dose of at least 10 mg weekly for at least 6 weeks; (iii) ciclosporin at a dose of at least 2 mg per kg per day for at least 6 weeks; (iv) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks; (v) apremilast at a dose of 30 mg twice a day for at least 6 weeks; (vi) deucravacitinib at a dose of 6 mg once daily for at least 6 weeks, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

Where treatment with methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin is contraindicated according to the relevant TGA-approved Product Information, or where phototherapy is contraindicated, details must be provided at the time of application.

Where intolerance to treatment with phototherapy, methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Regardless of if a patient has a contraindication to treatment with either methotrexate, ciclosporin, apremilast, deucravacitinib, acitretin or phototherapy, the patient is still required to trial 2 of these prior therapies until a failure to achieve an adequate response is met.

The following criterion indicates failure to achieve an adequate response to prior treatment and must be demonstrated in the patient at the time of the application:

(a) Chronic plaque psoriasis classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where:

(i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe, as assessed, preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment; or

(ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, as assessed, preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment;

(b) A PASI assessment must be completed for each prior treatment course, preferably whilst still on treatment, but no longer than 4 weeks following cessation of each course of treatment.

(c) The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current and previous Psoriasis Area and Severity Index (PASI) calculation sheets, and the face, hand, foot area diagrams including the dates of assessment of the patient's condition; and

(ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy].

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 6 weeks treatment with phototherapy, methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin can be found on the Services Australia website (www.servicesaustralia.gov.au).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority Required

18529

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 2, Face, hand, foot (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current Psoriasis Area and Severity Index (PASI) calculation sheets, and the face, hand, foot area diagrams including the dates of assessment of the patient's condition; and

(ii) details of prior biological treatment, including dosage, date and duration of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority Required

18582

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 3, Face, hand, foot (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must be classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where: (i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or (ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheets, and the face, hand, foot area diagrams including the dates of assessment of the patient's condition.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18644

Severe chronic plaque psoriasis

Treatment Phase: Balance of supply - Initial treatment - Initial 1, Whole body or Face, hand, foot (new patient) or Initial 2, Whole body or Face, hand, foot (change or re-commencement of treatment after a break in biological medicine of less than 5 years) or Initial 3, Whole body or Face, hand, foot (re-commencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1, Whole body (new patient) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2, Whole body (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3, Whole body (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 1, Face, hand, foot (new patient) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2, Face, hand, foot (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3, Face, hand, foot (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment, **AND**

- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a dermatologist.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

ixekizumab 80 mg/mL injection, 2 x 1 mL pen devices

11032P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	0.00	3,291.30	25.00	Taltz [LY]

IXEKIZUMAB

Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed for adult patients with the indication of ankylosing spondylitis (AS).

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Ankylosing spondylitis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

Treatment cycles:

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who has been receiving PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab and secukinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Where treatment has resulted in an inadequate response on 3 occasions a treatment cycle is considered to have been completed and there must be a 5-year break in PBS subsidy from all medicines with the PBS indication: 'Ankylosing spondylitis' before starting a new treatment cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle and where a break in therapy of less than 5 years has occurred, a further course of treatment may be commenced within the same treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Prescribing under the correct 'Treatment phase' listing for the authority application:

(1) Initial treatment.

Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for ankylosing spondylitis.

(2) Continuing treatment.

Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to proceed initial treatment. An authority application for continuing treatment is not to be made on the same day as initial treatment.

(3) Changing therapy.

Apply under the 'Initial 2' treatment listing. Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to prior NSAID therapy and exercise program requirements. Where a patient is changing from a biosimilar medicine the prescriber must submit baseline indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI). A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot change to a particular biological medicine if it has failed to provide the patient with an adequate response within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this initial 2 treatment authority application.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological medicine. To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under the 'Initial 3' treatment listing. Prior NSAID and exercise therapies need not be re-trialled.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

14692

Ankylosing spondylitis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An adequate response is defined as an improvement from baseline of at least 2 units (on a scale of 0-10) in the BASDAI score combined with at least 1 of the following:

(a) an ESR measurement no greater than 25 mm per hour; or

(b) a CRP measurement no greater than 10 mg per L; or

(c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and used to assess all future responses to treatment.

The assessment of response to treatment must be documented in the patient's medical records.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

9431

Ankylosing spondylitis

Treatment Phase: Continuing treatment - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the Continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

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ixekizumab 80 mg/mL injection, 2 x 1 mL pen devices

12209N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	0.00	3,291.30	25.00	Taltz [LY]

IXEKIZUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who received PBS-subsidised adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.

A patient receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.

(1) Initial treatment.

An application for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab, and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab, 24 weeks of therapy for bimekizumab and 28 weeks of therapy for risankizumab, tildrakizumab and ustekinumab.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of their course of initial treatment to ensure uninterrupted biological medicine supply.

(2) Assessment of response to initial treatment.

When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment and no later than 4 weeks from the completion of this initial treatment course.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

(3) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be

deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Infliximab, adalimumab and etanercept only:

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.

For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(4) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle or have experienced treatment failure with that particular biological medicine that required permanent treatment withdrawal.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.

(5) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.

To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.

(6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 4 weeks at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

18645

Severe chronic plaque psoriasis

Treatment Phase: Continuing treatment, Whole body

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

The authority application must be made in writing and must include:

(a) details of the proposed prescription(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed Psoriasis Area and Severity Index (PASI) calculation sheet including the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18701

Severe chronic plaque psoriasis

Treatment Phase: Continuing treatment, Face, hand, foot

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

The authority application must be made in writing and must include:

(a) details of the proposed prescription(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed Psoriasis Area and Severity Index (PASI) calculation sheet and face, hand, foot area diagrams including the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826
HOBART TAS 7001

Authority Required

18530

Severe chronic plaque psoriasis

Treatment Phase: Balance of supply - Continuing treatment, Whole body or Continuing treatment, Face, hand, foot

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the continuing treatment, Whole body restriction to complete 24 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug under the continuing treatment, Face, hand, foot restriction to complete 24 weeks treatment, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a dermatologist.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

ixekizumab 80 mg/mL injection, 2 x 1 mL pen devices

11033Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	0.00	3,291.30	25.00	Taltz [LY]

IXEKIZUMAB

Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed for adult patients with the indication of ankylosing spondylitis (AS).

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Ankylosing spondylitis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

Treatment cycles:

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who has been receiving PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab and secukinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Where treatment has resulted in an inadequate response on 3 occasions a treatment cycle is considered to have been completed and there must be a 5-year break in PBS subsidy from all medicines with the PBS indication: 'Ankylosing spondylitis' before starting a new treatment cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle and where a break in therapy of less than 5 years has occurred, a further course of treatment may be commenced within the same treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Prescribing under the correct 'Treatment phase' listing for the authority application:

(1) Initial treatment.

Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for ankylosing spondylitis.

(2) Continuing treatment.

Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to proceed initial treatment. An authority application for continuing treatment is not to be made on the same day as initial treatment.

(3) Changing therapy.

Apply under the 'Initial 2' treatment listing. Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to prior NSAID therapy and exercise program requirements. Where a patient is changing from a biosimilar medicine the prescriber must submit baseline indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI). A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot change to a particular biological medicine if it has failed to provide the patient with an adequate response within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this initial 2 treatment authority application.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological medicine. To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under the 'Initial 3' treatment listing. Prior NSAID and exercise therapies need not be re-trialled.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

14670

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Clinical criteria:

- The condition must be either radiologically (plain X-ray) confirmed: (i) Grade II bilateral sacroiliitis; (ii) Grade III unilateral sacroiliitis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have at least 2 of the following: (i) low back pain and stiffness for 3 or more months that is relieved by exercise but not by rest; (ii) limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by a score of at least 1 on each of the lumbar flexion and lumbar side flexion measurements of the Bath Ankylosing Spondylitis Metrology Index (BASMI); (iii) limitation of chest expansion relative to normal values for age and gender, **AND**
- Patient must have failed to achieve an adequate response following treatment with at least 2 non-steroidal anti-inflammatory drugs (NSAIDs), whilst completing an appropriate exercise program, for a total period of 3 months, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The application must include details of the NSAIDs trialled, their doses and duration of treatment.

If the NSAID dose is less than the maximum recommended dose in the relevant TGA-approved Product Information, the application must include the reason a higher dose cannot be used.

If treatment with NSAIDs is contraindicated according to the relevant TGA-approved Product Information, the application must provide details of the contraindication.

If intolerance to NSAID treatment develops during the relevant period of use which is of a severity to necessitate permanent treatment withdrawal, the application must provide details of the nature and severity of this intolerance.

The following criteria indicate failure to achieve an adequate response and must be demonstrated at the time of the initial application:

(a) a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 4 on a 0-10 scale; and

(b) an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 10 mg per L.

The baseline BASDAI score and ESR or CRP level must be determined at the completion of the 3 month NSAID and exercise trial, but prior to ceasing NSAID treatment. All measurements must be no more than 4 weeks old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reason this criterion cannot be satisfied.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The following must be provided at the time of application and documented in the patient's medical records:

(i) details (name of the radiology report provider, date of the radiology report and unique identifying number/code that links report to the individual patient) of the radiological report confirming Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis; and

(ii) a baseline BASDAI score; and

(iii) a completed Exercise Program Self Certification Form included in the supporting information form; and

(iv) baseline ESR and/or CRP level.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Details of the toxicities, including severity, which will be accepted for the purposes of administering this restriction can be found on the Services Australia website at www.servicesaustralia.gov.au

Note For details on the appropriate minimum exercise program that will be accepted for the purposes of administering this restriction, please refer to the Services Australia website at www.servicesaustralia.gov.au

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

14655

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed/ceased to respond to PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for a patient who is either changing treatment from another biological medicine to this drug or recommencing therapy with this drug after a treatment break of less than 5 years, must be accompanied with details of the evidence of a response to the patient's most recent course of PBS-subsidised biological medicine within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a patient is changing from PBS-subsidised treatment with a biosimilar medicine for this condition, the prescriber must submit baseline disease severity indicators with this application, in addition to the response assessment outlined below.

An adequate response is defined as an improvement from baseline of at least 2 units (on a scale of 0-10) in the BASDAI score combined with at least 1 of the following:

(a) an ESR measurement no greater than 25 mm per hour; or

(b) a CRP measurement no greater than 10 mg per L; or

(c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and used to assess all future responses to treatment.

The assessment of response to treatment must be documented in the patient's medical records.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority Required

14662

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of at least 5 years from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must be either radiologically (plain X-ray) confirmed: (i) Grade II bilateral sacroiliitis; (ii) Grade III unilateral sacroiliitis, **AND**
- Patient must have at least 2 of the following: (i) low back pain and stiffness for 3 or more months that is relieved by exercise but not by rest; (ii) limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by a score of at least 1 on each of the lumbar flexion and lumbar side flexion measurements of the Bath Ankylosing Spondylitis Metrology Index (BASMI); (iii) limitation of chest expansion relative to normal values for age and gender, **AND**
- Patient must have a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 4 on a 0-10 scale that is no more than 4 weeks old at the time of application, **AND**
- Patient must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour that is no more than 4 weeks old at the time of application; **OR**
- Patient must have a C-reactive protein (CRP) level greater than 10 mg per L that is no more than 4 weeks old at the time of application; **OR**
- Patient must have a clinical reason as to why demonstration of an elevated ESR or CRP cannot be met and the application must state the reason, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The following must be provided at the time of application and documented in the patient's medical records:

(i) details (name of the radiology report provider, date of the radiology report and unique identifying number/code that links report to the individual patient) of the radiological report confirming Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis; and

(ii) a baseline BASDAI score; and

(iii) a baseline ESR and/or CRP level.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority Required

9429

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 1 (new patient), Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

ixekizumab 80 mg/mL injection, 2 x 1 mL pen devices

12217B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	0.00	3,291.30	25.00	Taltz [LY]

RISANKIZUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who received PBS-subsidised adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.

A patient receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.

(1) Initial treatment.

An application for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab, and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab, 24 weeks of therapy for bimekizumab and 28 weeks of therapy for risankizumab, tildrakizumab and ustekinumab.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of their course of initial treatment to ensure uninterrupted biological medicine supply.

(2) Assessment of response to initial treatment.

When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment and no later than 4 weeks from the completion of this initial treatment course.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

(3) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Infliximab, adalimumab and etanercept only:

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.

For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(4) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle or have experienced treatment failure with that particular biological medicine that required permanent treatment withdrawal.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.

(5) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.

To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.

(6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 4 weeks at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

18575

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 1, Whole body (new patient)

Clinical criteria:

- Patient must have severe chronic plaque psoriasis where lesions have been present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 2 of the following 6 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; (ii) methotrexate at a dose of at least 10 mg weekly for at least 6 weeks; (iii) ciclosporin at a dose of at least 2 mg per kg per day for at least 6 weeks; (iv) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks; (v) apremilast at a dose of 30 mg twice a day for at least 6 weeks; (vi) deucravacitinib at a dose of 6 mg once daily for at least 6 weeks, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 28 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

Where treatment with methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin is contraindicated according to the relevant TGA-approved Product Information, or where phototherapy is contraindicated, details must be provided at the time of application.

Where intolerance to treatment with phototherapy, methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Regardless of if a patient has a contraindication to treatment with either methotrexate, ciclosporin, apremilast, deucravacitinib, acitretin or phototherapy, the patient is still required to trial 2 of these prior therapies until a failure to achieve an adequate response is met.

The following criterion indicates failure to achieve an adequate response to prior treatment and must be demonstrated in the patient at the time of the application:

(a) A current Psoriasis Area and Severity Index (PASI) score of greater than 15, as assessed, preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment.

(b) A PASI assessment must be completed for each prior treatment course, preferably whilst still on treatment, but no longer than 4 weeks following cessation of each course of treatment.

(c) The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current and previous Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition; and

(ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy].

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

At the time of the authority application, medical practitioners should request to provide for an initial course of this drug for this condition sufficient for up to 28 weeks of therapy, at a dose of 150 mg for weeks 0 and 4, then 150 mg every 12 weeks thereafter.

Note Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 6 weeks treatment with phototherapy, methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin can be found on the Services Australia website (www.servicesaustralia.gov.au).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826
HOBART TAS 7001

Authority Required

18576

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 2, Whole body (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 28 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition; and

(ii) details of prior biological treatment, including dosage, date and duration of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

At the time of the authority application, medical practitioners should request to provide for an initial course of this drug for this condition sufficient for up to 28 weeks of therapy, at a dose of 150 mg for weeks 0 and 4, then 150 mg every 12 weeks thereafter.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

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Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18715

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 3, Whole body (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must have a current Psoriasis Area and Severity Index (PASI) score of greater than 15, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 28 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18677

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 1, Face, hand, foot (new patient)

Clinical criteria:

- Patient must have severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot where the plaque or plaques have been present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 2 of the following 6 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; (ii) methotrexate at a dose of at least 10 mg weekly for at least 6 weeks; (iii) ciclosporin at a dose of at least 2 mg per kg per day for at least 6 weeks; (iv) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks; (v) apremilast at a dose of 30 mg twice a day for at least 6 weeks; (vi) deucravacitinib at a dose of 6 mg once daily for at least 6 weeks, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 28 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

Where treatment with methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin is contraindicated according to the relevant TGA-approved Product Information, or where phototherapy is contraindicated, details must be provided at the time of application.

Where intolerance to treatment with phototherapy, methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Regardless of if a patient has a contraindication to treatment with either methotrexate, ciclosporin, apremilast, deucravacitinib, acitretin or phototherapy, the patient is still required to trial 2 of these prior therapies until a failure to achieve an adequate response is met.

The following criterion indicates failure to achieve an adequate response to prior treatment and must be demonstrated in the patient at the time of the application:

(a) Chronic plaque psoriasis classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where:

(i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe, as assessed, preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment; or

(ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, as assessed, preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment;

(b) A PASI assessment must be completed for each prior treatment course, preferably whilst still on treatment, but no longer than 4 weeks following cessation of each course of treatment.

(c) The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current and previous Psoriasis Area and Severity Index (PASI) calculation sheets, and the face, hand, foot area diagrams including the dates of assessment of the patient's condition; and

(ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy].

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

At the time of the authority application, medical practitioners should request to provide for an initial course of this drug for this condition sufficient for up to 28 weeks of therapy, at a dose of 150 mg for weeks 0 and 4, then 150 mg every 12 weeks thereafter.

Note Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 6 weeks treatment with phototherapy, methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin can be found on the Services Australia website (www.servicesaustralia.gov.au).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18664

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 2, Face, hand, foot (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 28 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current Psoriasis Area and Severity Index (PASI) calculation sheets, and the face, hand, foot area diagrams including the dates of assessment of the patient's condition; and

(ii) details of prior biological treatment, including dosage, date and duration of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

At the time of the authority application, medical practitioners should request to provide for an initial course of this drug for this condition sufficient for up to 28 weeks of therapy, at a dose of 150 mg for weeks 0 and 4, then 150 mg every 12 weeks thereafter.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18610

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 3, Face, hand, foot (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must be classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where: (i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or (ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 28 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the completed current Psoriasis Area and Severity Index

(PASI) calculation sheets, and the face, hand, foot area diagrams including the dates of assessment of the patient's condition.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18646

Severe chronic plaque psoriasis

Treatment Phase: Balance of supply - Initial treatment - Initial 1, Whole body or Face, hand, foot (new patient) or Initial 2, Whole body or Face, hand, foot (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3, Whole body or Face, hand, foot (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1, Whole body (new patient) restriction to complete 28 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2, Whole body (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 28 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3, Whole body (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 28 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 1, Face, hand, foot (new patient) restriction to complete 28 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2, Face, hand, foot (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 28 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3, Face, hand, foot (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 28 weeks treatment, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- The treatment must provide no more than the balance of up to 28 weeks treatment available under the above restriction.

Treatment criteria:

- Must be treated by a dermatologist.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

risankizumab 150 mg/mL injection, 1 mL pen device

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14111Q	1	2	0.00	5,209.24	25.00	Skyrizi [VE]

RISANKIZUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE PSORIATIC ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) listed for adult patients with severe psoriatic arthritis.

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Severe Psoriatic Arthritis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

A patient is eligible for PBS-subsidised treatment with only 1 of the biological medicines at any one time.

Under these arrangements, within a single treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib or ustekinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe psoriatic arthritis.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or,

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or,

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than the 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements. An authority application must be made under the 'Initial 2' treatment phase.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.

However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response to the PBS-subsidised treatment.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment restriction according to the criteria of the relevant restriction and index of disease severity. The application must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

15902

Severe psoriatic arthritis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Population criteria:

- Patient must be at least 18 years of age.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

15903

Severe psoriatic arthritis

Treatment Phase: Continuing treatment - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

risankizumab 150 mg/mL injection, 1 mL pen device

14713J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	0.00	5,209.24	25.00	Skyrizi [VE]

RISANKIZUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who received PBS-subsidised adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.

A patient receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.

(1) Initial treatment.

An application for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab, and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab, 24 weeks of therapy for bimekizumab and 28 weeks of therapy for risankizumab, tildrakizumab and ustekinumab.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of their course of initial treatment to ensure uninterrupted biological medicine supply.

(2) Assessment of response to initial treatment.

When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment and no later than 4 weeks from the completion of this initial treatment course.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

(3) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Infliximab, adalimumab and etanercept only:

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.

For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(4) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle or have experienced treatment failure with that particular biological medicine that required permanent treatment withdrawal.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.

(5) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.

To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.

(6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 4 weeks at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

18571

Severe chronic plaque psoriasis

Treatment Phase: Continuing treatment, Whole body

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheet including the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18583

Severe chronic plaque psoriasis

Treatment Phase: Continuing treatment, Face, hand, foot

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheets, and the face, hand, foot area diagrams including the dates of assessment of the patient's condition.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18530

Severe chronic plaque psoriasis

Treatment Phase: Balance of supply - Continuing treatment, Whole body or Continuing treatment, Face, hand, foot

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the continuing treatment, Whole body restriction to complete 24 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug under the continuing treatment, Face, hand, foot restriction to complete 24 weeks treatment, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a dermatologist.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

risankizumab 150 mg/mL injection, 1 mL pen device

14142H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	0.00	5,209.24	25.00	Skyrizi [VE]

RISANKIZUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE PSORIATIC ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) listed for adult patients with severe psoriatic arthritis.

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Severe Psoriatic Arthritis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

A patient is eligible for PBS-subsidised treatment with only 1 of the biological medicines at any one time.

Under these arrangements, within a single treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib or ustekinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe psoriatic arthritis.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or,

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or,

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than the 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements. An authority application must be made under the 'Initial 2' treatment phase.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.

However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response to the PBS-subsidised treatment.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment restriction according to the criteria of the relevant restriction and index of disease severity. The application must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

16338

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response to methotrexate at a dose of at least 20 mg weekly for a minimum period of 3 months, **AND**
- Patient must have failed to achieve an adequate response to sulfasalazine at a dose of at least 2 g per day for a minimum period of 3 months; **OR**

- Patient must have failed to achieve an adequate response to leflunomide at a dose of up to 20 mg daily for a minimum period of 3 months, **AND**
- Patient must not receive more than 28 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Population criteria:

- Patient must be at least 18 years of age.

Where treatment with methotrexate, sulfasalazine or leflunomide is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.

Where intolerance to treatment with methotrexate, sulfasalazine or leflunomide developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

The following initiation criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; and

either

(a) an active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

16391

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 28 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Population criteria:

- Patient must be at least 18 years of age.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

16339

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have had a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; **OR**
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either (a) a total active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active major joints, **AND**
- Patient must not receive more than 28 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Population criteria:

- Patient must be at least 18 years of age.

Major joints are defined as (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count and ESR and/or CRP must be no more than 4 weeks old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

16340

Severe psoriatic arthritis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the Initial 1 (new patient) restriction to complete 28 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 28 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 28 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 28 weeks treatment available under the above restriction.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

risankizumab 150 mg/mL injection, 1 mL pen device

14732J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	0.00	5,209.24	25.00	Skyrizi [VE]

SECUKINUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who received PBS-subsidised adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.

A patient receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.

(1) Initial treatment.

An application for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab, and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab, 24 weeks of therapy for bimekizumab and 28 weeks of therapy for risankizumab, tildrakizumab and ustekinumab.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of their course of initial treatment to ensure uninterrupted biological medicine supply.

(2) Assessment of response to initial treatment.

When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment and no later than 4 weeks from the completion of this initial treatment course.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

(3) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Infliximab, adalimumab and etanercept only:

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.

For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(4) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle or have experienced treatment failure with that particular biological medicine that required permanent treatment withdrawal.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.

(5) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.

To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.

(6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 4 weeks at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

18653

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 1, Whole body (new patient)

Clinical criteria:

- Patient must have severe chronic plaque psoriasis where lesions have been present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 2 of the following 6 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; (ii) methotrexate at a dose of at least 10 mg weekly for at least 6 weeks; (iii) ciclosporin at a dose of at least 2 mg per kg per day for at least 6 weeks; (iv) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks; (v) apremilast at a dose of 30 mg twice a day for at least 6 weeks; (vi) deucravacitinib at a dose of 6 mg once daily for at least 6 weeks, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

Where treatment with methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin is contraindicated according to the relevant TGA-approved Product Information, or where phototherapy is contraindicated, details must be provided at the time of application.

Where intolerance to treatment with phototherapy, methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Regardless of if a patient has a contraindication to treatment with either methotrexate, ciclosporin, apremilast, deucravacitinib, acitretin or phototherapy, the patient is still required to trial 2 of these prior therapies until a failure to achieve an adequate response is met.

The following criterion indicates failure to achieve an adequate response to prior treatment and must be demonstrated in the patient at the time of the application:

(a) A current Psoriasis Area and Severity Index (PASI) score of greater than 15, as assessed, preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment.

(b) A PASI assessment must be completed for each prior treatment course, preferably whilst still on treatment, but no longer than 4 weeks following cessation of each course of treatment.

(c) The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current and previous Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition; and

(ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy].

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 6 weeks treatment with phototherapy, methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin can be found on the Services Australia website (www.servicesaustralia.gov.au).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

16785

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 2, Whole body (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition; and

(ii) details of prior biological treatment, including dosage, date and duration of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

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Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

16779

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 3, Whole body (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must have a current Psoriasis Area and Severity Index (PASI) score of greater than 15, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

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Or mailed to:

Services Australia

Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority Required

18647

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 1, Face, hand, foot (new patient)

Clinical criteria:

- Patient must have severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot where the plaque or plaques have been present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 2 of the following 6 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; (ii) methotrexate at a dose of at least 10 mg weekly for at least 6 weeks; (iii) ciclosporin at a dose of at least 2 mg per kg per day for at least 6 weeks; (iv) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks; (v) apremilast at a dose of 30 mg twice a day for at least 6 weeks; (vi) deucravacitinib at a dose of 6 mg once daily for at least 6 weeks, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

Where treatment with methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin is contraindicated according to the relevant TGA-approved Product Information, or where phototherapy is contraindicated, details must be provided at the time of application.

Where intolerance to treatment with phototherapy, methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Regardless of if a patient has a contraindication to treatment with either methotrexate, ciclosporin, apremilast, deucravacitinib, acitretin or phototherapy, the patient is still required to trial 2 of these prior therapies until a failure to achieve an adequate response is met.

The following criterion indicates failure to achieve an adequate response to prior treatment and must be demonstrated in the patient at the time of the application:

(a) Chronic plaque psoriasis classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where:

(i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe, as assessed, preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment; or

(ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, as assessed, preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment;

(b) A PASI assessment must be completed for each prior treatment course, preferably whilst still on treatment, but no longer than 4 weeks following cessation of each course of treatment.

(c) The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current and previous Psoriasis Area and Severity Index (PASI) calculation sheets, and the face, hand, foot area diagrams including the dates of assessment of the patient's condition; and

(ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy].

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 6 weeks treatment with phototherapy, methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin can be found on the Services Australia website (www.servicesaustralia.gov.au).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

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Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18529

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 2, Face, hand, foot (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current Psoriasis Area and Severity Index (PASI) calculation sheets, and the face, hand, foot area diagrams including the dates of assessment of the patient's condition; and

(ii) details of prior biological treatment, including dosage, date and duration of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18582

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 3, Face, hand, foot (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must be classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where: (i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or (ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheets, and the face, hand, foot area diagrams including the dates of assessment of the patient's condition.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

secukinumab 150 mg/mL injection, 2 x 1 mL pen devices

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10910F	4	0	0.00	*5,304.36	25.00	Cosentyx [NV]

Secukinumab 300 mg/2 mL injection, 2 mL pen device

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15028Y	4	0	0.00	*5,304.32	25.00	Cosentyx [NV]

SECUKINUMAB

Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed for adult patients with the indication of ankylosing spondylitis (AS).

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Ankylosing spondylitis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

Treatment cycles:

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who has been receiving PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab and secukinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Where treatment has resulted in an inadequate response on 3 occasions a treatment cycle is considered to have been completed and there must be a 5-year break in PBS subsidy from all medicines with the PBS indication: 'Ankylosing spondylitis' before starting a new treatment cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle and where a break in therapy of less than 5 years has occurred, a further course of treatment may be commenced within the same treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Prescribing under the correct 'Treatment phase' listing for the authority application:

(1) Initial treatment.

Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for ankylosing spondylitis.

(2) Continuing treatment.

Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to proceed initial treatment. An authority application for continuing treatment is not to be made on the same day as initial treatment.

(3) Changing therapy.

Apply under the 'Initial 2' treatment listing. Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to prior NSAID therapy and exercise program requirements. Where a patient is changing from a biosimilar medicine the prescriber must submit baseline indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI). A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot change to a particular biological medicine if it has failed to provide the patient with an adequate response within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this initial 2 treatment authority application.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological medicine. To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under the 'Initial 3' treatment listing. Prior NSAID and exercise therapies need not be re-trialled.

Note Special Pricing Arrangements apply.

Authority Required

9429

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 1 (new patient), Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

secukinumab 150 mg/mL injection, 1 mL pen device

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10893H	1	2	0.00	694.23	25.00	Cosentyx [NV]

Secukinumab 300 mg/2 mL injection, 2 mL pen device

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14956E	1	2	0.00	1,373.04	25.00	Cosentyx [NV]

SECUKINUMAB

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

15807

Moderate to severe hidradenitis suppurativa

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 20 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 20 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 20 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 20 weeks treatment.

Treatment criteria:

- Must be treated by a dermatologist.

secukinumab 150 mg/mL injection, 2 x 1 mL pen devices

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14164L	1	3	0.00	1,373.05	25.00	Cosentyx [NV]

Secukinumab 300 mg/2 mL injection, 2 mL pen device

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14983N	1	3	0.00	1,373.04	25.00	Cosentyx [NV]

SECUKINUMAB

Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed for adult patients with the indication of ankylosing spondylitis (AS).

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Ankylosing spondylitis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

Treatment cycles:

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who has been receiving PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab and secukinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Where treatment has resulted in an inadequate response on 3 occasions a treatment cycle is considered to have been completed and there must be a 5-year break in PBS subsidy from all medicines with the PBS indication: 'Ankylosing spondylitis' before starting a new treatment cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle and where a break in therapy of less than 5 years has occurred, a further course of treatment may be commenced within the same treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Prescribing under the correct 'Treatment phase' listing for the authority application:

(1) Initial treatment.

Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for ankylosing spondylitis.

(2) Continuing treatment.

Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to proceed initial treatment. An authority application for continuing treatment is not to be made on the same day as initial treatment.

(3) Changing therapy.

Apply under the 'Initial 2' treatment listing. Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to prior NSAID therapy and exercise program requirements. Where a patient is changing from a biosimilar medicine the prescriber must submit baseline indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI). A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot change to a particular biological medicine if it has failed to provide the patient with an adequate response within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this initial 2 treatment authority application.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological medicine. To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under the 'Initial 3' treatment listing. Prior NSAID and exercise therapies need not be re-trialled.

Note Special Pricing Arrangements apply.

Authority Required

14692

Ankylosing spondylitis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An adequate response is defined as an improvement from baseline of at least 2 units (on a scale of 0-10) in the BASDAI score combined with at least 1 of the following:

(a) an ESR measurement no greater than 25 mm per hour; or

(b) a CRP measurement no greater than 10 mg per L; or

(c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and used to assess all future responses to treatment.

The assessment of response to treatment must be documented in the patient's medical records.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

9431

Ankylosing spondylitis

Treatment Phase: Continuing treatment - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the Continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

secukinumab 150 mg/mL injection, 1 mL pen device

10906B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	0.00	694.23	25.00	Cosentyx [NV]

Secukinumab 300 mg/2 mL injection, 2 mL pen device

15029B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	0.00	1,373.04	25.00	Cosentyx [NV]

SECUKINUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who received PBS-subsidised adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.

A patient receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.

(1) Initial treatment.

An application for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab, and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab, 24 weeks of therapy for bimekizumab and 28 weeks of therapy for risankizumab, tildrakizumab and ustekinumab.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of their course of initial treatment to ensure uninterrupted biological medicine supply.

(2) Assessment of response to initial treatment.

When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment and no later than 4 weeks from the completion of this initial treatment course.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

(3) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Infliximab, adalimumab and etanercept only:

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.

For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(4) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle or have experienced treatment failure with that particular biological medicine that required permanent treatment withdrawal.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.

(5) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.

To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.

(6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 4 weeks at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority Required

8831

Severe chronic plaque psoriasis

Treatment Phase: Initial 1, Whole body or Face, hand, foot (new patient) or Initial 2, Whole body or Face, hand, foot (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3, Whole body or Face, hand, foot (re-commencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1, Whole body (new patient) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2, Whole body (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3, Whole body (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 1, Face, hand, foot (new patient) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2, Face, hand, foot (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3, Face, hand, foot (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a dermatologist.

Note Authority approval for sufficient therapy to complete a maximum of 16 weeks of treatment may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

secukinumab 150 mg/mL injection, 2 x 1 mL pen devices

10494H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	2	0.00	1,373.05	25.00	Cosentyx [NV]

Secukinumab 300 mg/2 mL injection, 2 mL pen device

14971Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	2	0.00	1,373.04	25.00	Cosentyx [NV]

SECUKINUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE PSORIATIC ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) listed for adult patients with severe psoriatic arthritis.

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Severe Psoriatic Arthritis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

A patient is eligible for PBS-subsidised treatment with only 1 of the biological medicines at any one time.

Under these arrangements, within a single treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib or ustekinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe psoriatic arthritis.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or,

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or,

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than the 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements. An authority application must be made under the 'Initial 2' treatment phase.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.

However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response to the PBS-subsidised treatment.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment restriction according to the criteria of the relevant restriction and index of disease severity. The application must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

9064

Severe psoriatic arthritis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; **OR**

- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Note Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

secukinumab 150 mg/mL injection, 1 mL pen device

10898N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	2	0.00	694.23	25.00	Cosentyx [NV]

secukinumab 150 mg/mL injection, 2 x 1 mL pen devices

10901R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	2	0.00	1,373.05	25.00	Cosentyx [NV]

Secukinumab 300 mg/2 mL injection, 2 mL pen device

15027X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	2	0.00	1,373.04	25.00	Cosentyx [NV]

SECUKINUMAB

Note PATIENTS WITH NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS - TREATMENT CYCLES AND TREATMENT PHASES

Where the term 'biological medicine' appears in notes and restrictions, it refers to pharmaceutical benefits listed specifically for the indication of: non-radiographic axial spondyloarthritis. Some listed pharmaceutical benefits are technically not biological medicines (e.g. Janus-kinase inhibitors), but for practical purposes, have been included under the broad term of 'biological medicine'.

A patient is eligible for PBS-subsidised treatment with only 1 biological medicine at any one time.

Treatment cycles:

A treatment cycle commences when the authority application for first PBS-subsidised biological medicine is approved for a given patient under the 'Initial 1' treatment phase. The treatment cycle continues until a fourth biological medicine fails to provide the patient with an adequate response. A new treatment cycle begins each time PBS subsidy is obtained through the 'Initial 3' treatment phase.

Within a treatment cycle, the same PBS-subsidised biological medicine must not be subsidised more than once where it has failed to provide the patient with an adequate response on any occasion that a response assessment is conducted.

Once biological medicines have failed to provide a patient with an adequate response 4 times (once with any biological medicine) within the same treatment cycle, the treatment cycle has been completed and the patient must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A serious adverse reaction requiring permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a completed treatment attempt.

Where there have been fewer than 4 inadequate responses with biological medicine therapy in a treatment cycle and there has been a break in therapy of less than 5 years, the patient may continue treatment within the same treatment cycle.

A patient who has had a break in therapy of more than 5 years may commence a new treatment cycle with up to 4 treatment attempts.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Treatment phases:

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) no prior PBS-subsidised biological medicine treatment has been prescribed - apply through the 'Initial 1 - New patient' treatment phase

(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy, but is prescribed an alternate biological medicine - apply through the 'Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years' [further details are under 'Changing the prescribed biological medicine' below]; or

(iii) a patient is recommencing treatment following a break in PBS-subsidised therapy of less than 5 years - apply through the 'Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years' treatment phase (note that where there is both a change and recommencement after less than 5 years occurring simultaneously, Initial 2 is the correct treatment phase to apply through); or

(iv) a patient is recommencing treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years - apply through the 'Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years' treatment phase.

A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy.

(2) Continuing treatment.

For continuing PBS subsidy of biological medicine it is recommended that a patient be reviewed the month prior to when the continuing dose is due to ensure uninterrupted biological medicine supply.

Continuing PBS subsidy is available in quantities/repeats that provide up to 24 weeks of continuing treatment where an adequate response to the immediately preceding supply of treatment has been experienced.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be conducted no later than 4 weeks from the cessation of that treatment course. Where a response assessment is not conducted within the required timeframe, the treatment will be deemed to have failed to provide an adequate response, unless the patient has experienced a serious adverse reaction requiring permanent treatment withdrawal.

(3) Changing the prescribed biological medicine.

Once initial treatment with the first PBS-subsidised biological medicine is approved, an alternate biological medicine may be prescribed within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. the C-reactive protein (CRP) level and the BASDAI score), or the prior NSAID therapy and exercise program requirements. An authority application must be made under the 'Initial 2' treatment phase and must indicate the response to the preceding biological medicine in terms of whether the response was adequate or not. The prescription for the discontinued biological medicine must be marked as cancelled by the prescriber.

(4) Baseline measurements to determine response.

A response to treatment is based on the baseline BASDAI score and CRP level documented in the patient's medical records.

For a patient untreated with biological medicines, the BASDAI score used to determine baseline disease severity must be measured while the patient is receiving NSAID therapy and completing their exercise program.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications.

Prescribers may provide new baseline measurements any time that an 'Initial treatment' authority application is submitted and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A second or subsequent course of treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must occur through the Initial 3 treatment restriction. The same clinical criteria and indices of disease severity (i.e. the C-reactive protein (CRP) levels and the BASDAI) as for the Initial 1 (New patient) restriction will need to be met, but a re-trial of NSAID therapy and exercise therapy is not required.

(6) Balance of Supply

Where the full number of repeat prescriptions have not been requested under any initial or continuing listing, apply for the balance of the supply of the repeats under any treatment phase listing containing the words 'balance of supply'.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

10431

Non-radiographic axial spondyloarthritis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug for this condition, **AND**
- The treatment must not exceed a maximum of 24 weeks with this drug per authorised course under this restriction.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of non-radiographic axial spondyloarthritis.

An adequate response to therapy with this biological medicine is defined as a reduction from baseline in the Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) score by 2 or more units (on a scale of 0-10) and 1 of the following:

(a) a CRP measurement no greater than 10 mg per L; or

(b) a CRP measurement reduced by at least 20% from baseline.

If the requirement to demonstrate an elevated CRP level could not be met under an initial treatment restriction, a reduction in the BASDAI score from baseline will suffice for the purposes of administering this continuing treatment restriction.

The patient remains eligible to receive continuing treatment with the same biological medicine in courses of up to 24 weeks providing they continue to sustain an adequate response. It is recommended that a patient be reviewed in the month prior to completing their current course of treatment.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

secukinumab 150 mg/mL injection, 1 mL pen device

12307R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	0.00	694.23	25.00	Cosentyx [NV]

SECUKINUMAB

Note TREATMENT OF PATIENTS WITH MODERATE TO SEVERE HIDRADENITIS SUPPURATIVA

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed for patient with the indication of moderate to severe hidradenitis suppurativa.

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Moderate to Severe Hidradenitis Suppurativa.

Treatment cycles:

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who has been receiving PBS-subsidised adalimumab or secukinumab prior to 1 December 2025 is considered to start their first cycle as of 1 December 2025.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Where treatment has resulted in an inadequate response on 3 occasions, a treatment cycle is considered to have been completed, and there must be a 5-year break in PBS subsidy from all medicines with the PBS indication 'moderate to severe hidradenitis suppurativa' before starting a new treatment cycle.

Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle, and where a break in therapy of less than 5 years has occurred, a further course of treatment with another biological medicine may be commenced within the same treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Prescribing under the correct 'Treatment phase' listing for the authority application:

(1) Initial treatment.

Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for moderate to severe hidradenitis suppurativa.

(2) Continuing treatment.

Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to proceed initial treatment. An authority application for continuing treatment is not to be made on the same day as initial treatment.

(3) Changing/swapping therapy.

Apply under the 'Initial 2' treatment listing. Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to prior antibiotic use. A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot change to a particular biological medicine if it has failed to provide the patient with an adequate response as defined in the restriction within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this initial 2 treatment authority application.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurement of abscess and inflammatory nodule (AN) count submitted with the first authority application for a biological medicine. To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under the 'Initial 3' treatment listing. Prior antibiotic courses need not be re-trialled.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authorisation under this restriction should be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)

Alternatively applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

17671

Moderate to severe hidradenitis suppurativa

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**

- Patient must have demonstrated a response to treatment with this drug for this condition.

Treatment criteria:

- Must be treated by a dermatologist.

A response to treatment is defined as:

Achieving Hidradenitis Suppurativa Clinical Response (HiSCR) of a 50% reduction in AN count compared to baseline with no increase in abscesses or draining fistulae.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 16 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A maximum of 24 weeks treatment will be authorised under this restriction per continuing treatment.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(i) the Hidradenitis Suppurativa Clinical Response (HiSCR) result.

If the application is submitted through HPOS form upload or mail, it must include:

(i) details of the proposed prescription(s); and

(ii) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

secukinumab 150 mg/mL injection, 2 x 1 mL pen devices

14146M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	0.00	1,373.05	25.00	Cosentyx [NV]

Secukinumab 300 mg/2 mL injection, 2 mL pen device

14970X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	0.00	1,373.04	25.00	Cosentyx [NV]

SECUKINUMAB

Note PATIENTS WITH NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS - TREATMENT CYCLES AND TREATMENT PHASES

Where the term 'biological medicine' appears in notes and restrictions, it refers to pharmaceutical benefits listed specifically for the indication of: non-radiographic axial spondyloarthritis. Some listed pharmaceutical benefits are technically not biological medicines (e.g. Janus-kinase inhibitors), but for practical purposes, have been included under the broad term of 'biological medicine'.

A patient is eligible for PBS-subsidised treatment with only 1 biological medicine at any one time.

Treatment cycles:

A treatment cycle commences when the authority application for first PBS-subsidised biological medicine is approved for a given patient under the 'Initial 1' treatment phase. The treatment cycle continues until a fourth biological medicine fails to provide the patient with an adequate response. A new treatment cycle begins each time PBS subsidy is obtained through the 'Initial 3' treatment phase.

Within a treatment cycle, the same PBS-subsidised biological medicine must not be subsidised more than once where it has failed to provide the patient with an adequate response on any occasion that a response assessment is conducted.

Once biological medicines have failed to provide a patient with an adequate response 4 times (once with any biological medicine) within the same treatment cycle, the treatment cycle has been completed and the patient must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A serious adverse reaction requiring permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a completed treatment attempt.

Where there have been fewer than 4 inadequate responses with biological medicine therapy in a treatment cycle and there has been a break in therapy of less than 5 years, the patient may continue treatment within the same treatment cycle.

A patient who has had a break in therapy of more than 5 years may commence a new treatment cycle with up to 4 treatment attempts.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Treatment phases:

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) no prior PBS-subsidised biological medicine treatment has been prescribed - apply through the 'Initial 1 - New patient' treatment phase

(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy, but is prescribed an alternate biological medicine - apply through the 'Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years' [further details are under 'Changing the prescribed biological medicine' below]; or

(iii) a patient is recommencing treatment following a break in PBS-subsidised therapy of less than 5 years - apply through the 'Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years' treatment phase (note

that where there is both a change and recommencement after less than 5 years occurring simultaneously, Initial 2 is the correct treatment phase to apply through); or

(iv) a patient is recommencing treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years - apply through the 'Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years' treatment phase.

A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy.

(2) Continuing treatment.

For continuing PBS subsidy of biological medicine it is recommended that a patient be reviewed the month prior to when the continuing dose is due to ensure uninterrupted biological medicine supply.

Continuing PBS subsidy is available in quantities/repeats that provide up to 24 weeks of continuing treatment where an adequate response to the immediately preceding supply of treatment has been experienced.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be conducted no later than 4 weeks from the cessation of that treatment course. Where a response assessment is not conducted within the required timeframe, the treatment will be deemed to have failed to provide an adequate response, unless the patient has experienced a serious adverse reaction requiring permanent treatment withdrawal.

(3) Changing the prescribed biological medicine.

Once initial treatment with the first PBS-subsidised biological medicine is approved, an alternate biological medicine may be prescribed within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. the C-reactive protein (CRP) level and the BASDAI score), or the prior NSAID therapy and exercise program requirements. An authority application must be made under the 'Initial 2' treatment phase and must indicate the response to the preceding biological medicine in terms of whether the response was adequate or not. The prescription for the discontinued biological medicine must be marked as cancelled by the prescriber.

(4) Baseline measurements to determine response.

A response to treatment is based on the baseline BASDAI score and CRP level documented in the patient's medical records.

For a patient untreated with biological medicines, the BASDAI score used to determine baseline disease severity must be measured while the patient is receiving NSAID therapy and completing their exercise program.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications.

Prescribers may provide new baseline measurements any time that an 'Initial treatment' authority application is submitted and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A second or subsequent course of treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must occur through the Initial 3 treatment restriction. The same clinical criteria and indices of disease severity (i.e. the C-reactive protein (CRP) levels and the BASDAI) as for the Initial 1 (New patient) restriction will need to be met, but a re-trial of NSAID therapy and exercise therapy is not required.

(6) Balance of Supply

Where the full number of repeat prescriptions have not been requested under any initial or continuing listing, apply for the balance of the supply of the repeats under any treatment phase listing containing the words 'balance of supply'.

Note No increase in the maximum quantity or number of units may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

11390

Non-radiographic axial spondyloarthritis

Treatment Phase: Initial 1 (New patient), Initial 2 (Change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (Recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patients) restriction to complete 20 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 20 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 20 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 20 weeks treatment.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of non-radiographic axial spondyloarthritis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority Required

12392

Non-radiographic axial spondyloarthritis

Treatment Phase: Continuing treatment - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks therapy available under Continuing treatment.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of non-radiographic axial spondyloarthritis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

secukinumab 150 mg/mL injection, 1 mL pen device

12297F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	0	0.00	694.23	25.00	Cosentyx [NV]

SECUKINUMAB

Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed for adult patients with the indication of ankylosing spondylitis (AS).

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Ankylosing spondylitis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

Treatment cycles:

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who has been receiving PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab and secukinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Where treatment has resulted in an inadequate response on 3 occasions a treatment cycle is considered to have been completed and there must be a 5-year break in PBS subsidy from all medicines with the PBS indication: 'Ankylosing spondylitis' before starting a new treatment cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle and where a break in therapy of less than 5 years has occurred, a further course of treatment may be commenced within the same treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Prescribing under the correct 'Treatment phase' listing for the authority application:

(1) Initial treatment.

Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for ankylosing spondylitis.

(2) Continuing treatment.

Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to proceed initial treatment. An authority application for continuing treatment is not to be made on the same day as initial treatment.

(3) Changing therapy.

Apply under the 'Initial 2' treatment listing. Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to prior NSAID therapy and exercise program requirements. Where a patient is changing from a biosimilar medicine the prescriber must submit baseline indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI). A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot change to a particular biological medicine if it has failed to provide the patient with an adequate response within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this initial 2 treatment authority application.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological medicine. To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under the 'Initial 3' treatment listing. Prior NSAID and exercise therapies need not be re-trialled.

Note Special Pricing Arrangements apply.

Authority Required

14670

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Clinical criteria:

- The condition must be either radiologically (plain X-ray) confirmed: (i) Grade II bilateral sacroiliitis; (ii) Grade III unilateral sacroiliitis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have at least 2 of the following: (i) low back pain and stiffness for 3 or more months that is relieved by exercise but not by rest; (ii) limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by a score of at least 1 on each of the lumbar flexion and lumbar side flexion measurements of the Bath Ankylosing Spondylitis Metrology Index (BASMI); (iii) limitation of chest expansion relative to normal values for age and gender, **AND**
- Patient must have failed to achieve an adequate response following treatment with at least 2 non-steroidal anti-inflammatory drugs (NSAIDs), whilst completing an appropriate exercise program, for a total period of 3 months, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The application must include details of the NSAIDs trialled, their doses and duration of treatment.

If the NSAID dose is less than the maximum recommended dose in the relevant TGA-approved Product Information, the application must include the reason a higher dose cannot be used.

If treatment with NSAIDs is contraindicated according to the relevant TGA-approved Product Information, the application must provide details of the contraindication.

If intolerance to NSAID treatment develops during the relevant period of use which is of a severity to necessitate permanent treatment withdrawal, the application must provide details of the nature and severity of this intolerance.

The following criteria indicate failure to achieve an adequate response and must be demonstrated at the time of the initial application:

(a) a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 4 on a 0-10 scale; and

(b) an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 10 mg per L.

The baseline BASDAI score and ESR or CRP level must be determined at the completion of the 3 month NSAID and exercise trial, but prior to ceasing NSAID treatment. All measurements must be no more than 4 weeks old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reason this criterion cannot be satisfied.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The following must be provided at the time of application and documented in the patient's medical records:

(i) details (name of the radiology report provider, date of the radiology report and unique identifying number/code that links report to the individual patient) of the radiological report confirming Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis; and

(ii) a baseline BASDAI score; and

(iii) a completed Exercise Program Self Certification Form included in the supporting information form; and

(iv) baseline ESR and/or CRP level.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Details of the toxicities, including severity, which will be accepted for the purposes of administering this restriction can be found on the Services Australia website at www.servicesaustralia.gov.au

Note For details on the appropriate minimum exercise program that will be accepted for the purposes of administering this restriction, please refer to the Services Australia website at www.servicesaustralia.gov.au

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority Required

14655

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed/ceased to respond to PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for a patient who is either changing treatment from another biological medicine to this drug or recommencing therapy with this drug after a treatment break of less than 5 years, must be accompanied with details of the evidence of a response to the patient's most recent course of PBS-subsidised biological medicine within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a patient is changing from PBS-subsidised treatment with a biosimilar medicine for this condition, the prescriber must submit baseline disease severity indicators with this application, in addition to the response assessment outlined below.

An adequate response is defined as an improvement from baseline of at least 2 units (on a scale of 0-10) in the BASDAI score combined with at least 1 of the following:

(a) an ESR measurement no greater than 25 mm per hour; or

(b) a CRP measurement no greater than 10 mg per L; or

(c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and used to assess all future responses to treatment.

The assessment of response to treatment must be documented in the patient's medical records.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority Required

14662

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of at least 5 years from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must be either radiologically (plain X-ray) confirmed: (i) Grade II bilateral sacroiliitis; (ii) Grade III unilateral sacroiliitis, **AND**
- Patient must have at least 2 of the following: (i) low back pain and stiffness for 3 or more months that is relieved by exercise but not by rest; (ii) limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by a score of at least 1 on each of the lumbar flexion and lumbar side flexion measurements of the Bath Ankylosing Spondylitis Metrology Index (BASMI); (iii) limitation of chest expansion relative to normal values for age and gender, **AND**
- Patient must have a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 4 on a 0-10 scale that is no more than 4 weeks old at the time of application, **AND**
- Patient must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour that is no more than 4 weeks old at the time of application; **OR**
- Patient must have a C-reactive protein (CRP) level greater than 10 mg per L that is no more than 4 weeks old at the time of application; **OR**
- Patient must have a clinical reason as to why demonstration of an elevated ESR or CRP cannot be met and the application must state the reason, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The following must be provided at the time of application and documented in the patient's medical records:

(i) details (name of the radiology report provider, date of the radiology report and unique identifying number/code that links report to the individual patient) of the radiological report confirming Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis; and

(ii) a baseline BASDAI score; and

(iii) a baseline ESR and/or CRP level.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

secukinumab 150 mg/mL injection, 1 mL pen device

10890E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	0	0.00	*2,718.40	25.00	Cosentyx [NV]

Secukinumab 300 mg/2 mL injection, 2 mL pen device

14957F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	0	0.00	*5,304.32	25.00	Cosentyx [NV]

SECUKINUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE PSORIATIC ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) listed for adult patients with severe psoriatic arthritis.

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Severe Psoriatic Arthritis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

A patient is eligible for PBS-subsidised treatment with only 1 of the biological medicines at any one time.

Under these arrangements, within a single treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib or ustekinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe psoriatic arthritis.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or,

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or,

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than the 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements. An authority application must be made under the 'Initial 2' treatment phase.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.

However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine.

However, prescribers may provide new baseline measurements any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response to the PBS-subsidised treatment.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment restriction according to the criteria of the relevant restriction and index of disease severity. The application must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

9105

Severe psoriatic arthritis

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed Severe Psoriatic Arthritis PBS Authority Application - Supporting Information Form.

Where the most recent course of PBS-subsidised treatment with this drug was approved under either Initial 1, Initial 2, or Initial 3 treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority Required

9063

Severe psoriatic arthritis

Treatment Phase: Continuing treatment - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Note Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

secukinumab 150 mg/mL injection, 1 mL pen device

10895K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	0.00	694.23	25.00	Cosentyx [NV]

secukinumab 150 mg/mL injection, 2 x 1 mL pen devices

10899P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	0.00	1,373.05	25.00	Cosentyx [NV]

Secukinumab 300 mg/2 mL injection, 2 mL pen device

15018K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	0.00	1,373.04	25.00	Cosentyx [NV]

SECUKINUMAB

Note PATIENTS WITH NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS - TREATMENT CYCLES AND TREATMENT PHASES

Where the term 'biological medicine' appears in notes and restrictions, it refers to pharmaceutical benefits listed specifically for the indication of: non-radiographic axial spondyloarthritis. Some listed pharmaceutical benefits are technically not biological medicines (e.g. Janus-kinase inhibitors), but for practical purposes, have been included under the broad term of 'biological medicine'.

A patient is eligible for PBS-subsidised treatment with only 1 biological medicine at any one time.

Treatment cycles:

A treatment cycle commences when the authority application for first PBS-subsidised biological medicine is approved for a given patient under the 'Initial 1' treatment phase. The treatment cycle continues until a fourth biological medicine fails to provide the patient with an adequate response. A new treatment cycle begins each time PBS subsidy is obtained through the 'Initial 3' treatment phase.

Within a treatment cycle, the same PBS-subsidised biological medicine must not be subsidised more than once where it has failed to provide the patient with an adequate response on any occasion that a response assessment is conducted.

Once biological medicines have failed to provide a patient with an adequate response 4 times (once with any biological medicine) within the same treatment cycle, the treatment cycle has been completed and the patient must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A serious adverse reaction requiring permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a completed treatment attempt.

Where there have been fewer than 4 inadequate responses with biological medicine therapy in a treatment cycle and there has been a break in therapy of less than 5 years, the patient may continue treatment within the same treatment cycle.

A patient who has had a break in therapy of more than 5 years may commence a new treatment cycle with up to 4 treatment attempts.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Treatment phases:

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) no prior PBS-subsidised biological medicine treatment has been prescribed - apply through the 'Initial 1 - New patient' treatment phase

(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy, but is prescribed an alternate biological medicine - apply through the 'Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years' [further details are under 'Changing the prescribed biological medicine' below]; or

(iii) a patient is recommencing treatment following a break in PBS-subsidised therapy of less than 5 years - apply through the 'Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years' treatment phase (note that where there is both a change and recommencement after less than 5 years occurring simultaneously, Initial 2 is the correct treatment phase to apply through); or

(iv) a patient is recommencing treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years - apply through the 'Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years' treatment phase.

A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy.

(2) Continuing treatment.

For continuing PBS subsidy of biological medicine it is recommended that a patient be reviewed the month prior to when the continuing dose is due to ensure uninterrupted biological medicine supply.

Continuing PBS subsidy is available in quantities/repeats that provide up to 24 weeks of continuing treatment where an adequate response to the immediately preceding supply of treatment has been experienced.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be conducted no later than 4 weeks from the cessation of that treatment course. Where a response assessment is not conducted within the required timeframe, the treatment will be deemed to have failed to provide an adequate response, unless the patient has experienced a serious adverse reaction requiring permanent treatment withdrawal.

(3) Changing the prescribed biological medicine.

Once initial treatment with the first PBS-subsidised biological medicine is approved, an alternate biological medicine may be prescribed within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. the C-reactive protein (CRP) level and the BASDAI score), or the prior NSAID therapy and exercise program requirements. An authority application must be made under the 'Initial 2' treatment phase and must indicate the response to the preceding biological medicine in terms of whether the response was adequate or not. The prescription for the discontinued biological medicine must be marked as cancelled by the prescriber.

(4) Baseline measurements to determine response.

A response to treatment is based on the baseline BASDAI score and CRP level documented in the patient's medical records.

For a patient untreated with biological medicines, the BASDAI score used to determine baseline disease severity must be measured while the patient is receiving NSAID therapy and completing their exercise program.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications.

Prescribers may provide new baseline measurements any time that an 'Initial treatment' authority application is submitted and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A second or subsequent course of treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must occur through the Initial 3 treatment restriction. The same clinical criteria and indices of disease severity (i.e. the C-reactive protein (CRP) levels and the BASDAI) as for the Initial 1 (New patient) restriction will need to be met, but a re-trial of NSAID therapy and exercise therapy is not required.

(6) Balance of Supply

Where the full number of repeat prescriptions have not been requested under any initial or continuing listing, apply for the balance of the supply of the repeats under any treatment phase listing containing the words 'balance of supply'.

Note No increase in the maximum quantity or number of units may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

18499

Non-radiographic axial spondyloarthritis

Treatment Phase: Initial treatment - Initial 1 (New patient)

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have had chronic lower back pain and stiffness for 3 or more months that is relieved by exercise but not rest, **AND**
- Patient must have failed to achieve an adequate response following treatment with at least 2 non-steroidal anti-inflammatory drugs (NSAIDs), whilst completing an appropriate exercise program, for a total period of 3 months, **AND**
- Patient must have one or more of the following: (a) enthesitis (heel); (b) uveitis; (c) dactylitis; (d) psoriasis; (e) inflammatory bowel disease; or (f) positive for Human Leukocyte Antigen B27 (HLA-B27), **AND**
- The condition must not be radiographically evidenced on plain x-ray of Grade II bilateral sacroiliitis or Grade III or IV unilateral sacroiliitis, **AND**
- The condition must be non-radiographic axial spondyloarthritis, as defined by Assessment of Spondyloarthritis International Society (ASAS) criteria, **AND**
- The condition must be sacroiliitis with active inflammation and/or oedema on non-contrast Magnetic Resonance Imaging (MRI), **AND**
- The condition must have presence of Bone Marrow Oedema (BMO) depicted as a hyperintense signal on a Short Tau Inversion Recovery (STIR) image (or equivalent), **AND**

- The condition must have BMO depicted as a hypointense signal on a T1 weighted image (without gadolinium), **AND**
- Patient must not receive more than 20 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of non-radiographic axial spondyloarthritis.

The stated maximum quantity of 5 with zero repeats is intended for a patient undergoing the loading dose regimen of 150 mg administered at weeks 0, 1, 2, 3, and 4 (a total of 5 doses) followed by monthly administration thereafter.

State in the application whether a loading dose regimen is intended or not.

Where a loading dose regimen is intended, request a maximum quantity of 5 and zero repeats to cover doses at weeks 0, 1, 2, 3 and 4. Doses at week 8, 12, and 16 can be sought under the relevant 'Balance of supply' listing.

Where no loading dose regimen is intended, request a maximum quantity of 1 and seek an increase in the number of repeats from zero to 4 repeats to cover dosing at weeks 4, 8, 12 and 16. Where increased repeats are sought, the maximum quantity sought must not be greater than 1.

The application must include details of the NSAIDs trialled, their doses and duration of treatment.

If the NSAID dose is less than the maximum recommended dose in the relevant TGA-approved Product Information, the application must include the reason a higher dose cannot be used.

If treatment with NSAIDs is contraindicated according to the relevant TGA-approved Product Information, the application must provide details of the contraindication.

If intolerance to NSAID treatment develops during the relevant period of use which is of a severity to necessitate permanent treatment withdrawal, the application must provide details of the nature and severity of this intolerance.

The following criteria indicate failure to achieve an adequate response to NSAIDs and must be demonstrated at the time of the initial application:

(a) a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) score of at least 4 on a 0-10 scale; and

(b) C-reactive protein (CRP) level greater than 10 mg per L.

The baseline BASDAI score and CRP level must be determined at the completion of the 3-month NSAID and exercise trial, but prior to ceasing NSAID treatment. All measures must be no more than 4 weeks old at the time of initial application.

If the requirement to demonstrate an elevated CRP level could not be met, the reason must be stated in the application. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

The assessment of the patient's response to the initial course of treatment must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment in this treatment cycle.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The baseline BASDAI score and CRP level must also be documented in the patient's medical records.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

15137

Non-radiographic axial spondyloarthritis

Treatment Phase: Initial treatment - Initial 2 (Change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- The condition must not have responded inadequately to biological medicine on 4 occasions within the same treatment cycle, **AND**
- Patient must not have failed PBS-subsidised therapy with this biological medicine for this PBS indication more than once in the current treatment cycle, **AND**
- Patient must not receive more than 20 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of non-radiographic axial spondyloarthritis.

An application for Initial 2 treatment must indicate whether the patient has demonstrated an adequate response (an absence of treatment failure), failed or experienced an intolerance to the most recent supply of biological medicine treatment.

A new baseline Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) score and C-reactive protein (CRP) level may be provided at the time of this application.

An adequate response to therapy with this biological medicine is defined as a reduction from baseline in the Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) score by 2 or more units (on a scale of 0-10) and 1 of the following:

(a) a CRP measurement no greater than 10 mg per L; or

(b) a CRP measurement reduced by at least 20% from baseline.

The assessment of the patient's response to the most recent supply of biological medicine must be conducted following a minimum of 12 weeks of treatment.

BASDAI scores and CRP levels must be documented in the patient's medical records.

The assessment of the patient's response to the initial course of treatment must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment in this treatment cycle.

The following must be provided at the time of application and documented in the patient's medical records:

(a) the BASDAI score; and

(b) the C-reactive protein (CRP) level.

The stated maximum quantity of 5 with zero repeats is intended for a patient undergoing the loading dose regimen of 150 mg administered at weeks 0, 1, 2, 3, and 4 (a total of 5 doses) followed by monthly administration thereafter.

State in the application whether a loading dose regimen is intended or not.

Where a loading dose regimen is intended, request a maximum quantity of 5 and zero repeats to cover doses at weeks 0, 1, 2, 3 and 4. Doses at week 8, 12, and 16 can be sought under the relevant 'Balance of supply' listing.

Where no loading dose regimen is intended, request a maximum quantity of 1 and seek an increase in the number of repeats from zero to 4 repeats to cover dosing at weeks 4, 8, 12 and 16. Where increased repeats are sought, the maximum quantity sought must not be greater than 1.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority Required

15158

Non-radiographic axial spondyloarthritis

Treatment Phase: Initial treatment - Initial 3 (Recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have had chronic lower back pain and stiffness for 3 or more months that is relieved by exercise but not rest, **AND**
- Patient must have had a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- Patient must have one or more of the following: (a) enthesitis (heel); (b) uveitis; (c) dactylitis; (d) psoriasis; (e) inflammatory bowel disease; or (f) positive for Human Leukocyte Antigen B27 (HLA-B27), **AND**
- The condition must not be radiographically evidenced on plain x-ray of Grade II bilateral sacroiliitis or Grade III or IV unilateral sacroiliitis, **AND**
- The condition must be non-radiographic axial spondyloarthritis, as defined by Assessment of Spondyloarthritis International Society (ASAS) criteria, **AND**
- The condition must be sacroiliitis with active inflammation and/or oedema on non-contrast Magnetic Resonance Imaging (MRI), **AND**
- The condition must have presence of Bone Marrow Oedema (BMO) depicted as a hyperintense signal on a Short Tau Inversion Recovery (STIR) image (or equivalent), **AND**
- The condition must have BMO depicted as a hypointense signal on a T1 weighted image (without gadolinium), **AND**
- Patient must not receive more than 20 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of non-radiographic axial spondyloarthritis.

The following must be provided at the time of application and documented in the patient's medical records:

(a) a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) score of at least 4 on a 0-10 scale; and

(b) C-reactive protein (CRP) level greater than 10 mg per L.

The BASDAI score and CRP level must be no more than 4 weeks old at the time of this application.

If the requirement to demonstrate an elevated CRP level could not be met, the reason must be stated in the application. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

The assessment of the patient's response to the initial course of treatment must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment in this treatment cycle.

The stated maximum quantity of 5 with zero repeats is intended for a patient undergoing the loading dose regimen of 150 mg administered at weeks 0, 1, 2, 3, and 4 (a total of 5 doses) followed by monthly administration thereafter.

State in the application whether a loading dose regimen is intended or not.

Where a loading dose regimen is intended, request a maximum quantity of 5 and zero repeats to cover doses at weeks 0, 1, 2, 3 and 4. Doses at week 8, 12, and 16 can be sought under the relevant 'Balance of supply' listing.

Where no loading dose regimen is intended, request a maximum quantity of 1 and seek an increase in the number of repeats from zero to 4 repeats to cover dosing at weeks 4, 8, 12 and 16. Where increased repeats are sought, the maximum quantity sought must not be greater than 1.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

secukinumab 150 mg/mL injection, 1 mL pen device

12321L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5	0	0.00	*3,370.64	25.00	Cosentyx [NV]

SECUKINUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who received PBS-subsidised adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.

A patient receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.

(1) Initial treatment.

An application for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab, and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab, 24 weeks of therapy for bimekizumab and 28 weeks of therapy for risankizumab, tildrakizumab and ustekinumab.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of their course of initial treatment to ensure uninterrupted biological medicine supply.

(2) Assessment of response to initial treatment.

When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment and no later than 4 weeks from the completion of this initial treatment course.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

(3) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Infliximab, adalimumab and etanercept only:

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.

For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(4) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle or have experienced treatment failure with that particular biological medicine that required permanent treatment withdrawal.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.

(5) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.

To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.

(6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 4 weeks at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

18571

Severe chronic plaque psoriasis

Treatment Phase: Continuing treatment, Whole body

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheet including the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18583

Severe chronic plaque psoriasis

Treatment Phase: Continuing treatment, Face, hand, foot

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheets, and the face, hand, foot area diagrams including the dates of assessment of the patient's condition.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18530

Severe chronic plaque psoriasis

Treatment Phase: Balance of supply - Continuing treatment, Whole body or Continuing treatment, Face, hand, foot

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the continuing treatment, Whole body restriction to complete 24 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug under the continuing treatment, Face, hand, foot restriction to complete 24 weeks treatment, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a dermatologist.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

secukinumab 150 mg/mL injection, 2 x 1 mL pen devices

10425Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	0.00	1,373.05	25.00	Cosentyx [NV]

Secukinumab 300 mg/2 mL injection, 2 mL pen device

14972B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	0.00	1,373.04	25.00	Cosentyx [NV]

SECUKINUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE PSORIATIC ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) listed for adult patients with severe psoriatic arthritis.

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Severe Psoriatic Arthritis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

A patient is eligible for PBS-subsidised treatment with only 1 of the biological medicines at any one time.

Under these arrangements, within a single treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib or ustekinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe psoriatic arthritis.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or,

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or,

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than the 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements. An authority application must be made under the 'Initial 2' treatment phase.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.

However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response to the PBS-subsidised treatment.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment restriction according to the criteria of the relevant restriction and index of disease severity. The application must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

9155

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**

- Patient must have failed to achieve an adequate response to methotrexate at a dose of at least 20 mg weekly for a minimum period of 3 months, **AND**
- Patient must have failed to achieve an adequate response to sulfasalazine at a dose of at least 2 g per day for a minimum period of 3 months; **OR**
- Patient must have failed to achieve an adequate response to leflunomide at a dose of up to 20 mg daily for a minimum period of 3 months, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Where treatment with methotrexate, sulfasalazine or leflunomide is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.

Where intolerance to treatment with methotrexate, sulfasalazine or leflunomide developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

The following initiation criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; and

either

(a) an active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed Severe Psoriatic Arthritis PBS Authority Application - Supporting Information Form.

An assessment of a patient's response to an initial course of treatment must be conducted following a minimum of 12 weeks of therapy. An application for the continuing treatment must be accompanied with the assessment of response and submitted to the Department of Human Services no later than 4 weeks from the date of completion of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 3 months treatment with methotrexate and 3 months treatment with sulfasalazine or leflunomide can be found on the Department of Human Services website (www.humanservices.gov.au)

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

16382

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**

- Patient must not have failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed Severe Psoriatic Arthritis PBS Authority Application - Supporting Information Form.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to change or recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

Where the most recent course of PBS-subsidised biological medicine treatment was approved under either Initial 1, Initial 2, Initial 3 or continuing treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note The assessment of the patient's response to this initial course of treatment must be made following a minimum of 12 weeks of treatment and submitted to the Department of Human Services no later than 4 weeks from the cessation of the treatment course. If the response assessment is not submitted within these timeframes, the patient will be deemed to have failed this course of treatment.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

9069

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; **OR**
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**

- The condition must have either (a) a total active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active major joints, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Major joints are defined as (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count and ESR and/or CRP must be no more than one month old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed Severe Psoriatic Arthritis PBS Authority Application - Supporting Information Form.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

Where the most recent course of PBS-subsidised biological medicine treatment was approved under either Initial 1, Initial 2, Initial 3 or continuing treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

secukinumab 150 mg/mL injection, 1 mL pen device

10900Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	4	0	0.00	*2,718.40	25.00	Cosentyx [NV]

secukinumab 150 mg/mL injection, 2 x 1 mL pen devices

10894J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	4	0	0.00	*5,304.36	25.00	Cosentyx [NV]

Secukinumab 300 mg/2 mL injection, 2 mL pen device

14955D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	4	0	0.00	*5,304.32	25.00	Cosentyx [NV]

SECUKINUMAB

Note TREATMENT OF PATIENTS WITH MODERATE TO SEVERE HIDRADENITIS SUPPURATIVA

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed for patient with the indication of moderate to severe hidradenitis suppurativa.

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Moderate to Severe Hidradenitis Suppurativa.

Treatment cycles:

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who has been receiving PBS-subsidised adalimumab or secukinumab prior to 1 December 2025 is considered to start their first cycle as of 1 December 2025.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Where treatment has resulted in an inadequate response on 3 occasions, a treatment cycle is considered to have been completed, and there must be a 5-year break in PBS subsidy from all medicines with the PBS indication 'moderate to severe hidradenitis suppurativa' before starting a new treatment cycle.

Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle, and where a break in therapy of less than 5 years has occurred, a further course of treatment with another biological medicine may be commenced within the same treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Prescribing under the correct 'Treatment phase' listing for the authority application:

(1) Initial treatment.

Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for moderate to severe hidradenitis suppurativa.

(2) Continuing treatment.

Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to proceed initial treatment. An authority application for continuing treatment is not to be made on the same day as initial treatment.

(3) Changing/swapping therapy.

Apply under the 'Initial 2' treatment listing. Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to prior antibiotic use. A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot change to a particular biological medicine if it has failed to provide the patient with an adequate response as defined in the restriction within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this initial 2 treatment authority application.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurement of abscess and inflammatory nodule (AN) count submitted with the first authority application for a biological medicine. To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under the 'Initial 3' treatment listing. Prior antibiotic courses need not be re-trialled.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authorisation under this restriction should be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)

Alternatively applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

17644

Moderate to severe hidradenitis suppurativa

Treatment Phase: Initial treatment - Initial 1 (new patient)

Clinical criteria:

- Patient must have, at the time of application, a Hurley stage II or III grading with an abscess and inflammatory nodule (AN) count greater than or equal to 3, **AND**
- Patient must have failed to achieve an adequate response to 2 courses of different antibiotics each for 3 months prior to initiation of PBS subsidised treatment with this drug for this condition; **OR**
- Patient must have had an adverse reaction to an antibiotic of a severity necessitating permanent treatment withdrawal resulting in the patient being unable to complete treatment with 2 different courses of antibiotics each for 3 months prior to initiation of PBS-subsidised treatment with this drug for this condition; **OR**
- Patient must be contraindicated to treatment with an antibiotic due to an allergic reaction of a severity necessitating permanent treatment withdrawal resulting in the patient being unable to complete treatment with 2 different courses of antibiotics each for 3 months prior to initiation of PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must not receive more than 20 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a dermatologist.

Assessment of disease severity must be no more than 4 weeks old at the time of application.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 16 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(i) the Hurley stage grading; and

(ii) the AN count; and

(iii) the name of the antibiotic/s received for two separate courses each of three months; or

(iv) confirmation that the adverse reaction or allergy to an antibiotic necessitated permanent treatment withdrawal resulting in the patient being unable to complete a three month course of antibiotics.

The name of the one course of antibiotics of three months duration must be provided. Where the patient is unable to be treated with any courses of antibiotics the prescriber must confirm that the patient has a history of adverse reaction or allergy necessitating permanent treatment withdrawal to two different antibiotics.

If the application is submitted through HPOS form upload or mail, it must include:

(i) details of the proposed prescription(s); and

(ii) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

This restriction is intended for induction dosing only.

The details of two proposed prescriptions should be submitted with every initial application for this drug.

Prescribing the 150 mg presentation:

One prescription should be for the induction doses, containing a quantity of 8 doses of 150 mg and no repeats and the second prescription should be for 2 doses of 150 mg and 3 repeats.

Prescribing the 300 mg presentation:

One prescription should be for the induction doses, containing a quantity of 4 doses of 300 mg and no repeats and the second prescription should be for 1 dose of 300 mg and 3 repeats.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Authority Required

17681

Moderate to severe hidradenitis suppurativa

Treatment Phase: Initial treatment - Initial 2 (Change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have had 3 treatment failures within this treatment cycle to PBS-subsidised biological medicines for this condition, **AND**
- Patient must not receive more than 20 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a dermatologist.

Assessment of disease severity must be no more than 4 weeks old at the time of application.

A response to treatment is defined as:

Achieving Hidradenitis Suppurativa Clinical Response (HiSCR) of a 50% reduction in AN count compared to baseline with no increase in abscesses or draining fistulae.

An application for a patient who has received PBS-subsidised treatment with this drug, has not experienced treatment failure, and wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 16 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(i) the Hurley stage grading; and

(ii) the AN count.

If the application is submitted through HPOS form upload or mail, it must include:

(i) details of the proposed prescription(s); and

(ii) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The details of two proposed prescriptions should be submitted with every initial application for this drug.

Prescribing the 150 mg presentation:

One prescription should be for the induction doses, containing a quantity of 8 doses of 150 mg and no repeats and the second prescription should be for 2 doses of 150 mg and 3 repeats.

Prescribing the 300 mg presentation:

One prescription should be for the induction doses, containing a quantity of 4 doses of 300 mg and no repeats and the second prescription should be for 1 dose of 300 mg and 3 repeats.

This restriction is intended for induction dosing only.

Authority Required

17680

Moderate to severe hidradenitis suppurativa

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have, at the time of application, a Hurley stage II or III grading with an abscess and inflammatory nodule (AN) count greater than or equal to 3, **AND**
- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- Patient must not receive more than 20 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a dermatologist.

Assessment of disease severity must be no more than 4 weeks old at the time of application.

A response to treatment is defined as:

Achieving Hidradenitis Suppurativa Clinical Response (HiSCR) of a 50% reduction in AN count compared to baseline with no increase in abscesses or draining fistulae.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 16 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(i) the Hurley stage grading; and

(ii) the AN count.

If the application is submitted through HPOS form upload or mail, it must include:

(i) details of the proposed prescription(s); and

(ii) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The details of two proposed prescriptions should be submitted with every initial application for this drug.

Prescribing the 150 mg presentation:

One prescription should be for the induction doses, containing a quantity of 8 doses of 150 mg and no repeats and the second prescription should be for 2 doses of 150 mg and 3 repeats.

Prescribing the 300 mg presentation:

One prescription should be for the induction doses, containing a quantity of 4 doses of 300 mg and no repeats and the second prescription should be for 1 dose of 300 mg and 3 repeats.

This restriction is intended for induction dosing only.

secukinumab 150 mg/mL injection, 2 x 1 mL pen devices

14154Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	4	0	0.00	*5,304.36	25.00	Cosentyx [NV]

Secukinumab 300 mg/2 mL injection, 2 mL pen device

15004Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	4	0	0.00	*5,304.32	25.00	Cosentyx [NV]

SECUKINUMAB

Note TREATMENT OF PATIENTS WITH MODERATE TO SEVERE HIDRADENITIS SUPPURATIVA

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed for patient with the indication of moderate to severe hidradenitis suppurativa.

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Moderate to Severe Hidradenitis Suppurativa.

Treatment cycles:

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who has been receiving PBS-subsidised adalimumab or secukinumab prior to 1 December 2025 is considered to start their first cycle as of 1 December 2025.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Where treatment has resulted in an inadequate response on 3 occasions, a treatment cycle is considered to have been completed, and there must be a 5-year break in PBS subsidy from all medicines with the PBS indication 'moderate to severe hidradenitis suppurativa' before starting a new treatment cycle.

Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle, and where a break in therapy of less than 5 years has occurred, a further course of treatment with another biological medicine may be commenced within the same treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Prescribing under the correct 'Treatment phase' listing for the authority application:

(1) Initial treatment.

Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for moderate to severe hidradenitis suppurativa.

(2) Continuing treatment.

Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to proceed initial treatment. An authority application for continuing treatment is not to be made on the same day as initial treatment.

(3) Changing/swapping therapy.

Apply under the 'Initial 2' treatment listing. Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to prior antibiotic use. A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot change to a particular biological medicine if it has failed to provide the patient with an adequate response as defined in the restriction within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this initial 2 treatment authority application.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurement of abscess and inflammatory nodule (AN) count submitted with the first authority application for a biological medicine. To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under the 'Initial 3' treatment listing. Prior antibiotic courses need not be re-trialled.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authorisation under this restriction should be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)

Alternatively applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

17670

Moderate to severe hidradenitis suppurativa

Treatment Phase: Initial treatment - Initial 1 (new patient)

Clinical criteria:

- Patient must have, at the time of application, a Hurley stage II or III grading with an abscess and inflammatory nodule (AN) count greater than or equal to 3, **AND**
- Patient must have failed to achieve an adequate response to 2 courses of different antibiotics each for 3 months prior to initiation of PBS subsidised treatment with this drug for this condition; **OR**
- Patient must have had an adverse reaction to an antibiotic of a severity necessitating permanent treatment withdrawal resulting in the patient being unable to complete treatment with 2 different courses of antibiotics each for 3 months prior to initiation of PBS-subsidised treatment with this drug for this condition; **OR**

- Patient must be contraindicated to treatment with an antibiotic due to an allergic reaction of a severity necessitating permanent treatment withdrawal resulting in the patient being unable to complete treatment with 2 different courses of antibiotics each for 3 months prior to initiation of PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must not receive more than 20 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a dermatologist.

Assessment of disease severity must be no more than 4 weeks old at the time of application.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 16 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(i) the Hurley stage grading; and

(ii) the AN count; and

(iii) the name of the antibiotic/s received for two separate courses each of three months; or

(iv) confirmation that the adverse reaction or allergy to an antibiotic necessitated permanent treatment withdrawal resulting in the patient being unable to complete a three month course of antibiotics.

The name of the one course of antibiotics of three months duration must be provided. Where the patient is unable to be treated with any courses of antibiotics the prescriber must confirm that the patient has a history of adverse reaction or allergy necessitating permanent treatment withdrawal to two different antibiotics.

If the application is submitted through HPOS form upload or mail, it must include:

(i) details of the proposed prescription(s); and

(ii) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The details of two proposed prescriptions should be submitted with every initial application for this drug.

Prescribing the 150 mg presentation:

One prescription should be for the induction doses, containing a quantity of 8 doses of 150 mg and no repeats and the second prescription should be for 2 doses of 150 mg and 3 repeats.

Prescribing the 300 mg presentation:

One prescription should be for the induction doses, containing a quantity of 4 doses of 300 mg and no repeats and the second prescription should be for 1 dose of 300 mg and 3 repeats.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Authority Required

17594

Moderate to severe hidradenitis suppurativa

Treatment Phase: Initial treatment - Initial 2 (Change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have had 3 treatment failures within this treatment cycle to PBS-subsidised biological medicines for this condition, **AND**
- Patient must not receive more than 20 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a dermatologist.

Assessment of disease severity must be no more than 4 weeks old at the time of application.

A response to treatment is defined as:

Achieving Hidradenitis Suppurativa Clinical Response (HiSCR) of a 50% reduction in AN count compared to baseline with no increase in abscesses or draining fistulae.

An application for a patient who has received PBS-subsidised treatment with this drug, has not experienced treatment failure, and wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 16 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(i) the Hurley stage grading; and

(ii) the AN count.

If the application is submitted through HPOS form upload or mail, it must include:

(i) details of the proposed prescription(s); and

(ii) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The details of two proposed prescriptions should be submitted with every initial application for this drug.

Prescribing the 150 mg presentation:

One prescription should be for the induction doses, containing a quantity of 8 doses of 150 mg and no repeats and the second prescription should be for 2 doses of 150 mg and 3 repeats.

Prescribing the 300 mg presentation:

One prescription should be for the induction doses, containing a quantity of 4 doses of 300 mg and no repeats and the second prescription should be for 1 dose of 300 mg and 3 repeats.

Authority Required

17590

Moderate to severe hidradenitis suppurativa

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have, at the time of application, a Hurley stage II or III grading with an abscess and inflammatory nodule (AN) count greater than or equal to 3, **AND**
- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- Patient must not receive more than 20 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a dermatologist.

Assessment of disease severity must be no more than 4 weeks old at the time of application.

A response to treatment is defined as:

Achieving Hidradenitis Suppurativa Clinical Response (HiSCR) of a 50% reduction in AN count compared to baseline with no increase in abscesses or draining fistulae.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 16 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(i) the Hurley stage grading; and

(ii) the AN count.

If the application is submitted through HPOS form upload or mail, it must include:

(i) details of the proposed prescription(s); and

(ii) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The details of two proposed prescriptions should be submitted with every initial application for this drug.

Prescribing the 150 mg presentation:

One prescription should be for the induction doses, containing a quantity of 8 doses of 150 mg and no repeats and the second prescription should be for 2 doses of 150 mg and 3 repeats.

Prescribing the 300 mg presentation:

One prescription should be for the induction doses, containing a quantity of 4 doses of 300 mg and no repeats and the second prescription should be for 1 dose of 300 mg and 3 repeats.

secukinumab 150 mg/mL injection, 2 x 1 mL pen devices

14161H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	0.00	1,373.05	25.00	Cosentyx [NV]

Secukinumab 300 mg/2 mL injection, 2 mL pen device

15030C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	0.00	1,373.04	25.00	Cosentyx [NV]

TILDRAKIZUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological

medicines' appears in notes and restrictions, it refers to adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who received PBS-subsidised adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.

A patient receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.

(1) Initial treatment.

An application for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab, and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab, 24 weeks of therapy for bimekizumab and 28 weeks of therapy for risankizumab, tildrakizumab and ustekinumab.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of their course of initial treatment to ensure uninterrupted biological medicine supply.

(2) Assessment of response to initial treatment.

When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment and no later than 4 weeks from the completion of this initial treatment course.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

(3) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Infliximab, adalimumab and etanercept only:

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.

For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(4) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle or have experienced treatment failure with that particular biological medicine that required permanent treatment withdrawal.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.

(5) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.

To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.

(6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 4 weeks at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

18614

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 1, Whole body (new patient)

Clinical criteria:

- Patient must have severe chronic plaque psoriasis where lesions have been present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 2 of the following 6 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; (ii) methotrexate at a dose of at least 10 mg weekly for at least 6 weeks; (iii) ciclosporin at a dose of at least 2 mg per kg per day for at least 6 weeks; (iv) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks; (v) apremilast at a dose of 30 mg twice a day for at least 6 weeks; (vi) deucravacitinib at a dose of 6 mg once daily for at least 6 weeks, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 28 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

Where treatment with methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin is contraindicated according to the relevant TGA-approved Product Information, or where phototherapy is contraindicated, details must be provided at the time of application.

Where intolerance to treatment with phototherapy, methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Regardless of if a patient has a contraindication to treatment with either methotrexate, ciclosporin, apremilast, deucravacitinib, acitretin or phototherapy, the patient is still required to trial 2 of these prior therapies until a failure to achieve an adequate response is met.

The following criterion indicates failure to achieve an adequate response to prior treatment and must be demonstrated in the patient at the time of the application:

(a) A current Psoriasis Area and Severity Index (PASI) score of greater than 15, as assessed, preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment.

(b) A PASI assessment must be completed for each prior treatment course, preferably whilst still on treatment, but no longer than 4 weeks following cessation of each course of treatment.

(c) The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current and previous Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition; and

(ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy].

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

At the time of the authority application, medical practitioners should request to provide for an initial course of this drug for this condition sufficient for up to 28 weeks of therapy, at a dose of 100 mg for weeks 0 and 4, then 100 mg every 12 weeks thereafter.

Note Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 6 weeks treatment with phototherapy, methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin can be found on the Services Australia website (www.servicesaustralia.gov.au).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18680

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 2, Whole body (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 28 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition; and

(ii) details of prior biological treatment, including dosage, date and duration of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

At the time of the authority application, medical practitioners should request to provide for an initial course of this drug for this condition sufficient for up to 28 weeks of therapy, at a dose of 100 mg for weeks 0 and 4, then 100 mg every 12 weeks thereafter.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18704

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 3, Whole body (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must have a current Psoriasis Area and Severity Index (PASI) score of greater than 15, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 28 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority Required

18717

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 1, Face, hand, foot (new patient)

Clinical criteria:

- Patient must have severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot where the plaque or plaques have been present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 2 of the following 6 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; (ii) methotrexate at a dose of at least 10 mg weekly for at least 6 weeks; (iii) ciclosporin at a dose of at least 2 mg per kg per day for at least 6 weeks; (iv) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks; (v) apremilast at a dose of 30 mg twice a day for at least 6 weeks; (vi) deucravacitinib at a dose of 6 mg once daily for at least 6 weeks, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 28 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

Where treatment with methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin is contraindicated according to the relevant TGA-approved Product Information, or where phototherapy is contraindicated, details must be provided at the time of application.

Where intolerance to treatment with phototherapy, methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Regardless of if a patient has a contraindication to treatment with either methotrexate, ciclosporin, apremilast, deucravacitinib, acitretin or phototherapy, the patient is still required to trial 2 of these prior therapies until a failure to achieve an adequate response is met.

The following criterion indicates failure to achieve an adequate response to prior treatment and must be demonstrated in the patient at the time of the application:

(a) Chronic plaque psoriasis classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where:

(i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe, as assessed, preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment; or

(ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, as assessed, preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment;

(b) A PASI assessment must be completed for each prior treatment course, preferably whilst still on treatment, but no longer than 4 weeks following cessation of each course of treatment.

(c) The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current and previous Psoriasis Area and Severity Index (PASI) calculation sheets, and the face, hand, foot area diagrams including the dates of assessment of the patient's condition; and

(ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy].

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

At the time of the authority application, medical practitioners should request to provide for an initial course of this drug for this condition sufficient for up to 28 weeks of therapy, at a dose of 100 mg for weeks 0 and 4, then 100 mg every 12 weeks thereafter.

Note Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 6 weeks treatment with phototherapy, methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin can be found on the Services Australia website (www.servicesaustralia.gov.au).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18681

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 2, Face, hand, foot (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 28 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current Psoriasis Area and Severity Index (PASI) calculation sheets, and the face, hand, foot area diagrams including the dates of assessment of the patient's condition; and

(ii) details of prior biological treatment, including dosage, date and duration of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

At the time of the authority application, medical practitioners should request to provide for an initial course of this drug for this condition sufficient for up to 28 weeks of therapy, at a dose of 100 mg for weeks 0 and 4, then 100 mg every 12 weeks thereafter.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18682

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 3, Face, hand, foot (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must be classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where: (i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or (ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 28 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheets, and the face, hand, foot area diagrams including the dates of assessment of the patient's condition.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18705

Severe chronic plaque psoriasis

Treatment Phase: Balance of supply - Initial treatment - Initial 1, Whole body or Face, hand, foot (new patient) or Initial 2, Whole body or Face, hand, foot (change or re-commencement of treatment after a break in biological medicine of less than 5 years) or Initial 3, Whole body or Face, hand, foot (re-commencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1, Whole body (new patient) restriction to complete 28 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2, Whole body (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 28 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3, Whole body (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 28 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 1, Face, hand, foot (new patient) restriction to complete 28 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2, Face, hand, foot (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 28 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3, Face, hand, foot (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 28 weeks treatment, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- The treatment must provide no more than the balance of up to 28 weeks treatment available under the above restriction.

Treatment criteria:

- Must be treated by a dermatologist.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

tildrakizumab 100 mg/mL injection, 1 mL syringe

11616J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	0.00	3,146.00	25.00	Ilumya [RA]

TILDRAKIZUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who received PBS-subsidised adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.

A patient receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.

(1) Initial treatment.

An application for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab, and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab, 24 weeks of therapy for bimekizumab and 28 weeks of therapy for risankizumab, tildrakizumab and ustekinumab.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of their course of initial treatment to ensure uninterrupted biological medicine supply.

(2) Assessment of response to initial treatment.

When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment and no later than 4 weeks from the completion of this initial treatment course.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

(3) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Infliximab, adalimumab and etanercept only:

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.

For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(4) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle or have experienced treatment failure with that particular biological medicine that required permanent treatment withdrawal.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.

(5) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.

To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.

(6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 4 weeks at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

19006

Severe chronic plaque psoriasis

Treatment Phase: Continuing treatment, Whole body or Continuing treatment, Face, hand, foot - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the continuing treatment (whole body) restriction to complete 24 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug under the continuing treatment (face/hand/foot) restriction to complete 24 weeks treatment, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a dermatologist.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Tildrakizumab 100 mg/mL injection, 2 x 1 mL syringes

15448C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	0.00	6,159.64	25.00	Ilumya [RA]

TILDRAKIZUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who received PBS-subsidised adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.

A patient receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.

(1) Initial treatment.

An application for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab, and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab, 24 weeks of therapy for bimekizumab and 28 weeks of therapy for risankizumab, tildrakizumab and ustekinumab.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of their course of initial treatment to ensure uninterrupted biological medicine supply.

(2) Assessment of response to initial treatment.

When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment and no later than 4 weeks from the completion of this initial treatment course.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

(3) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Infliximab, adalimumab and etanercept only:

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.

For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(4) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle or have experienced treatment failure with that particular biological medicine that required permanent treatment withdrawal.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.

(5) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.

To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.

(6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 4 weeks at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

19029

Severe chronic plaque psoriasis

Treatment Phase: Continuing treatment, Face, hand, foot

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have both: (i) experienced an adequate response following the most recent course of treatment at the 100 mg dosage regimen and (ii) the treating physician determined that a more satisfactory response can be achieved at the 200 mg dosage regimen; **OR**
- Patient must have demonstrated an adequate response to the most recent course of treatment with this drug at the 200 mg dosage regimen, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

The authority application must be made in writing and must include:

(a) details of the proposed prescription(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed Psoriasis Area and Severity Index (PASI) calculation sheet including the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to not have responded to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient does not demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Tildrakizumab 100 mg/mL injection, 2 x 1 mL syringes

15449D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	0.00	6,159.64	25.00	Ilumya [RA]

TILDRAKIZUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who received PBS-subsidised adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.

A patient receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.

(1) Initial treatment.

An application for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab, and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab, 24 weeks of therapy for bimekizumab and 28 weeks of therapy for risankizumab, tildrakizumab and ustekinumab.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of their course of initial treatment to ensure uninterrupted biological medicine supply.

(2) Assessment of response to initial treatment.

When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment and no later than 4 weeks from the completion of this initial treatment course.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

(3) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Infliximab, adalimumab and etanercept only:

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.

For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(4) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater

than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle or have experienced treatment failure with that particular biological medicine that required permanent treatment withdrawal.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.

(5) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.

To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.

(6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 4 weeks at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

19028

Severe chronic plaque psoriasis

Treatment Phase: Continuing treatment, Whole body

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have both: (i) experienced an adequate response following the most recent course of treatment at the 100 mg dosage regimen and (ii) the treating physician determined that a more satisfactory response can be achieved at the 200 mg dosage regimen; **OR**
- Patient must have demonstrated an adequate response to the most recent course of treatment with this drug at the 200 mg dosage regimen, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

The authority application must be made in writing and must include:

(a) details of the proposed prescription(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed Psoriasis Area and Severity Index (PASI) calculation sheet including the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to not have responded to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient does not demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Tildrakizumab 100 mg/mL injection, 2 x 1 mL syringes

15458N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	0.00	6,159.64	25.00	Ilumya [RA]

TILDRAKIZUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who received PBS-subsidised adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.

A patient receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.

(1) Initial treatment.

An application for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab, and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab, 24 weeks of therapy for bimekizumab and 28 weeks of therapy for risankizumab, tildrakizumab and ustekinumab.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of their course of initial treatment to ensure uninterrupted biological medicine supply.

(2) Assessment of response to initial treatment.

When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment and no later than 4 weeks from the completion of this initial treatment course.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

(3) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Infliximab, adalimumab and etanercept only:

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.

For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(4) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle or have experienced treatment failure with that particular biological medicine that required permanent treatment withdrawal.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.

(5) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.

To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.

(6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 4 weeks at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

18571

Severe chronic plaque psoriasis

Treatment Phase: Continuing treatment, Whole body

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**

- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheet including the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18583

Severe chronic plaque psoriasis

Treatment Phase: Continuing treatment, Face, hand, foot

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheets, and the face, hand, foot area diagrams including the dates of assessment of the patient's condition.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18530

Severe chronic plaque psoriasis

Treatment Phase: Balance of supply - Continuing treatment, Whole body or Continuing treatment, Face, hand, foot

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the continuing treatment, Whole body restriction to complete 24 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug under the continuing treatment, Face, hand, foot restriction to complete 24 weeks treatment, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a dermatologist.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

tildrakizumab 100 mg/mL injection, 1 mL syringe

11613F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	0.00	3,146.00	25.00	Ilumya [RA]

TOCILIZUMAB

Caution Inadvertent muscular injection in patients aged less than 12 years may occur with the pen device.

Note TREATMENT OF PATIENTS WITH SEVERE ACTIVE SYSTEMIC JUVENILE IDIOPATHIC ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed with the indication of severe active systemic juvenile idiopathic arthritis (sJIA).

Treatment cycles

From 1 May 2012, a patient receiving PBS-subsidised tocilizumab therapy is considered to be in a treatment cycle. Under these arrangements, within a single treatment cycle, a patient may:

1) continue to receive long-term treatment with PBS-subsidised tocilizumab while they continue to show an adequate response to therapy; and
2) fail to respond, or to sustain a response, to PBS-subsidised tocilizumab twice.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, will not be considered as a treatment failure.

Where treatment has resulted in an inadequate response on 2 occasions, a treatment cycle is considered to have been completed and there must be a 12-month break in PBS-subsidy from all biological medicines with the PBS indication 'severe active systemic juvenile idiopathic arthritis' before starting a new treatment cycle. The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised tocilizumab treatment was prescribed to the date of the first application for initial treatment with tocilizumab under the new treatment cycle.

Prescribing under the correct 'Treatment Phase' listing for the authority application

Initial treatment

Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for 'severe active systemic juvenile idiopathic arthritis'.

Continuing treatment

Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to precede initial treatment. An authority prescription for continuing treatment is not to be written on the same day as initial treatment.

Recommencement of treatment after a break of less than 12-months in PBS-subsidised therapy, within the same treatment cycle

Apply under the 'Initial 2' treatment listing. The indices of disease severity (joint count, fever and/or CRP level and platelet count) will not need to be restated, except if the patient has had a break in therapy of more than 12 months.

Baseline measurements to determine response

Whether an adequate response to treatment has been demonstrated or not will be based on the relative change from relevant baseline measurements of the joint count, fever and/or CRP level and platelet count provided with the first authority application for a biological medicine. However, prescribers may provide a new baseline measurement any time that an initial authority application is provided with a treatment cycle and the eligibility for continuing treatment should be assessed according to the revised baseline measurement.

Recommencement of treatment after a 12-month break in PBS-subsidised therapy

Apply under the 'Initial 3' treatment listing.

Withdrawal of treatment after sustained remission

Withdrawal of treatment with a biological medicine should be considered in a patient who has achieved and sustained complete remission of disease for 12 months. A demonstration of response to the current treatment should be documented in the patient's medical records at the time treatment is ceased. These results must be provided to Services Australia if subsequent authority applications are required.

Note Biosimilar prescribing policy

Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

14080

Systemic juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient weighing at least 30 kg)

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have polyarticular course disease which has failed to respond adequately to oral or parenteral methotrexate at a dose of at least 15 mg per square metre weekly, alone or in combination with oral or intra-articular corticosteroids, for a minimum of 3 months; **OR**
- Patient must have polyarticular course disease and have demonstrated severe intolerance of, or toxicity due to, methotrexate; **OR**
- Patient must have refractory systemic symptoms, demonstrated by an inability to decrease and maintain the dose of prednisolone (or equivalent) below 0.5 mg per kg per day following a minimum of 2 months of therapy, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be under 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

The following criteria indicate failure to achieve an adequate response to prior methotrexate therapy in a patient with polyarticular course disease and must be demonstrated in the patient at the time of the initial application:

(a) an active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The assessment of response to prior treatment must be documented in the patient's medical records.

The following criteria indicate failure to achieve an adequate response to prior therapy in a patient with refractory systemic symptoms and must be demonstrated in the patient at the time of the initial application:

(a) an active joint count of at least 2 active joints; and

(b) persistent fever greater than 38 degrees Celsius for at least 5 out of 14 consecutive days; and/or

(c) a C-reactive protein (CRP) level and platelet count above the upper limits of normal (ULN).

The assessment of response to prior treatment must be documented in the patient's medical records.

The baseline measurements of joint count, fever and/or CRP level and platelet count must be performed preferably whilst on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment.

The same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments.

Severe intolerance to methotrexate is defined as intractable nausea and vomiting and general malaise unresponsive to manoeuvres, including reducing or omitting concomitant non-steroidal anti-inflammatory drugs (NSAIDs) on the day of methotrexate administration, use of folic acid supplementation, or administering the dose of methotrexate in 2 divided doses over 24 hours.

Toxicity due to methotrexate is defined as evidence of hepatotoxicity with repeated elevations of transaminases, bone marrow suppression temporally related to methotrexate use, pneumonitis, or serious sepsis.

If treatment with methotrexate alone or in combination with other treatments is contraindicated according to the relevant TGA-approved Product Information, details must be documented in the patient's medical records.

If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, details of this toxicity must be documented in the patient's medical records.

The assessment of the patient's response to the initial course of treatment must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment in this treatment cycle.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) the date of assessment of severe active systemic juvenile idiopathic arthritis; and

(b) details of prior treatment including dose and duration of treatment.

The following reports must be documented in the patient's medical records where appropriate:

(a) the date of assessment of severe active systemic juvenile idiopathic arthritis;

(b) details of prior treatment including dose and duration of treatment; and

(c) the pathology reports detailing CRP and platelet count where appropriate.

Authority Required

14175

Systemic juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 2 (retrial or recommencement of treatment after a break of less than 12 months in a patient weighing at least 30 kg)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with this drug for this condition in the previous 12 months, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug more than once during the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be under 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

An adequate response to treatment is defined as:

(a) in a patient with polyarticular course disease:

(i) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(ii) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

- elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

- shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

(b) in a patient with refractory systemic symptoms:

(i) absence of fever greater than 38 degrees Celsius in the preceding seven days; and/or

(ii) a reduction in the C-reactive protein (CRP) level and platelet count by at least 30% from baseline; and/or

(iii) a reduction in the dose of corticosteroid by at least 30% from baseline.

The assessment of response to treatment must be documented in the patient's medical records.

The following reports must be documented in the patient's medical records where appropriate:

(a) pathology reports detailing C-reactive protein (CRP) level and platelet count.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to retrial or recommence therapy with this drug, must be accompanied by details of the evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

The assessment of the patient's response to the most recent course of biological medicine must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed that most recent course of treatment in this treatment cycle.

If a patient fails to demonstrate a response to 2 courses of treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition in the current treatment cycle. A serious adverse reaction of a severity requiring permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised biological medicine was prescribed in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Authority Required

14147

Systemic juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break of more than 12 months in a patient weighing at least 30 kg)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have had a break in treatment of 12 months or more from this drug for this condition, **AND**
- Patient must have polyarticular course disease and the condition must have at least one of: (a) an active joint count of at least 20 active (swollen and tender) joints; (b) at least 4 active joints from the following list of major joints: i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); (ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth); **OR**
- Patient must have refractory systemic symptoms and the condition must have (a) an active joint count of at least 2 active joints; and (b) persistent fever greater than 38 degrees Celsius for at least 5 out of 14 consecutive days; and/or (c) a C-reactive protein (CRP) level and platelet count above the upper limits of normal (ULN), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

Population criteria:

- Patient must be under 18 years of age.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) the date of assessment of severe active systemic juvenile idiopathic arthritis.

The following reports must be documented in the patient's medical records where appropriate:

(a) pathology reports detailing C-reactive protein (CRP) level and platelet count.

The most recent systemic juvenile idiopathic arthritis assessment must be no more than 4 weeks old at the time of application.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to recommence therapy with this drug, must be accompanied by details of the evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

The assessment of the patient's response to the most recent course of biological medicine must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed that most recent course of treatment in this treatment cycle.

If a patient fails to demonstrate a response to 2 courses of treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition in the current treatment cycle. A serious adverse reaction of a severity requiring permanent withdrawal of treatment is not considered as a treatment failure.

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices

12083Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	0.00	760.99	25.00	[a] Actemra ACTPen [RO]	[a] Avtozma [EW]

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes

12095N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	0.00	760.99	25.00	[a] Actemra Subcutaneous Injection [RO]	[a] Avtozma [EW]

TOCILIZUMAB

Caution Inadvertent muscular injection in patients aged less than 12 years may occur with the pen device.

Note TREATMENT OF PATIENTS WITH SEVERE ACTIVE SYSTEMIC JUVENILE IDIOPATHIC ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed with the indication of severe active systemic juvenile idiopathic arthritis (sJIA).

Treatment cycles

From 1 May 2012, a patient receiving PBS-subsidised tocilizumab therapy is considered to be in a treatment cycle. Under these arrangements, within a single treatment cycle, a patient may:

1) continue to receive long-term treatment with PBS-subsidised tocilizumab while they continue to show an adequate response to therapy; and
2) fail to respond, or to sustain a response, to PBS-subsidised tocilizumab twice.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, will not be considered as a treatment failure.

Where treatment has resulted in an inadequate response on 2 occasions, a treatment cycle is considered to have been completed and there must be a 12-month break in PBS-subsidy from all biological medicines with the PBS indication 'severe active systemic juvenile idiopathic arthritis' before starting a new treatment cycle. The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised tocilizumab treatment was prescribed to the date of the first application for initial treatment with tocilizumab under the new treatment cycle.

Prescribing under the correct 'Treatment Phase' listing for the authority application

Initial treatment

Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for 'severe active systemic juvenile idiopathic arthritis'.

Continuing treatment

Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to precede initial treatment. An authority prescription for continuing treatment is not to be written on the same day as initial treatment.

Recommencement of treatment after a break of less than 12-months in PBS-subsidised therapy, within the same treatment cycle

Apply under the 'Initial 2' treatment listing. The indices of disease severity (joint count, fever and/or CRP level and platelet count) will not need to be restated, except if the patient has had a break in therapy of more than 12 months.

Baseline measurements to determine response

Whether an adequate response to treatment has been demonstrated or not will be based on the relative change from relevant baseline measurements of the joint count, fever and/or CRP level and platelet count provided with the first authority application for a biological medicine. However, prescribers may provide a new baseline measurement any time that an initial authority application is provided with a treatment cycle and the eligibility for continuing treatment should be assessed according to the revised baseline measurement.

Recommencement of treatment after a 12-month break in PBS-subsidised therapy

Apply under the 'Initial 3' treatment listing.

Withdrawal of treatment after sustained remission

Withdrawal of treatment with a biological medicine should be considered in a patient who has achieved and sustained complete remission of disease for 12 months. A demonstration of response to the current treatment should be documented in the patient's medical records at the time treatment is ceased. These results must be provided to Services Australia if subsequent authority applications are required.

Note Biosimilar prescribing policy

Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

14094

Systemic juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient weighing less than 30 kg)

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have polyarticular course disease which has failed to respond adequately to oral or parenteral methotrexate at a dose of at least 15 mg per square metre weekly, alone or in combination with oral or intra-articular corticosteroids, for a minimum of 3 months; **OR**
- Patient must have polyarticular course disease and have demonstrated severe intolerance of, or toxicity due to, methotrexate; **OR**
- Patient must have refractory systemic symptoms, demonstrated by an inability to decrease and maintain the dose of prednisolone (or equivalent) below 0.5 mg per kg per day following a minimum of 2 months of therapy, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be under 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

The following criteria indicate failure to achieve an adequate response to prior methotrexate therapy in a patient with polyarticular course disease and must be demonstrated in the patient at the time of the initial application:

(a) an active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The assessment of response to prior treatment must be documented in the patient's medical records.

The following criteria indicate failure to achieve an adequate response to prior therapy in a patient with refractory systemic symptoms and must be demonstrated in the patient at the time of the initial application:

(a) an active joint count of at least 2 active joints; and

(b) persistent fever greater than 38 degrees Celsius for at least 5 out of 14 consecutive days; and/or

(c) a C-reactive protein (CRP) level and platelet count above the upper limits of normal (ULN).

The assessment of response to prior treatment must be documented in the patient's medical records.

The baseline measurements of joint count, fever and/or CRP level and platelet count must be performed preferably whilst on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment.

The same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments.

Severe intolerance to methotrexate is defined as intractable nausea and vomiting and general malaise unresponsive to manoeuvres, including reducing or omitting concomitant non-steroidal anti-inflammatory drugs (NSAIDs) on the day of methotrexate administration, use of folic acid supplementation, or administering the dose of methotrexate in 2 divided doses over 24 hours.

Toxicity due to methotrexate is defined as evidence of hepatotoxicity with repeated elevations of transaminases, bone marrow suppression temporally related to methotrexate use, pneumonitis, or serious sepsis.

If treatment with methotrexate alone or in combination with other treatments is contraindicated according to the relevant TGA-approved Product Information, details must be documented in the patient's medical records.

If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, details of this toxicity must be documented in the patient's medical records.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) the date of assessment of severe active systemic juvenile idiopathic arthritis; and

(b) the details of prior treatment including dose and duration of treatment.

The following reports must be documented in the patient's medical records where appropriate:

(a) pathology reports detailing C-reactive protein (CRP) level and platelet count.

The assessment of the patient's response to the initial course of treatment must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment in this treatment cycle.

Authority Required

14182

Systemic juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 2 (retrial or recommencement of treatment after a break of less than 12 months in a patient weighing less than 30 kg)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with this drug for this condition in the previous 12 months, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug more than once during the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be under 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

An adequate response to treatment is defined as:

(a) in a patient with polyarticular course disease:

(i) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(ii) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

- elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

- shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

(b) in a patient with refractory systemic symptoms:

(i) absence of fever greater than 38 degrees Celsius in the preceding seven days; and/or

(ii) a reduction in the C-reactive protein (CRP) level and platelet count by at least 30% from baseline; and/or

(iii) a reduction in the dose of corticosteroid by at least 30% from baseline.

The assessment of response to treatment must be documented in the patient's medical records.

The following reports must be documented in the patient's medical records where appropriate:

(a) pathology reports detailing C-reactive protein (CRP) level and platelet count.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to retrial or recommence therapy with this drug, must be accompanied by details of the evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

The assessment of the patient's response to the most recent course of biological medicine must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed that most recent course of treatment in this treatment cycle.

If a patient fails to demonstrate a response to 2 courses of treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition in the current treatment cycle. A serious adverse reaction of a severity requiring permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised biological medicine was prescribed in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Authority Required

14121

Systemic juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of a new treatment cycle after a break of more than 12 months in a patient weighing less than 30 kg)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have had a break in treatment of 12 months or more from this drug for this condition, **AND**
- Patient must have polyarticular course disease and the condition must have at least one of: (a) an active joint count of at least 20 active (swollen and tender) joints; (b) at least 4 active joints from the following list of major joints: i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); (ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth); **OR**
- Patient must have refractory systemic symptoms and the condition must have (a) an active joint count of at least 2 active joints; and (b) persistent fever greater than 38 degrees Celsius for at least 5 out of 14 consecutive days; and/or (c) a C-reactive protein (CRP) level and platelet count above the upper limits of normal (ULN), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

Population criteria:

- Patient must be under 18 years of age.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) the date of assessment of severe active systemic juvenile idiopathic arthritis.

The following reports must be documented in the patient's medical records where appropriate:

(a) pathology reports detailing C-reactive protein (CRP) level and platelet count.

The most recent systemic juvenile idiopathic arthritis assessment must be no more than 4 weeks old at the time of application.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to recommence therapy with this drug, must be accompanied by details of the evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

The assessment of the patient's response to the most recent course of biological medicine must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed that most recent course of treatment in this treatment cycle.

If a patient fails to demonstrate a response to 2 courses of treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition in the current treatment cycle. A serious adverse reaction of a severity requiring permanent withdrawal of treatment is not considered as a treatment failure.

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices

12085C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	0.00	760.99	25.00	[a] Actemra ACTPen [RO]	[a] Avtozma [EW]

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes

12105D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	0.00	760.99	25.00	[a] Actemra Subcutaneous Injection [RO]	[a] Avtozma [EW]

TOCILIZUMAB

Note TREATMENT OF PATIENTS WITH SEVERE ACTIVE JUVENILE IDIOPATHIC ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed with the indication of severe active juvenile idiopathic arthritis.

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Severe active juvenile idiopathic arthritis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term "biological medicine".

Treatment cycles:

From 1 December 2023, a patient receiving PBS-subsidised biological medicine is considered to be in a treatment cycle where they may switch to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements, within a single treatment cycle, a patient may:

(i) continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy; and

(ii) fail to respond or to sustain a response to each PBS-subsidised biological medicine once only. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Where treatment has resulted in an inadequate response on 3 occasions a treatment cycle is considered to have been completed and there must be a 12-month break in PBS-subsidy from all biological medicines with the PBS indication 'severe active juvenile idiopathic arthritis' before starting a new treatment cycle.

The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine was prescribed to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who received PBS-subsidised biological medicine immediately prior to 1 December 2023 is considered to be in their first cycle as of 1 December 2023. A patient who has had a break in biological medicine treatment of at least 12 months immediately prior to making a new application, on or after 1 December 2023, will commence a new treatment cycle under the Initial 3 treatment restriction.

Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle and where a break in therapy of less than 12 months has occurred a further course of treatment may be commenced within the same treatment cycle.

Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle and where a break in therapy of more than 12 months has occurred a new treatment cycle must be commenced.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Prescribing under the correct 'Treatment Phase' listing for the authority application:

(1) Initial treatment.

Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for 'severe active juvenile idiopathic arthritis'.

(2) Continuing treatment.

Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to precede initial treatment. An authority application for continuing treatment is not to be made on the same day as initial treatment.

(3) Changing therapy.

Apply under the 'Initial 2' treatment listing. The indices of disease severity (joint count) or the prior non-biological medicine therapy requirements will not need to be restated, except if the patient has had a break in therapy of more than 12 months who would then need to requalify under the initial 3 restrictions with respect to the indices of disease severity.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.

However, they cannot change to a particular biological medicine if it has failed to provide the patient with an adequate response within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany the initial 2 authority application.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the joint count provided with the first authority application for a biological medicine. However, prescribers may provide a new baseline measurement any time that an initial treatment authority application is provided within a treatment cycle and the eligibility for continuing treatment should be assessed according to the revised baseline measurement.

(5) Recommencement of treatment after a 12-month break in PBS-subsidised therapy.

Apply under the 'Initial 3' treatment listing.

(6) Withdrawal of treatment after sustained remission.

Withdrawal of treatment with biological medicine should be considered in a patient who has achieved and sustained complete remission of disease for 12 months. An assessment of demonstration of response to the current treatment should be conducted at the time treatment is ceased and the results retained in the patient's records. These results must be provided to Services Australia if subsequent authority applications are required.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority Required (STREAMLINED)

17742

Severe active juvenile idiopathic arthritis

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must be 30kg or over, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

An adequate response to treatment is defined as:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 10 active joints; or

(b) a reduction in the number of the following active joints, from at least 2, by at least 50%: elbow, wrist, knee, ankle, shoulder, and hip; or

(c) an improvement from baseline by at least 50% in the signs and symptoms attributable to active arthritis affecting the cervical spine or temporomandibular joint; or

(d) at least a 50% reduction from baseline on the frequency of oral or intra-articular corticosteroids use to control flares of disease associated with active arthritis; or

(e) an improvement from baseline by at least 50% in the signs and symptoms attributable to active arthritis affecting joint(s) with erosive disease.

The assessment of response to treatment must be documented in the patient's medical records.

Determination of whether a response has been demonstrated to initial and subsequent courses of treatment will be based on the baseline measurement of joint count provided with the initial treatment application.

The assessment of the patient's response to the most recent course of biological medicine must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed that most recent course of treatment in this treatment cycle.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes

11720W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	0.00	760.99	25.00	[a] Actemra Subcutaneous Injection [RO]	[a] Avtozma [EW]

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices

11742B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	0.00	760.99	25.00	[a] Actemra ACTPen [RO]	[a] Avtozma [EW]

TOCILIZUMAB

Note The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, and etanercept for patients over 18 years who have a history of juvenile idiopathic arthritis with onset prior to the age of 18 years.

This listing is a temporary listing and is only to be used to transfer patients currently receiving PBS-subsidised treatment with tocilizumab to another biological medicine, where tocilizumab is not available due to the current critical medicines shortage.

Alternative biological medicine refers to adalimumab and etanercept.

Should it be necessary to continue treatment with the alternative biological medicine, applications must be made under the relevant 'First continuing - Temporary listing' PBS listing.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18638

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 4 (Temporary listing - change of treatment from another biological medicine to tocilizumab after resolution of the critical shortage of tocilizumab)

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have been receiving PBS-subsidised treatment with tocilizumab for this condition prior to 1 November 2021, **AND**
- Patient must have been receiving PBS-subsidised treatment with a biological medicine for this condition in place of tocilizumab due to the critical supply shortage of tocilizumab, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

If a patient has received 12 weeks or more of therapy with the alternative biological medicine as their most recent treatment, evidence of a response must be provided.

If a prescriber wishes to switch therapy back to tocilizumab upon resolution of the shortage, evidence demonstrating a response to the alternative biological medicine is not required, if the patient has not completed 12 weeks of treatment. Prescribers must note on the change/recommencement authority application form that the patient is unable to demonstrate response due to insufficient treatment length and the patient is switching to tocilizumab as the shortage has been resolved.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) an active joint count of fewer than 10 active (swollen and tender) joints; or

(b) a reduction in the active (swollen and tender) joint count by at least 50% from baseline; or

(c) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient who fails to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices

12761P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	0.00	760.99	25.00	[a] Actemra ACTPen [RO]	[a] Avtozma [EW]

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes

12762Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	0.00	760.99	25.00	[a] Actemra Subcutaneous Injection [RO]	[a] Avtozma [EW]

TOCILIZUMAB

Note The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, and etanercept for patients who have severe active juvenile idiopathic arthritis.

This listing is a temporary listing and is only to be used to transfer patients currently receiving PBS subsidised treatment with tocilizumab to another biological medicine, where tocilizumab is not available due to the current critical medicines shortage.

Alternative biological medicine refers to adalimumab and etanercept.

Should it be necessary to continue treatment with the alternative biological medicine, applications must be made under the relevant 'First continuing - Temporary listing' PBS listing.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18639

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 4 (Temporary listing - change of treatment from another biological medicine to tocilizumab after resolution of the critical shortage of tocilizumab)

Treatment criteria:

- Must be treated by a paediatric rheumatologist; **OR**
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

Clinical criteria:

- Patient must have been receiving PBS-subsidised treatment with tocilizumab for this condition prior to 1 November 2021, **AND**
- Patient must have been receiving PBS-subsidised treatment with a biological medicine for this condition in place of tocilizumab due to the critical supply shortage of tocilizumab.

Population criteria:

- Patient must be under 18 years of age.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Patients under 30 kg may receive up to 24 weeks of treatment under this restriction. Patients 30 kg and over may receive up to 16 weeks of treatment under this restriction.

If a patient has received 12 weeks or more of therapy with the alternative biological medicine as their most recent treatment, evidence of a response must be provided.

If a prescriber wishes to switch therapy back to tocilizumab upon resolution of the shortage, evidence demonstrating a response to the alternative biological medicine is not required, if the patient has not completed 12 weeks of treatment. Prescribers must note on the change/recommencement authority application form that the patient is unable to demonstrate response due to insufficient treatment length and the patient is switching to tocilizumab as the shortage has been resolved.

An adequate response to treatment is defined as:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient who fails to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices

12767Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	0.00	760.99	25.00	[a] Actemra ACTPen [RO]	[a] Avtozma [EW]

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes

12768B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	0.00	760.99	25.00	[a] Actemra Subcutaneous Injection [RO]	[a] Avtozma [EW]

TOCILIZUMAB

Note The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, and etanercept for patients who have severe active juvenile idiopathic arthritis.

This listing is a temporary listing and is only to be used to transfer patients currently receiving PBS subsidised treatment with tocilizumab to another biological medicine, where tocilizumab is not available due to the current critical medicines shortage.

Alternative biological medicine refers to adalimumab and etanercept.

Should it be necessary to continue treatment with the alternative biological medicine, applications must be made under the relevant 'First continuing - Temporary listing' PBS listing.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority Required

19002

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 4 (Temporary listing - change of treatment from another biological medicine to tocilizumab after resolution of the critical shortage of tocilizumab)

Clinical criteria:

- Patient must have been receiving PBS-subsidised treatment with tocilizumab for this condition prior to 1 November 2021, **AND**
- Patient must have been receiving PBS-subsidised treatment with a biological medicine for this condition in place of tocilizumab due to the critical supply shortage of tocilizumab.

Treatment criteria:

- Must be treated by a paediatric rheumatologist; **OR**
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

Population criteria:

- Patient must be under 18 years of age.

Patients under 30 kg may receive up to 24 weeks of treatment under this restriction. Patients 30 kg and over may receive up to 16 weeks of treatment under this restriction.

If a patient has received 12 weeks or more of therapy with the alternative biological medicine as their most recent treatment, evidence of a response must be provided.

If a prescriber wishes to switch therapy back to tocilizumab upon resolution of the shortage, evidence demonstrating a response to the alternative biological medicine is not required, if the patient has not completed 12 weeks of treatment. Prescribers must note on the change/recommencement authority application form that the patient is unable to demonstrate response due to insufficient treatment length and the patient is switching to tocilizumab as the shortage has been resolved.

An adequate response to treatment is defined as:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient who fails to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. A patient may re-trial this drug after a minimum of 12

months have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices

15444W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	1	0.00	760.99	25.00	Avtozma [EW]

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes

15456L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	1	0.00	760.99	25.00	Avtozma [EW]

TOCILIZUMAB

Note TREATMENT OF PATIENTS WITH SEVERE ACTIVE JUVENILE IDIOPATHIC ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed with the indication of severe active juvenile idiopathic arthritis.

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Severe active juvenile idiopathic arthritis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term "biological medicine".

Treatment cycles:

From 1 December 2023, a patient receiving PBS-subsidised biological medicine is considered to be in a treatment cycle where they may switch to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements, within a single treatment cycle, a patient may:

(i) continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy; and

(ii) fail to respond or to sustain a response to each PBS-subsidised biological medicine once only. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Where treatment has resulted in an inadequate response on 3 occasions a treatment cycle is considered to have been completed and there must be a 12-month break in PBS-subsidy from all biological medicines with the PBS indication 'severe active juvenile idiopathic arthritis' before starting a new treatment cycle.

The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine was prescribed to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who received PBS-subsidised biological medicine immediately prior to 1 December 2023 is considered to be in their first cycle as of 1 December 2023. A patient who has had a break in biological medicine treatment of at least 12 months immediately prior to making a new application, on or after 1 December 2023, will commence a new treatment cycle under the Initial 3 treatment restriction.

Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle and where a break in therapy of less than 12 months has occurred a further course of treatment may be commenced within the same treatment cycle.

Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle and where a break in therapy of more than 12 months has occurred a new treatment cycle must be commenced.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Prescribing under the correct 'Treatment Phase' listing for the authority application:

(1) Initial treatment.

Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for 'severe active juvenile idiopathic arthritis'.

(2) Continuing treatment.

Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to precede initial treatment. An authority application for continuing treatment is not to be made on the same day as initial treatment.

(3) Changing therapy.

Apply under the 'Initial 2' treatment listing. The indices of disease severity (joint count) or the prior non-biological medicine therapy requirements will not need to be restated, except if the patient has had a break in therapy of more than 12 months who would then need to requalify under the initial 3 restrictions with respect to the indices of disease severity.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.

However, they cannot change to a particular biological medicine if it has failed to provide the patient with an adequate response within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany the initial 2 authority application.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the joint count provided with the first authority application for a biological medicine. However, prescribers may provide a new baseline measurement any time that an initial treatment authority application is provided within a treatment cycle and the eligibility for continuing treatment should be assessed according to the revised baseline measurement.

(5) Recommencement of treatment after a 12-month break in PBS-subsidised therapy.

Apply under the 'Initial 3' treatment listing.

(6) Withdrawal of treatment after sustained remission.

Withdrawal of treatment with biological medicine should be considered in a patient who has achieved and sustained complete remission of disease for 12 months. An assessment of demonstration of response to the current treatment should be conducted at the time treatment is ceased and the results retained in the patient's records. These results must be provided to Services Australia if subsequent authority applications are required.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

17710

Severe active juvenile idiopathic arthritis

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must be under 30kg, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

An adequate response to treatment is defined as:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 10 active joints; or

(b) a reduction in the number of the following active joints, from at least 2, by at least 50%: elbow, wrist, knee, ankle, shoulder, and hip; or

(c) an improvement from baseline by at least 50% in the signs and symptoms attributable to active arthritis affecting the cervical spine or temporomandibular joint; or

(d) at least a 50% reduction from baseline on the frequency of oral or intra-articular corticosteroids use to control flares of disease associated with active arthritis; or

(e) an improvement from baseline by at least 50% in the signs and symptoms attributable to active arthritis affecting joint(s) with erosive disease.

The assessment of response to treatment must be documented in the patient's medical records.

Determination of whether a response has been demonstrated to initial and subsequent courses of treatment will be based on the baseline measurement of joint count provided with the initial treatment application.

The assessment of the patient's response to the most recent course of biological medicine must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed that most recent course of treatment in this treatment cycle.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes

13301C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	0.00	760.99	25.00	[a] Actemra Subcutaneous Injection [RO]	[a] Avtozma [EW]

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices

13306H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	0.00	760.99	25.00	[a] Actemra ACTPen [RO]	[a] Avtozma [EW]

TOCILIZUMAB

Note A patient may only qualify for PBS-subsidised treatment under this restriction once in a lifetime.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

19020

Active giant cell arteritis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must not exceed 52 weeks in total including initial and continuing applications.

Treatment criteria:

- Must be treated by a rheumatologist, clinical immunologist or neurologist experienced in the management of giant cell arteritis.

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes

15421P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	6	0.00	760.99	25.00	Avtozma [EW]

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices

15457M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	6	0.00	760.99	25.00	Avtozma [EW]

TOCILIZUMAB

Note TREATMENT OF ADULT PATIENTS WITH A HISTORY OF JUVENILE IDIOPATHIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, etanercept and tocilizumab for a patient over 18 years who has a history of juvenile idiopathic arthritis with onset prior to the age of 18 years. Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, etanercept and tocilizumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 3 biological medicines at any one time.

From 1 April 2014, a patient receiving PBS-subsidised biological medicine therapy is considered to be in a treatment cycle where they may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements, within a single treatment cycle, a patient may:

(i) continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy; and

(ii) fail to respond or to sustain a response to each PBS-subsidised biological medicine once only. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single treatment cycle and they must have, at a minimum, a 5 year break in PBS-subsidised biological medicine therapy before they are eligible to receive further PBS-subsidised biological medicine therapy.

The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine was approved to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who received PBS-subsidised biological medicine treatment immediately prior to 1 April 2014 is considered to be in their first cycle as of 1 April 2014. A patient who has had a break in biological medicine treatment of at least 24 months immediately prior to making a new application, on or after 1 April 2014, will commence a new treatment cycle under the Initial 3 treatment restriction

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 24 months may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 24 months must commence a new treatment cycle under the Initial 3 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine therapy after 1 April 2014.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or recommencement of treatment after a break in biological medicine of less than 24 months) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 24 months with the same medicine (Initial 2 - Change or recommencement of treatment after a break in biological medicine therapy of less than 24 months); or

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 24 months (Initial 3 - recommencement of treatment after a break in biological medicine of more than 24 months).

Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy.

A patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Adalimumab and infliximab only:

Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (joint count and ESR/CRP) or the prior non-biological medicine therapy requirements, except if the patient has had a break in therapy of more than 24 months who would then need to requalify under the Initial 3 restrictions with respect to the indices of disease severity.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the joint count submitted with the first authority application for a biological medicine. However, prescribers may provide a new baseline measurement any time that an initial treatment authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after 24 months break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological medicine therapy of at least 24 months, must qualify under the Initial 3 restriction and meet the relevant criteria and index of disease severity.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

18939

Severe active juvenile idiopathic arthritis

Treatment Phase: Subsequent continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Population criteria:

- Patient must be at least 18 years of age.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) an active joint count of fewer than 10 active (swollen and tender) joints; or

(b) a reduction in the active (swollen and tender) joint count by at least 50% from baseline; or

(c) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes

15432F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	0.00	760.99	25.00	Avtozma [EW]

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices

15454J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	0.00	760.99	25.00	Avtozma [EW]

TOCILIZUMAB

Note TREATMENT OF ADULT PATIENTS WITH A HISTORY OF JUVENILE IDIOPATHIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, etanercept and tocilizumab for a patient over 18 years who has a history of juvenile idiopathic arthritis with onset prior to the age of 18 years. Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, etanercept and tocilizumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 3 biological medicines at any one time.

From 1 April 2014, a patient receiving PBS-subsidised biological medicine therapy is considered to be in a treatment cycle where they may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements, within a single treatment cycle, a patient may:

(i) continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy; and

(ii) fail to respond or to sustain a response to each PBS-subsidised biological medicine once only. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single treatment cycle and they must have, at a minimum, a 5 year break in PBS-subsidised biological medicine therapy before they are eligible to receive further PBS-subsidised biological medicine therapy.

The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine was approved to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who received PBS-subsidised biological medicine treatment immediately prior to 1 April 2014 is considered to be in their first cycle as of 1 April 2014. A patient who has had a break in biological medicine treatment of at least 24 months immediately prior to making a new application, on or after 1 April 2014, will commence a new treatment cycle under the Initial 3 treatment restriction

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 24 months may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 24 months must commence a new treatment cycle under the Initial 3 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine therapy after 1 April 2014.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or recommencement of treatment after a break in biological medicine of less than 24 months) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 24 months with the same medicine (Initial 2 - Change or recommencement of treatment after a break in biological medicine therapy of less than 24 months); or

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 24 months (Initial 3 - recommencement of treatment after a break in biological medicine of more than 24 months).

Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy.

A patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Adalimumab and infliximab only:

Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (joint count and ESR/CRP) or the prior non-biological medicine therapy requirements, except if the patient has had a break in therapy of more than 24 months who would then need to requalify under the Initial 3 restrictions with respect to the indices of disease severity.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the joint count submitted with the first authority application for a biological medicine. However, prescribers may provide a new baseline measurement any time that an initial treatment authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after 24 months break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological medicine therapy of at least 24 months, must qualify under the Initial 3 restriction and meet the relevant criteria and index of disease severity.

Authority Required

18944

Severe active juvenile idiopathic arthritis

Treatment Phase: First continuing treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Population criteria:

- Patient must be at least 18 years of age.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) an active joint count of fewer than 10 active (swollen and tender) joints; or

(b) a reduction in the active (swollen and tender) joint count by at least 50% from baseline; or

(c) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authorisation under this restriction should be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)

Alternatively applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18945

Severe active juvenile idiopathic arthritis

Treatment Phase: Subsequent continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Population criteria:

- Patient must be at least 18 years of age.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) an active joint count of fewer than 10 active (swollen and tender) joints; or

(b) a reduction in the active (swollen and tender) joint count by at least 50% from baseline; or

(c) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

At the time of the authority application, medical practitioners should request the appropriate quantity and number of repeats to provide sufficient doses for up to 24 weeks treatment. Up to a maximum of 5 repeats will be authorised.

Where fewer than 5 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment with this drug may be requested through the balance of supply restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authorisation under this restriction should be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)

Alternatively applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18947

Severe active juvenile idiopathic arthritis

Treatment Phase: Balance of supply - Continuing treatment

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment restriction to complete 24 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the subsequent continuing Authority Required (in writing) treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes

11730J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	0.00	760.99	25.00	[a] Actemra Subcutaneous Injection [RO]	[a] Avtozma [EW]

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices

11750K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	0.00	760.99	25.00	[a] Actemra ACTPen [RO]	[a] Avtozma [EW]

TOCILIZUMAB

Note A patient may only qualify for PBS-subsidised treatment under this restriction once in a lifetime.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

9180

Active giant cell arteritis

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist, clinical immunologist or neurologist experienced in the management of giant cell arteritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must not exceed 52 weeks in total including initial and continuing applications.

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes

11721X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	6	0.00	760.99	25.00	[a] Actemra Subcutaneous Injection [RO]	[a] Avtozma [EW]

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices

11722Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	6	0.00	760.99	25.00	[a] Actemra ACTPen [RO]	[a] Avtozma [EW]

TOCILIZUMAB

Note The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adults with severe active rheumatoid arthritis. This listing is a temporary listing and is only to be used to transfer patients back to tocilizumab from another biological medicine, where treatment was changed due to unavailability of tocilizumab due to the critical medicines shortage.

The term biological medicine refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, certolizumab pegol, etanercept, golimumab, infliximab), the chimeric anti-CD20 monoclonal antibody (rituximab), the interleukin-6 inhibitor (tocilizumab), the T-cell co-stimulation modulator (abatacept) and the Janus kinase (JAK) inhibitors (baricitinib, tofacitinib, upadacitinib).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

18601

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 4 (Temporary listing - change of treatment from another biological medicine to tocilizumab after resolution of the critical shortage of tocilizumab)

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have been receiving PBS-subsidised treatment with tocilizumab for this condition prior to 1 November 2021, **AND**
- Patient must have been receiving PBS-subsidised treatment with a biological medicine for this condition in place of tocilizumab due to the critical supply shortage of tocilizumab, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

If a patient has received 12 weeks or more of therapy with the alternative biological medicine as their most recent treatment, evidence of a response must be provided.

If a prescriber wishes to switch therapy back to tocilizumab upon resolution of the shortage, evidence demonstrating a response to the alternative biological medicine is not required, if the patient has not completed 12 weeks of treatment. Prescribers must note on the change/recommencement authority application form that the patient is unable to demonstrate response due to insufficient treatment length and the patient is switching to tocilizumab as the shortage has been resolved.

A patient who has demonstrated a response to a course of rituximab must have a PBS-subsidised biological therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
12792G	1	3	0.00	760.99	25.00	[a] Actemra ACTPen [RO]	[a] Avtozma [EW]

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
12806B	1	3	0.00	760.99	25.00	[a] Actemra Subcutaneous Injection [RO]	[a] Avtozma [EW]

TOCILIZUMAB

Note PBS AUTHORITY APPLICATIONS FOR SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) subsidy of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to all PBS benefits with the specific PBS indication of: 'severe active rheumatoid arthritis'.

Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

Only one biological medicine is to be PBS-subsidised at any one time for rheumatoid arthritis.

Upon 5 inadequate responses to biological medicines with the specific PBS indication of 'severe active rheumatoid arthritis', further subsidy is to cease. Where a particular biological medicine has provided an inadequate response, it must not be subsidised again.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

(1) Selecting the correct 'Treatment phase' listing to apply under

Initiating subsidy:

(i) Apply through 'Initial 1 treatment' where a patient has received no prior PBS-subsidised biological medicine treatment; or

(ii) Apply through 'Initial 2 treatment' where one of the following occurs: (a) PBS-subsidised treatment has at least been initiated through any Initial 1 listing, but the prescribed biological medicine is changing, (b) there has been a break in biological medicine of less than 24 months, but resumption of treatment is with the same biological medicine last prescribed, (c) there has been a break in biological medicine of less than 24 months and resumption of treatment is with a different biological medicine to that last prescribed, (d) treatment with rituximab has occurred within the past 24 months and is the

most recent therapy prescribed leading up to this authority application, irrespective of the length in time elapsed between the 2 non-rituximab bDMARDs administered before and after rituximab.

Initial 2 does not require markers of inflammation/joint count to be re-established - those recorded in the first Initial 1 application can remain as baseline measures. Prerequisite DMARD treatments need not be re-proven to be inadequate.

The prescribed biological medicine may be changed at any time, regardless of whether the current prescribed biological medicine has been obtained through Initial treatment or Continuing treatment. However, the change in biological medicine cannot be back to the same biological medicine where that medicine has provided an inadequate response.

(iii) Apply through 'Initial 3 treatment' where treatment is recommencing following a break in PBS-subsidised therapy of at least 24 months. Initial 3 requires current markers of inflammation/joint count to be re-established. Prerequisite DMARD treatments need not be re-proven to be inadequate. PBS-subsidised therapy in this instance can include rituximab where prescribed as the most recent treatment - the 24 month break in therapy is from the second dose of the prior rituximab course.

Response assessment to any course of PBS-subsidised biological therapy must follow a minimum of 12 weeks of therapy. Applications made on the same day for Initial treatment and Continuing treatment clearly do reflect this requirement.

Where a response assessment is not conducted with a 'Continuing treatment' application, the biological medicine will be assumed to have failed, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. Authority applications for patients who experienced adverse reaction necessitating permanent treatment withdrawal should be submitted through 'Initial 2 treatment' or 'Initial 3 treatment'. Indicate where the adverse reaction has occurred in the authority application.

Continuing subsidy:

Apply under a 'Continuing treatment' phase listing only where treatment has initiated through an 'Initial treatment' listing and measures of disease control (i.e. ESR/CRP/joint count) demonstrate response following at least 12 weeks of treatment. Continuing treatment should never precede Initial treatment where the same biological medicine is being prescribed.

The description of 'Continuing treatment' means 'Continuing treatment of severe rheumatoid arthritis with the same biological medicine'. Where treatment of severe rheumatoid arthritis is continuing with a different biological medicine, 'Continuing treatment' is not to be interpreted as meaning 'Continuing treatment of severe rheumatoid arthritis with a different biological medicine' - see 'Initial 2 treatment' where continuing treatment is with a different biological medicine.

'Continuing treatment' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Where continuing treatment is divided into 'First continuing' and 'Subsequent continuing', the next authority application following immediately after any 'Initial treatment' authority application is to be through 'First continuing'. Following this, the next authority application is to occur under the 'Subsequent continuing' treatment phase. Assuming the drug continues to provide an adequate response, 'Subsequent continuing' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Balance of Supply listings:

Maximum quantities and the number of repeats stated in a PBS-listing are values that prescribers may seek up to, but are not obligated to prescribe. From time to time, there may be particular reasons why a prescriber may elect not to request the full maximum quantity listed, or, the full number of repeat prescriptions. Where this occurs, the intent of Balance of Supply treatment phase listings is to circumvent the need for another written-only authority application to be completed, as a written-only authority application may not be practical in terms of providing timely access to continued treatment.

Apply under a 'Balance of Supply' treatment phase (where available) when either the full maximum quantity or repeat prescriptions available under a particular treatment phase, was not requested and where the biological medicine has had insufficient time to demonstrate an adequate response. Where the preceding supply has been adequate to provide at least 12 weeks of treatment and has resulted in an adequate response, it may be more practical to access further treatment under 'Continuing treatment'.

(2) Baseline measurements to determine response.

Determination of response to treatment must be based on baseline measurements of the joint count, ESR and/or CRP provided with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements demonstrating elevation of both joint count and markers of inflammation any time that an initial treatment authority application is provided and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.

Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.

Applications under the Initial 3 treatment restriction for recommencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

14499

Severe active rheumatoid arthritis

Treatment Phase: Subsequent continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition under the First continuing treatment restriction; **OR**
- Patient must have received this drug under this treatment phase as their most recent course of PBS-subsidised biological medicine, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The assessment of response to treatment must be documented in the patient's medical records and must be no more than 4 weeks old at the time of the authority application.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes

13685G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	0.00	760.99	25.00	[a] Actemra Subcutaneous Injection [RO]	[a] Avtozma [EW]

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices

13720D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	0.00	760.99	25.00	[a] Actemra ACTPen [RO]	[a] Avtozma [EW]

TOCILIZUMAB

Note The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adults with severe active rheumatoid arthritis. This listing is a temporary listing and is only to be used to transfer patients back to tocilizumab from another biological medicine, where treatment was changed due to unavailability of tocilizumab due to the critical medicines shortage.

The term biological medicine refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, certolizumab pegol, etanercept, golimumab, infliximab), the chimeric anti-CD20 monoclonal antibody (rituximab), the interleukin-6 inhibitor (tocilizumab), the T-cell co-stimulation modulator (abatacept) and the Janus kinase (JAK) inhibitors (baricitinib, tofacitinib, upadacitinib).

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

19004

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 4 (Temporary listing - change of treatment from another biological medicine to tocilizumab after resolution of the critical shortage of tocilizumab)

Clinical criteria:

- Patient must have been receiving PBS-subsidised treatment with tocilizumab for this condition prior to 1 November 2021, **AND**
- Patient must have been receiving PBS-subsidised treatment with a biological medicine for this condition in place of tocilizumab due to the critical supply shortage of tocilizumab, **AND**

- Patient must not receive more than 16 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Population criteria:

- Patient must be at least 18 years of age.

If a patient has received 12 weeks or more of therapy with the alternative biological medicine as their most recent treatment, evidence of a response must be provided.

If a prescriber wishes to switch therapy back to tocilizumab upon resolution of the shortage, evidence demonstrating a response to the alternative biological medicine is not required, if the patient has not completed 12 weeks of treatment. Prescribers must note on the change/recommencement authority application form that the patient is unable to demonstrate response due to insufficient treatment length and the patient is switching to tocilizumab as the shortage has been resolved.

A patient who has demonstrated a response to a course of rituximab must have a PBS-subsidised biological therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes

15446Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	0.00	760.99	25.00	Avtozma [EW]

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices

15492J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	0.00	760.99	25.00	Avtozma [EW]

TOCILIZUMAB

Note PBS AUTHORITY APPLICATIONS FOR SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) subsidy of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to all PBS benefits with the specific PBS indication of: 'severe active rheumatoid arthritis'.

Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

Only one biological medicine is to be PBS-subsidised at any one time for rheumatoid arthritis.

Upon 5 inadequate responses to biological medicines with the specific PBS indication of 'severe active rheumatoid arthritis', further subsidy is to cease. Where a particular biological medicine has provided an inadequate response, it must not be subsidised again.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

(1) Selecting the correct 'Treatment phase' listing to apply under

Initiating subsidy:

(i) Apply through 'Initial 1 treatment' where a patient has received no prior PBS-subsidised biological medicine treatment; or

(ii) Apply through 'Initial 2 treatment' where one of the following occurs: (a) PBS-subsidised treatment has at least been initiated through any Initial 1 listing, but the prescribed biological medicine is changing, (b) there has been a break in biological medicine of less than 24 months, but resumption of treatment is with the same biological medicine last prescribed, (c) there has been a break in biological medicine of less than 24 months and resumption of treatment is with a different biological medicine to that last prescribed, (d) treatment with rituximab has occurred within the past 24 months and is the most recent therapy prescribed leading up to this authority application, irrespective of the length in time elapsed between the 2 non-rituximab bDMARDs administered before and after rituximab.

Initial 2 does not require markers of inflammation/joint count to be re-established - those recorded in the first Initial 1 application can remain as baseline measures. Prerequisite DMARD treatments need not be re-proven to be inadequate.

The prescribed biological medicine may be changed at any time, regardless of whether the current prescribed biological medicine has been obtained through Initial treatment or Continuing treatment. However, the change in biological medicine cannot be back to the same biological medicine where that medicine has provided an inadequate response.

(iii) Apply through 'Initial 3 treatment' where treatment is recommencing following a break in PBS-subsidised therapy of at least 24 months. Initial 3 requires current markers of inflammation/joint count to be re-established. Prerequisite DMARD treatments need not be re-proven to be inadequate. PBS-subsidised therapy in this instance can include rituximab where prescribed as the most recent treatment - the 24 month break in therapy is from the second dose of the prior rituximab course.

Response assessment to any course of PBS-subsidised biological therapy must follow a minimum of 12 weeks of therapy. Applications made on the same day for Initial treatment and Continuing treatment clearly do reflect this requirement.

Where a response assessment is not conducted with a 'Continuing treatment' application, the biological medicine will be assumed to have failed, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. Authority applications for patients who experienced adverse reaction necessitating permanent treatment withdrawal should be submitted through 'Initial 2 treatment' or 'Initial 3 treatment'. Indicate where the adverse reaction has occurred in the authority application.

Continuing subsidy:

Apply under a 'Continuing treatment' phase listing only where treatment has initiated through an 'Initial treatment' listing and measures of disease control (i.e. ESR/CRP/joint count) demonstrate response following at least 12 weeks of treatment. Continuing treatment should never precede Initial treatment where the same biological medicine is being prescribed.

The description of 'Continuing treatment' means 'Continuing treatment of severe rheumatoid arthritis with the same biological medicine'. Where treatment of severe rheumatoid arthritis is continuing with a different biological medicine, 'Continuing treatment' is not to be interpreted as meaning 'Continuing treatment of severe rheumatoid arthritis with a different biological medicine' - see 'Initial 2 treatment' where continuing treatment is with a different biological medicine.

'Continuing treatment' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Where continuing treatment is divided into 'First continuing' and 'Subsequent continuing', the next authority application following immediately after any 'Initial treatment' authority application is to be through 'First continuing'. Following this, the next authority application is to occur under the 'Subsequent continuing' treatment phase. Assuming the drug continues to provide an adequate response, 'Subsequent continuing' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Balance of Supply listings:

Maximum quantities and the number of repeats stated in a PBS-listing are values that prescribers may seek up to, but are not obligated to prescribe. From time to time, there may be particular reasons why a prescriber may elect not to request the full maximum quantity listed, or, the full number of repeat prescriptions. Where this occurs, the intent of Balance of Supply treatment phase listings is to circumvent the need for another written-only authority application to be completed, as a written-only authority application may not be practical in terms of providing timely access to continued treatment.

Apply under a 'Balance of Supply' treatment phase (where available) when either the full maximum quantity or repeat prescriptions available under a particular treatment phase, was not requested and where the biological medicine has had insufficient time to demonstrate an adequate response. Where the preceding supply has been adequate to provide at least 12 weeks of treatment and has resulted in an adequate response, it may be more practical to access further treatment under 'Continuing treatment'.

(2) Baseline measurements to determine response.

Determination of response to treatment must be based on baseline measurements of the joint count, ESR and/or CRP provided with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements demonstrating elevation of both joint count and markers of inflammation any time that an initial treatment authority application is provided and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.

Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.

Applications under the Initial 3 treatment restriction for recommencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

16725

Severe active rheumatoid arthritis

Treatment Phase: First continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

14507

Severe active rheumatoid arthritis

Treatment Phase: First continuing treatment - balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes

10954M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	0.00	760.99	25.00	[a] Actemra Subcutaneous Injection [RO]	[a] Avtozma [EW]

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices

11567T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	0.00	760.99	25.00	[a] Actemra ACTPen [RO]	[a] Avtozma [EW]

TOCILIZUMAB

Caution Inadvertent muscular injection in patients aged less than 12 years may occur with the pen device.

Note TREATMENT OF PATIENTS WITH SEVERE ACTIVE SYSTEMIC JUVENILE IDIOPATHIC ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed with the indication of severe active systemic juvenile idiopathic arthritis (sJIA).

Treatment cycles

From 1 May 2012, a patient receiving PBS-subsidised tocilizumab therapy is considered to be in a treatment cycle. Under these arrangements, within a single treatment cycle, a patient may:

1) continue to receive long-term treatment with PBS-subsidised tocilizumab while they continue to show an adequate response to therapy; and
2) fail to respond, or to sustain a response, to PBS-subsidised tocilizumab twice.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, will not be considered as a treatment failure.

Where treatment has resulted in an inadequate response on 2 occasions, a treatment cycle is considered to have been completed and there must be a 12-month break in PBS-subsidy from all biological medicines with the PBS indication 'severe active systemic juvenile idiopathic arthritis' before starting a new treatment cycle. The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised tocilizumab treatment was prescribed to the date of the first application for initial treatment with tocilizumab under the new treatment cycle.

Prescribing under the correct 'Treatment Phase' listing for the authority application

Initial treatment

Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for 'severe active systemic juvenile idiopathic arthritis'.

Continuing treatment

Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to precede initial treatment. An authority prescription for continuing treatment is not to be written on the same day as initial treatment.

Recommencement of treatment after a break of less than 12-months in PBS-subsidised therapy, within the same treatment cycle

Apply under the 'Initial 2' treatment listing. The indices of disease severity (joint count, fever and/or CRP level and platelet count) will not need to be restated, except if the patient has had a break in therapy of more than 12 months.

Baseline measurements to determine response

Whether an adequate response to treatment has been demonstrated or not will be based on the relative change from relevant baseline measurements of the joint count, fever and/or CRP level and platelet count provided with the first authority application for a biological medicine. However, prescribers may provide a new baseline measurement any time that an initial authority application is provided with a treatment cycle and the eligibility for continuing treatment should be assessed according to the revised baseline measurement.

Recommencement of treatment after a 12-month break in PBS-subsidised therapy

Apply under the 'Initial 3' treatment listing.

Withdrawal of treatment after sustained remission

Withdrawal of treatment with a biological medicine should be considered in a patient who has achieved and sustained complete remission of disease for 12 months. A demonstration of response to the current treatment should be documented in the patient's medical records at the time treatment is ceased. These results must be provided to Services Australia if subsequent authority applications are required.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Authority Required

10560

Systemic juvenile idiopathic arthritis

Treatment Phase: Balance of supply for Initial treatment - Initial 1 (new patient) or Initial 2 (retrial or recommencement of treatment after a break of less than 12 months) or Initial 3 (recommencement of treatment after a break of more than 12 months) - in a patient of any weight being administered a subcutaneous form of this biological medicine

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (retrial or recommencement of treatment after a break of less than 12 months) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under Initial 3 (recommencement of treatment after a break of more than 12 months) restriction to complete 16 weeks treatment, **AND**

- The treatment must provide no more than the balance of up to 16 weeks therapy available under Initial 1, 2 or 3 treatment.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices

12094M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	0	0.00	760.99	25.00	[a] Actemra ACTPen [RO]	[a] Avtozma [EW]

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes

12102Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	0	0.00	760.99	25.00	[a] Actemra Subcutaneous Injection [RO]	[a] Avtozma [EW]

TOCILIZUMAB

Note PBS AUTHORITY APPLICATIONS FOR SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) subsidy of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to all PBS benefits with the specific PBS indication of: 'severe active rheumatoid arthritis'.

Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

Only one biological medicine is to be PBS-subsidised at any one time for rheumatoid arthritis.

Upon 5 inadequate responses to biological medicines with the specific PBS indication of 'severe active rheumatoid arthritis', further subsidy is to cease. Where a particular biological medicine has provided an inadequate response, it must not be subsidised again.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

(1) Selecting the correct 'Treatment phase' listing to apply under

Initiating subsidy:

(i) Apply through 'Initial 1 treatment' where a patient has received no prior PBS-subsidised biological medicine treatment; or

(ii) Apply through 'Initial 2 treatment' where one of the following occurs: (a) PBS-subsidised treatment has at least been initiated through any Initial 1 listing, but the prescribed biological medicine is changing, (b) there has been a break in biological medicine of less than 24 months, but resumption of treatment is with the same biological medicine last prescribed, (c) there has been a break in biological medicine of less than 24 months and resumption of treatment is with a different biological medicine to that last prescribed, (d) treatment with rituximab has occurred within the past 24 months and is the most recent therapy prescribed leading up to this authority application, irrespective of the length in time elapsed between the 2 non-rituximab bDMARDs administered before and after rituximab.

Initial 2 does not require markers of inflammation/joint count to be re-established - those recorded in the first Initial 1 application can remain as baseline measures. Prerequisite DMARD treatments need not be re-proven to be inadequate.

The prescribed biological medicine may be changed at any time, regardless of whether the current prescribed biological medicine has been obtained through Initial treatment or Continuing treatment. However, the change in biological medicine cannot be back to the same biological medicine where that medicine has provided an inadequate response.

(iii) Apply through 'Initial 3 treatment' where treatment is recommencing following a break in PBS-subsidised therapy of at least 24 months. Initial 3 requires current markers of inflammation/joint count to be re-established. Prerequisite DMARD treatments need not be re-proven to be inadequate. PBS-subsidised therapy in this instance can include rituximab where prescribed as the most recent treatment - the 24 month break in therapy is from the second dose of the prior rituximab course.

Response assessment to any course of PBS-subsidised biological therapy must follow a minimum of 12 weeks of therapy. Applications made on the same day for Initial treatment and Continuing treatment clearly do reflect this requirement.

Where a response assessment is not conducted with a 'Continuing treatment' application, the biological medicine will be assumed to have failed, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. Authority applications for patients who experienced adverse reaction necessitating permanent treatment withdrawal should be submitted through 'Initial 2 treatment' or 'Initial 3 treatment'. Indicate where the adverse reaction has occurred in the authority application.

Continuing subsidy:

Apply under a 'Continuing treatment' phase listing only where treatment has initiated through an 'Initial treatment' listing and measures of disease control (i.e. ESR/CRP/joint count) demonstrate response following at least 12 weeks of treatment. Continuing treatment should never precede Initial treatment where the same biological medicine is being prescribed.

The description of 'Continuing treatment' means 'Continuing treatment of severe rheumatoid arthritis with the same biological medicine'. Where treatment of severe rheumatoid arthritis is continuing with a different biological medicine, 'Continuing treatment' is not to be interpreted as meaning 'Continuing treatment of severe rheumatoid arthritis with a different biological medicine' - see 'Initial 2 treatment' where continuing treatment is with a different biological medicine.

'Continuing treatment' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Where continuing treatment is divided into 'First continuing' and 'Subsequent continuing', the next authority application following immediately after any 'Initial treatment' authority application is to be through 'First continuing'. Following this, the

next authority application is to occur under the 'Subsequent continuing' treatment phase. Assuming the drug continues to provide an adequate response, 'Subsequent continuing' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Balance of Supply listings:

Maximum quantities and the number of repeats stated in a PBS-listing are values that prescribers may seek up to, but are not obligated to prescribe. From time to time, there may be particular reasons why a prescriber may elect not to request the full maximum quantity listed, or, the full number of repeat prescriptions. Where this occurs, the intent of Balance of Supply treatment phase listings is to circumvent the need for another written-only authority application to be completed, as a written-only authority application may not be practical in terms of providing timely access to continued treatment.

Apply under a 'Balance of Supply' treatment phase (where available) when either the full maximum quantity or repeat prescriptions available under a particular treatment phase, was not requested and where the biological medicine has had insufficient time to demonstrate an adequate response. Where the preceding supply has been adequate to provide at least 12 weeks of treatment and has resulted in an adequate response, it may be more practical to access further treatment under 'Continuing treatment'.

(2) Baseline measurements to determine response.

Determination of response to treatment must be based on baseline measurements of the joint count, ESR and/or CRP provided with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements demonstrating elevation of both joint count and markers of inflammation any time that an initial treatment authority application is provided and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.

Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.

Applications under the Initial 3 treatment restriction for recommencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

19036

Severe active rheumatoid arthritis

Treatment Phase: First continuing treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Population criteria:

- Patient must be at least 18 years of age.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The assessment of response to treatment must be documented in the patient's medical records and must be no more than 4 weeks old at the time of the prescribing.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Authority Required (STREAMLINED)

18938

Severe active rheumatoid arthritis

Treatment Phase: First continuing treatment - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices

15441Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	0.00	760.99	25.00	Avtozma [EW]

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes

15462T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	0.00	760.99	25.00	Avtozma [EW]

TOCILIZUMAB

Caution Inadvertent muscular injection in patients aged less than 12 years may occur with the pen device.

Note TREATMENT OF PATIENTS WITH SEVERE ACTIVE SYSTEMIC JUVENILE IDIOPATHIC ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed with the indication of severe active systemic juvenile idiopathic arthritis (sJIA).

Treatment cycles

From 1 May 2012, a patient receiving PBS-subsidised tocilizumab therapy is considered to be in a treatment cycle. Under these arrangements, within a single treatment cycle, a patient may:

1) continue to receive long-term treatment with PBS-subsidised tocilizumab while they continue to show an adequate response to therapy; and
2) fail to respond, or to sustain a response, to PBS-subsidised tocilizumab twice.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, will not be considered as a treatment failure.

Where treatment has resulted in an inadequate response on 2 occasions, a treatment cycle is considered to have been completed and there must be a 12-month break in PBS-subsidy from all biological medicines with the PBS indication 'severe active systemic juvenile idiopathic arthritis' before starting a new treatment cycle. The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised tocilizumab treatment was prescribed to the date of the first application for initial treatment with tocilizumab under the new treatment cycle.

Prescribing under the correct 'Treatment Phase' listing for the authority application

Initial treatment

Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for 'severe active systemic juvenile idiopathic arthritis'.

Continuing treatment

Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to precede initial treatment. An authority prescription for continuing treatment is not to be written on the same day as initial treatment.

Recommencement of treatment after a break of less than 12-months in PBS-subsidised therapy, within the same treatment cycle

Apply under the 'Initial 2' treatment listing. The indices of disease severity (joint count, fever and/or CRP level and platelet count) will not need to be restated, except if the patient has had a break in therapy of more than 12 months.

Baseline measurements to determine response

Whether an adequate response to treatment has been demonstrated or not will be based on the relative change from relevant baseline measurements of the joint count, fever and/or CRP level and platelet count provided with the first authority application for a biological medicine. However, prescribers may provide a new baseline measurement any time that an initial authority application is provided with a treatment cycle and the eligibility for continuing treatment should be assessed according to the revised baseline measurement.

Recommencement of treatment after a 12-month break in PBS-subsidised therapy

Apply under the 'Initial 3' treatment listing.

Withdrawal of treatment after sustained remission

Withdrawal of treatment with a biological medicine should be considered in a patient who has achieved and sustained complete remission of disease for 12 months. A demonstration of response to the current treatment should be documented in the patient's medical records at the time treatment is ceased. These results must be provided to Services Australia if subsequent authority applications are required.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

14088

Systemic juvenile idiopathic arthritis

Treatment Phase: Continuing treatment in a patient weighing at least 30 kg

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

An adequate response to treatment is defined as:

(a) in a patient with polyarticular course disease:

(i) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(ii) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

- elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

- shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

(b) in a patient with refractory systemic symptoms:

(i) absence of fever greater than 38 degrees Celsius in the preceding seven days; and/or

(ii) a reduction in the C-reactive protein (CRP) level and platelet count by at least 30% from baseline; and/or

(iii) a reduction in the dose of corticosteroid by at least 30% from baseline.

The assessment of response to treatment must be documented in the patient's medical records.

Determination of whether a response has been demonstrated to initial and subsequent courses of treatment will be based on the baseline measurements of disease severity provided with the initial treatment application.

The following reports must be documented in the patient's medical records where appropriate:

(a) baseline and current pathology reports detailing C-reactive protein (CRP) levels; and

(b) baseline and current pathology reports detailing platelet count.

The most recent systemic juvenile idiopathic arthritis assessment must be no more than 4 weeks old at the time of prescribing and must be documented in the patient's medical records.

The assessment of the patient's response to the most recent course of biological medicine must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed that most recent course of treatment in this treatment cycle.

The patient remains eligible to receive continuing treatment with the same biological medicine in courses of up to 24 weeks providing they continue to sustain an adequate response. It is recommended that a patient be reviewed in the month prior to completing their current course of treatment.

If a patient fails to demonstrate a response to 2 courses of treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition in the current treatment cycle. A serious adverse reaction of a severity requiring permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised biological medicine was prescribed in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices

12084B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	0.00	760.99	25.00	[a] Actemra ACTPen [RO]	[a] Avtozma [EW]

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes

12099T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	0.00	760.99	25.00	[a] Actemra Subcutaneous Injection [RO]	[a] Avtozma [EW]

TOCILIZUMAB

Caution Inadvertent muscular injection in patients aged less than 12 years may occur with the pen device.

Note **TREATMENT OF PATIENTS WITH SEVERE ACTIVE SYSTEMIC JUVENILE IDIOPATHIC ARTHRITIS**

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed with the indication of severe active systemic juvenile idiopathic arthritis (sJIA).

Treatment cycles

From 1 May 2012, a patient receiving PBS-subsidised tocilizumab therapy is considered to be in a treatment cycle. Under these arrangements, within a single treatment cycle, a patient may:

1) continue to receive long-term treatment with PBS-subsidised tocilizumab while they continue to show an adequate response to therapy; and
2) fail to respond, or to sustain a response, to PBS-subsidised tocilizumab twice.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, will not be considered as a treatment failure.

Where treatment has resulted in an inadequate response on 2 occasions, a treatment cycle is considered to have been completed and there must be a 12-month break in PBS-subsidy from all biological medicines with the PBS indication 'severe active systemic juvenile idiopathic arthritis' before starting a new treatment cycle. The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised tocilizumab treatment was prescribed to the date of the first application for initial treatment with tocilizumab under the new treatment cycle.

Prescribing under the correct 'Treatment Phase' listing for the authority application

Initial treatment

Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for 'severe active systemic juvenile idiopathic arthritis'.

Continuing treatment

Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to precede initial treatment. An authority prescription for continuing treatment is not to be written on the same day as initial treatment.

Recommencement of treatment after a break of less than 12-months in PBS-subsidised therapy, within the same treatment cycle

Apply under the 'Initial 2' treatment listing. The indices of disease severity (joint count, fever and/or CRP level and platelet count) will not need to be restated, except if the patient has had a break in therapy of more than 12 months.

Baseline measurements to determine response

Whether an adequate response to treatment has been demonstrated or not will be based on the relative change from relevant baseline measurements of the joint count, fever and/or CRP level and platelet count provided with the first authority application for a biological medicine. However, prescribers may provide a new baseline measurement any time that an initial authority application is provided with a treatment cycle and the eligibility for continuing treatment should be assessed according to the revised baseline measurement.

Recommencement of treatment after a 12-month break in PBS-subsidised therapy

Apply under the 'Initial 3' treatment listing.

Withdrawal of treatment after sustained remission

Withdrawal of treatment with a biological medicine should be considered in a patient who has achieved and sustained complete remission of disease for 12 months. A demonstration of response to the current treatment should be documented in the patient's medical records at the time treatment is ceased. These results must be provided to Services Australia if subsequent authority applications are required.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

14084

Systemic juvenile idiopathic arthritis

Treatment Phase: Continuing treatment in a patient weighing less than 30 kg

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

An adequate response to treatment is defined as:

(a) in a patient with polyarticular course disease:

(i) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(ii) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

- elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

- shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

(b) in a patient with refractory systemic symptoms:

(i) absence of fever greater than 38 degrees Celsius in the preceding seven days; and/or

(ii) a reduction in the C-reactive protein (CRP) level and platelet count by at least 30% from baseline; and/or

(iii) a reduction in the dose of corticosteroid by at least 30% from baseline.

The assessment of response to treatment must be documented in the patient's medical records.

Determination of whether a response has been demonstrated to initial and subsequent courses of treatment will be based on the baseline measurements of disease severity provided with the initial treatment application.

The most recent systemic juvenile idiopathic arthritis assessment must be no more than 4 weeks old at the time of prescribing and must be documented in the patient's medical records.

The assessment of the patient's response to the most recent course of biological medicine must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed that most recent course of treatment in this treatment cycle.

The patient remains eligible to receive continuing treatment with the same biological medicine in courses of up to 24 weeks providing they continue to sustain an adequate response. It is recommended that a patient be reviewed in the month prior to completing their current course of treatment.

If a patient fails to demonstrate a response to 2 courses of treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition in the current treatment cycle. A serious adverse reaction of a severity requiring permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised biological medicine was prescribed in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes

12086D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	0.00	760.99	25.00	[a] Actemra Subcutaneous Injection [RO]	[a] Avtozma [EW]

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices

12090H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	0.00	760.99	25.00	[a] Actemra ACTPen [RO]	[a] Avtozma [EW]

TOCILIZUMAB

Note Biosimilar prescribing policy

Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note A patient may only qualify for PBS-subsidised treatment under this restriction once in a lifetime.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authorisation under this restriction should be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)

Alternatively, applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

19268

Active giant cell arteritis

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by a rheumatologist, clinical immunologist or neurologist experienced in the management of giant cell arteritis.

Clinical criteria:

- Patient must have clinical symptoms of active giant cell arteritis in the absence of any other identifiable cause, **AND**
- Patient must have an ESR equal to or greater than 30 mm/hour within the past 6 weeks; **OR**
- Patient must have a CRP equal to or greater than 10 mg/L within the past 6 weeks; **OR**
- Patient must have active giant cell arteritis confirmed by positive temporal artery biopsy or imaging, **AND**
- Patient must have had a history of an ESR equal to or greater than 50 mm/hour or a CRP equal to or greater than 24.5 mg/L at diagnosis, **AND**
- Patient must have had temporal artery biopsy revealing features of giant cell arteritis at diagnosis; **OR**
- Patient must have had evidence of large-vessel vasculitis by magnetic resonance (MR) or computed tomography (CT) angiography or PET/CT at diagnosis; **OR**

- Patient must have had evidence of positive temporal artery halo sign by ultrasound (US) at diagnosis, **AND**
- The treatment must be in combination with a tapering course of corticosteroids, **AND**
- The treatment must not exceed 52 weeks in total including initial and continuing applications.

Population criteria:

- Patient must be aged 50 years or older.

Clinical symptoms of giant cell arteritis at diagnosis include unequivocal cranial symptoms of giant cell arteritis (new onset localized headache, scalp tenderness, temporal artery tenderness or decreased pulsation, ischemia related vision loss, or otherwise unexplained mouth or jaw pain upon mastication); or symptoms of polymyalgia rheumatica, defined as shoulder and/or hip girdle pain associated with inflammatory morning stiffness.

The authority application must be made via the Online PBS Authorities System (real time assessment), or in writing via HPOS and must include:

(a) details (dates, results, and unique identifying number/code or provider number) of evidence that the patient has active giant cell arteritis including pathology reports outlining the patient's ESR or CRP levels within the last 6 weeks, or positive temporal artery biopsy or imaging; and

(b) details (dates, results, and unique identifying number/code or provider number) of evidence that the patient has been diagnosed with giant cell arteritis with a history of an ESR equal to or greater than 50 mm/hour or a CRP equal to or greater than 24.5 mg/L at diagnosis.

All reports must be documented in the patient's medical records.

If the application is submitted through HPOS form upload or mail, it must include:

(i) details of the proposed prescription; and

(ii) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes

11743C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	0.00	760.99	25.00	[a] Actemra Subcutaneous Injection [RO]	[a] Avtozma [EW]

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices

11744D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	0.00	760.99	25.00	[a] Actemra ACTPen [RO]	[a] Avtozma [EW]

TOCILIZUMAB

Note TREATMENT OF ADULT PATIENTS WITH A HISTORY OF JUVENILE IDIOPATHIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, etanercept and tocilizumab for a patient over 18 years who has a history of juvenile idiopathic arthritis with onset prior to the age of 18 years. Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, etanercept and tocilizumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 3 biological medicines at any one time.

From 1 April 2014, a patient receiving PBS-subsidised biological medicine therapy is considered to be in a treatment cycle where they may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements, within a single treatment cycle, a patient may:

(i) continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy; and

(ii) fail to respond or to sustain a response to each PBS-subsidised biological medicine once only. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single treatment cycle and they must have, at a minimum, a 5 year break in PBS-subsidised biological medicine therapy before they are eligible to receive further PBS-subsidised biological medicine therapy.

The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine was approved to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who received PBS-subsidised biological medicine treatment immediately prior to 1 April 2014 is considered to be in their first cycle as of 1 April 2014. A patient who has had a break in biological medicine treatment of at least 24 months immediately prior to making a new application, on or after 1 April 2014, will commence a new treatment cycle under the Initial 3 treatment restriction

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 24 months may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 24 months must commence a new treatment cycle under the Initial 3 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine therapy after 1 April 2014.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or recommencement of treatment after a break in biological medicine of less than 24 months) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 24 months with the same medicine (Initial 2 - Change or recommencement of treatment after a break in biological medicine therapy of less than 24 months); or

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 24 months (Initial 3 - recommencement of treatment after a break in biological medicine of more than 24 months).

Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy.

A patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Adalimumab and infliximab only:

Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (joint count and ESR/CRP) or the prior non-biological medicine therapy requirements, except if the patient has had a break in therapy of more than 24 months who would then need to requalify under the Initial 3 restrictions with respect to the indices of disease severity.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the joint count submitted with the first authority application for a biological medicine. However, prescribers may provide a new baseline measurement any time that an initial treatment authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after 24 months break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological medicine therapy of at least 24 months, must qualify under the Initial 3 restriction and meet the relevant criteria and index of disease severity.

Note Biosimilar prescribing policy

Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Authority Required

18696

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have a documented history of severe active juvenile idiopathic arthritis with onset prior to the age of 18 years, **AND**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with disease modifying anti-rheumatic drugs (DMARDs) which must include at least 3 months continuous treatment with each of at least 2 DMARDs, one of which must be methotrexate at a dose of at least 20 mg weekly and one of which must be: (i) hydroxychloroquine at a dose of at least 200 mg daily; or (ii) leflunomide at a dose of at least 10 mg daily; or (iii) sulfasalazine at a dose of at least 2 g daily; **OR**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with DMARDs which, if methotrexate is contraindicated according to the Therapeutic Goods Administration (TGA)-approved Product Information or cannot be tolerated at a 20 mg weekly dose, must include at least 3 months continuous treatment with each of at least 2 of the following DMARDs: (i) hydroxychloroquine at a dose of at least 200 mg daily; and/or (ii) leflunomide at a dose of at least 10 mg daily; and/or (iii) sulfasalazine at a dose of at least 2 g daily; **OR**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 3 months of continuous treatment with a DMARD where 2 of: (i) hydroxychloroquine, (ii) leflunomide, (iii) sulfasalazine, are either contraindicated according to the relevant TGA-approved Product Information or cannot be tolerated at the doses specified above in addition to having a contraindication or intolerance to methotrexate: the remaining tolerated DMARD must be trialled at a minimum dose as mentioned above; **OR**
- Patient must have a contraindication/severe intolerance to each of: (i) methotrexate, (ii) hydroxychloroquine, (iii) leflunomide, (iv) sulfasalazine; in such cases, provide details for each of the contraindications/severe intolerances claimed in the authority application, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

If methotrexate is contraindicated according to the TGA-approved Product Information or cannot be tolerated at a 20 mg weekly dose, the application must include details of the contraindication or intolerance to methotrexate. The maximum tolerated dose of methotrexate must be documented in the application, if applicable.

The application must include details of the DMARDs trialled, their doses and duration of treatment, and all relevant contraindications and/or intolerances.

The requirement to trial at least 2 DMARDs for periods of at least 3 months each can be met using single agents sequentially or by using one or more combinations of DMARDs.

If the requirement to trial 6 months of intensive DMARD therapy with at least 2 DMARDs cannot be met because of contraindications and/or intolerances of a severity necessitating permanent treatment withdrawal to all of the DMARDs specified above, details of the contraindication or intolerance and dose for each DMARD must be provided in the authority application.

The following criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; AND either

(a) an active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The joint count and ESR and/or CRP must be determined at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. All measures must be no more than one month old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An assessment of a patient's response to an initial course of treatment must be conducted following a minimum of 12 weeks of therapy. An application for the continuing treatment must be accompanied with the assessment of response and submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted for the following purposes:

(a) exempting a patient from the requirement to undertake a minimum 3 month trial of methotrexate at a 20 mg weekly dose; (b) substituting azathioprine, cyclosporin or sodium aurothiomalate for another DMARD as part of the 6 month intensive DMARD trial; (c) exempting a patient from the requirement for a 6 month trial of intensive DMARD therapy.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18661

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have a documented history of severe active juvenile idiopathic arthritis with onset prior to the age of 18 years, **AND**
- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) an active joint count of fewer than 10 active (swollen and tender) joints; or

(b) a reduction in the active (swollen and tender) joint count by at least 50% from baseline; or

(c) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to change or recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

Where the most recent course of PBS-subsidised biological medicine treatment was approved under either Initial 1, Initial 2, Initial 3 or continuing treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted no later than 4 weeks from the date of completion of treatment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient who fails to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18670

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 24 months or more from the most recently approved PBS-subsidised biological medicine for this condition; **OR**
- Patient must not have received PBS-subsidised biological medicine for at least 5 years if they failed or ceased to respond to PBS-subsidised biological medicine treatment 3 times in their last treatment cycle, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; **OR**
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either (a) a total active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active major joints, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Active joints are defined as:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measurements must be no more than 4 weeks old at the time of this application.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Where the most recent course of PBS-subsidised biological medicine treatment was approved under either Initial 1, Initial 2, Initial 3 or continuing treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted no later than 4 weeks from the date of completion of treatment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18565

Severe active juvenile idiopathic arthritis

Treatment Phase: Balance of supply - Initial treatment - Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after break of less than 24 months) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months) to complete 16 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices

11725D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	3	0.00	760.99	25.00	[a] Actemra ACTPen [RO]	[a] Avtozma [EW]

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes

11741Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	3	0.00	760.99	25.00	[a] Actemra Subcutaneous Injection [RO]	[a] Avtozma [EW]

TOCILIZUMAB

Note TREATMENT OF PATIENTS WITH SEVERE ACTIVE JUVENILE IDIOPATHIC ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed with the indication of severe active juvenile idiopathic arthritis.

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Severe active juvenile idiopathic arthritis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term "biological medicine".

Treatment cycles:

From 1 December 2023, a patient receiving PBS-subsidised biological medicine is considered to be in a treatment cycle where they may switch to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements, within a single treatment cycle, a patient may:

(i) continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy; and

(ii) fail to respond or to sustain a response to each PBS-subsidised biological medicine once only. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Where treatment has resulted in an inadequate response on 3 occasions a treatment cycle is considered to have been completed and there must be a 12-month break in PBS-subsidy from all biological medicines with the PBS indication 'severe active juvenile idiopathic arthritis' before starting a new treatment cycle.

The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine was prescribed to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who received PBS-subsidised biological medicine immediately prior to 1 December 2023 is considered to be in their first cycle as of 1 December 2023. A patient who has had a break in biological medicine treatment of at least 12 months immediately prior to making a new application, on or after 1 December 2023, will commence a new treatment cycle under the Initial 3 treatment restriction.

Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle and where a break in therapy of less than 12 months has occurred a further course of treatment may be commenced within the same treatment cycle.

Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle and where a break in therapy of more than 12 months has occurred a new treatment cycle must be commenced.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Prescribing under the correct 'Treatment Phase' listing for the authority application:

(1) Initial treatment.

Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for 'severe active juvenile idiopathic arthritis'.

(2) Continuing treatment.

Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to precede initial treatment. An authority application for continuing treatment is not to be made on the same day as initial treatment.

(3) Changing therapy.

Apply under the 'Initial 2' treatment listing. The indices of disease severity (joint count) or the prior non-biological medicine therapy requirements will not need to be restated, except if the patient has had a break in therapy of more than 12 months who would then need to requalify under the initial 3 restrictions with respect to the indices of disease severity.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.

However, they cannot change to a particular biological medicine if it has failed to provide the patient with an adequate response within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany the initial 2 authority application.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the joint count provided with the first authority application for a biological medicine. However, prescribers may provide a new baseline measurement any time that an initial treatment authority application is provided within a treatment cycle and the eligibility for continuing treatment should be assessed according to the revised baseline measurement.

(5) Recommencement of treatment after a 12-month break in PBS-subsidised therapy.

Apply under the 'Initial 3' treatment listing.

(6) Withdrawal of treatment after sustained remission.

Withdrawal of treatment with biological medicine should be considered in a patient who has achieved and sustained complete remission of disease for 12 months. An assessment of demonstration of response to the current treatment should be conducted at the time treatment is ceased and the results retained in the patient's records. These results must be provided to Services Australia if subsequent authority applications are required.

Note Biosimilar prescribing policy

Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority Required

17760

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a paediatric rheumatologist; **OR**
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have demonstrated severe intolerance of, or toxicity due to, methotrexate; **OR**
- Patient must have demonstrated failure to achieve an adequate response to 1 or more of the following treatment regimens: (i) oral or parenteral methotrexate at a dose of at least 15 mg per square metre weekly, alone or in combination with oral or intra-articular corticosteroids, for a minimum of 3 months; (ii) oral or parenteral methotrexate at a dose of 20 mg weekly, alone or in combination with oral or intra-articular corticosteroids, for a minimum of 3 months; (iii) oral methotrexate at a dose of at least 10 mg per square metre weekly together with at least 1 other disease modifying anti-rheumatic drug (DMARD), alone or in combination with corticosteroids, for a minimum of 3 months.

Population criteria:

- Patient must be under 18 years of age.

Severe intolerance to methotrexate is defined as intractable nausea and vomiting and general malaise unresponsive to manoeuvres, including reducing or omitting concomitant non-steroidal anti-inflammatory drugs (NSAIDs) on the day of methotrexate administration, use of folic acid supplementation, or administering the dose of methotrexate in 2 divided doses over 24 hours.

Toxicity due to methotrexate is defined as evidence of hepatotoxicity with repeated elevations of transaminases, bone marrow suppression temporally related to methotrexate use, pneumonitis, or serious sepsis.

If treatment with methotrexate alone or in combination with another DMARD is contraindicated according to the relevant TGA-approved Product Information, details must be documented in the patient's medical records.

If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, details of this toxicity must be documented in the patient's medical records.

The following criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

(a) an active joint count of at least 10 active (swollen and tender) joints; or

(b) an active joint count of at least 2, affecting the following joints: elbow, wrist, knee, ankle, shoulder, and hip; or

(c) active arthritis affecting the cervical spine or temporomandibular joint; or

(d) at least 2 separate episodes of oral or intra-articular corticosteroids use within 12 months to control flares of disease; or

(e) development/worsening of erosive disease due to active arthritis.

The assessment of response to prior treatment must be documented in the patient's medical records.

The joint count assessment must be performed preferably whilst still on DMARD treatment, but no longer than 4 weeks following cessation of the most recent prior treatment.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) the date of assessment of severe active juvenile idiopathic arthritis; and

(b) details of prior treatment including dose and duration of treatment.

Patients under 30 kg may receive up to 24 weeks of treatment under this restriction. Patients 30 kg and over may receive up to 16 weeks of treatment under this restriction.

The assessment of the patient's response to the initial course of treatment must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment in this treatment cycle.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Use of alternative DMARDs in children is dependent on approval by the Therapeutic Goods Administration as age restrictions may apply.

Authority Required

17748

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 12 months)

Treatment criteria:

- Must be treated by a paediatric rheumatologist; **OR**
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle.

An adequate response to treatment is defined as:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 10 active joints; or

(b) a reduction in the number of the following active joints, from at least 2, by at least 50%: elbow, wrist, knee, ankle, shoulder, and hip; or

(c) an improvement from baseline by at least 50% in the signs and symptoms attributable to active arthritis affecting the cervical spine or temporomandibular joint; or

(d) at least a 50% reduction from baseline on the frequency of oral or intra-articular corticosteroids use to control flares of disease associated with active arthritis; or

(e) an improvement from baseline by at least 50% in the signs and symptoms attributable to active arthritis affecting joint(s) with erosive disease.

The assessment of response to treatment must be documented in the patient's medical records.

Patients under 30 kg may receive up to 24 weeks of treatment under this restriction. Patients 30 kg and over may receive up to 16 weeks of treatment under this restriction.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to change or recommence therapy with this drug, must be accompanied by details of the evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

The assessment of the patient's response to the most recent course of biological medicine must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed that most recent course of treatment in this treatment cycle.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient who fails to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

Authority Required

17709

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 12 months)

Treatment criteria:

- Must be treated by a paediatric rheumatologist; **OR**
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have had a break in treatment of 12 months or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must have either: (a) a total active joint count of at least 10 active (swollen and tender) joints; (b) at least 2 active major joints; (c) active arthritis affecting the cervical spine or temporomandibular joint; (d) at least 2 separate episodes of oral or intra-articular corticosteroids use within 12 months to control flares of disease; (e) development/worsening of erosive disease due to active arthritis.

Active major joints are defined as: elbow, wrist, knee, ankle, shoulder, and hip.

All measurements must be no more than 4 weeks old at the time of this application and must be documented in the patient's medical records.

Where the baseline active joint count is based on total active joints (i.e. more than 10 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of active major joints, the response must be demonstrated on the total number of active major joints.

Patients under 30 kg may receive up to 24 weeks of treatment under this restriction. Patients 30 kg and over may receive up to 16 weeks of treatment under this restriction.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) the date of assessment of severe active juvenile idiopathic arthritis; and

(b) the date of the last continuing prescription.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to recommence therapy with this drug, must be accompanied by details of the evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

The assessment of the patient's response to the most recent course of biological medicine must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed that most recent course of treatment in this treatment cycle.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Authority Required

9477

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 12 months) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 12 months) - balance of supply

Treatment criteria:

- Must be treated by a paediatric rheumatologist; **OR**
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the Initial 1 (new patient) restriction to complete 16 or 24 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 12 months) restriction to complete 16 or 24 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 12 months) restriction to complete 16 or 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions for patients 30 kg or over; **OR**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions for patients under 30 kg.

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
11734N	1	1	0.00	760.99	25.00	[a] Actemra ACTPen [RO]	[a] Avtozma [EW]

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
11748H	1	1	0.00	760.99	25.00	[a] Actemra Subcutaneous Injection [RO]	[a] Avtozma [EW]

TOCILIZUMAB

Note PBS AUTHORITY APPLICATIONS FOR SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) subsidy of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to all PBS benefits with the specific PBS indication of: 'severe active rheumatoid arthritis'.

Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

Only one biological medicine is to be PBS-subsidised at any one time for rheumatoid arthritis.

Upon 5 inadequate responses to biological medicines with the specific PBS indication of 'severe active rheumatoid arthritis', further subsidy is to cease. Where a particular biological medicine has provided an inadequate response, it must not be subsidised again.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

(1) Selecting the correct 'Treatment phase' listing to apply under

Initiating subsidy:

(i) Apply through 'Initial 1 treatment' where a patient has received no prior PBS-subsidised biological medicine treatment; or

(ii) Apply through 'Initial 2 treatment' where one of the following occurs: (a) PBS-subsidised treatment has at least been initiated through any Initial 1 listing, but the prescribed biological medicine is changing, (b) there has been a break in biological medicine of less than 24 months, but resumption of treatment is with the same biological medicine last prescribed, (c) there has been a break in biological medicine of less than 24 months and resumption of treatment is with a different biological medicine to that last prescribed, (d) treatment with rituximab has occurred within the past 24 months and is the most recent therapy prescribed leading up to this authority application, irrespective of the length in time elapsed between the 2 non-rituximab bDMARDs administered before and after rituximab.

Initial 2 does not require markers of inflammation/joint count to be re-established - those recorded in the first Initial 1 application can remain as baseline measures. Prerequisite DMARD treatments need not be re-proven to be inadequate.

The prescribed biological medicine may be changed at any time, regardless of whether the current prescribed biological medicine has been obtained through Initial treatment or Continuing treatment. However, the change in biological medicine cannot be back to the same biological medicine where that medicine has provided an inadequate response.

(iii) Apply through 'Initial 3 treatment' where treatment is recommencing following a break in PBS-subsidised therapy of at least 24 months. Initial 3 requires current markers of inflammation/joint count to be re-established. Prerequisite DMARD treatments need not be re-proven to be inadequate. PBS-subsidised therapy in this instance can include rituximab where prescribed as the most recent treatment - the 24 month break in therapy is from the second dose of the prior rituximab course.

Response assessment to any course of PBS-subsidised biological therapy must follow a minimum of 12 weeks of therapy. Applications made on the same day for Initial treatment and Continuing treatment clearly do reflect this requirement.

Where a response assessment is not conducted with a 'Continuing treatment' application, the biological medicine will be assumed to have failed, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. Authority applications for patients who experienced adverse reaction necessitating permanent treatment withdrawal should be submitted through 'Initial 2 treatment' or 'Initial 3 treatment'. Indicate where the adverse reaction has occurred in the authority application.

Continuing subsidy:

Apply under a 'Continuing treatment' phase listing only where treatment has initiated through an 'Initial treatment' listing and measures of disease control (i.e. ESR/CRP/joint count) demonstrate response following at least 12 weeks of treatment. Continuing treatment should never precede Initial treatment where the same biological medicine is being prescribed.

The description of 'Continuing treatment' means 'Continuing treatment of severe rheumatoid arthritis with the same biological medicine'. Where treatment of severe rheumatoid arthritis is continuing with a different biological medicine, 'Continuing treatment' is not to be interpreted as meaning 'Continuing treatment of severe rheumatoid arthritis with a different biological medicine' - see 'Initial 2 treatment' where continuing treatment is with a different biological medicine.

'Continuing treatment' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Where continuing treatment is divided into 'First continuing' and 'Subsequent continuing', the next authority application following immediately after any 'Initial treatment' authority application is to be through 'First continuing'. Following this, the next authority application is to occur under the 'Subsequent continuing' treatment phase. Assuming the drug continues to provide an adequate response, 'Subsequent continuing' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Balance of Supply listings:

Maximum quantities and the number of repeats stated in a PBS-listing are values that prescribers may seek up to, but are not obligated to prescribe. From time to time, there may be particular reasons why a prescriber may elect not to request the full maximum quantity listed, or, the full number of repeat prescriptions. Where this occurs, the intent of Balance of Supply treatment phase listings is to circumvent the need for another written-only authority application to be completed, as a written-only authority application may not be practical in terms of providing timely access to continued treatment.

Apply under a 'Balance of Supply' treatment phase (where available) when either the full maximum quantity or repeat prescriptions available under a particular treatment phase, was not requested and where the biological medicine has had insufficient time to demonstrate an adequate response. Where the preceding supply has been adequate to provide at least 12 weeks of treatment and has resulted in an adequate response, it may be more practical to access further treatment under 'Continuing treatment'.

(2) Baseline measurements to determine response.

Determination of response to treatment must be based on baseline measurements of the joint count, ESR and/or CRP provided with the first authority application for a biological medicine. However, prescribers may provide new baseline

measurements demonstrating elevation of both joint count and markers of inflammation any time that an initial treatment authority application is provided and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.

Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.

Applications under the Initial 3 treatment restriction for recommencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note Biosimilar prescribing policy

Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

18948

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with disease modifying anti-rheumatic drugs (DMARDs) which must include at least 3 months continuous treatment with at least 2 DMARDs, one of which must be methotrexate at a dose of at least 20 mg weekly plus one of the following: (i) hydroxychloroquine at a dose of at least 200 mg daily; (ii) leflunomide at a dose of at least 10 mg daily; (iii) sulfasalazine at a dose of at least 2 g daily; **OR**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with DMARDs which, if methotrexate is contraindicated according to the Therapeutic Goods Administration (TGA)-approved Product Information/cannot be tolerated at a 20 mg weekly dose, must include at least 3 months continuous treatment with at least 2 of the following DMARDs: (i) hydroxychloroquine at a dose of at least 200 mg daily; (ii) leflunomide at a dose of at least 10 mg daily; (iii) sulfasalazine at a dose of at least 2 g daily; **OR**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 3 months of continuous treatment with a DMARD where 2 of: (i) hydroxychloroquine, (ii) leflunomide, (iii) sulfasalazine, are contraindicated according to the relevant TGA-approved Product Information/cannot be tolerated at the doses specified above in addition to having a contraindication or intolerance to methotrexate: the remaining tolerated DMARD must be trialled at a minimum dose as mentioned above; **OR**
- Patient must have a contraindication/severe intolerance to each of: (i) methotrexate, (ii) hydroxychloroquine, (iii) leflunomide, (iv) sulfasalazine; in such cases, provide details of the contraindications/severe intolerances, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Population criteria:

- Patient must be at least 18 years of age.

If methotrexate is contraindicated according to the TGA-approved product information or cannot be tolerated at a 20 mg weekly dose, details of the contraindication or intolerance including severity to methotrexate must be provided at the time of application and documented in the patient's medical records. The maximum tolerated dose of methotrexate must be provided at the time of the application, if applicable, and documented in the patient's medical records.

The application must include details of the DMARDs trialled, their doses and duration of treatment, and all relevant contraindications and/or intolerances including severity.

The requirement to trial at least 2 DMARDs for periods of at least 3 months each can be met using single agents sequentially or by using one or more combinations of DMARDs, however the time on treatment must be at least 6 months.

If the requirement to trial 6 months of intensive DMARD therapy with at least 2 DMARDs cannot be met because of contraindications and/or intolerances of a severity necessitating permanent treatment withdrawal to all of the DMARDs specified above, details of the contraindication or intolerance including severity and dose for each DMARD must be provided at the time of application and documented in the patient's medical records.

The following criteria indicate failure to achieve an adequate response to DMARD treatment and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour and/or a C-reactive protein (CRP) level greater than 15 mg per L; AND either

(a) a total active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The assessment of response to prior treatment must be documented in the patient's medical records.

The joint count and ESR and/or CRP must be determined at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. All measures must be no more than 4 weeks old at the time of initial application.

If the requirement to demonstrate an elevated ESR or CRP cannot be met, the reasons why this criterion cannot be satisfied must be documented in the patient's medical records. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) the active joint count, ESR and/or CRP result and date of results;

(b) details of prior treatment, including dose and date/duration of treatment.

(c) If applicable, details of any contraindications/intolerances.

(d) If applicable, the maximum tolerated dose of methotrexate.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Authority Required

19027

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition; **OR**
- Patient must have received prior PBS-subsidised treatment with a biological medicine under the paediatric Severe active juvenile idiopathic arthritis/Systemic juvenile idiopathic arthritis indication, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed/ceased to respond to PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Population criteria:

- Patient must be at least 18 years of age.

Patients who have received PBS-subsidised treatment for paediatric Severe active juvenile idiopathic arthritis or Systemic juvenile idiopathic arthritis where the condition has progressed to Rheumatoid arthritis may receive treatment through this restriction using existing baseline scores.

Where a patient is changing from a biosimilar medicine for the treatment of this condition, the prescriber must provide baseline disease severity indicators with this application, in addition to the response assessment outlined below.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The assessment of response to treatment must be documented in the patient's medical records.

An application for a patient who is either changing treatment from another biological medicine to this drug or recommencing therapy with this drug after a treatment break of less than 24 months, must be accompanied with details of the evidence of a response to the patient's most recent course of PBS-subsidised biological medicine, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

A patient who has demonstrated a response to a course of rituximab must have a PBS-subsidised biological therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine.

Authority Required

19041

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 24 months or more from the most recent PBS-subsidised biological medicine for this condition, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed/ceased to respond to PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; **OR**
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either: (a) a total active joint count of at least 20 active (swollen and tender) joints; (b) at least 4 active major joints, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Population criteria:

- Patient must be at least 18 years of age.

Major joints are defined as (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count and ESR and/or CRP must be no more than 4 weeks old at the time of initial application.

If the requirement to demonstrate an elevated ESR or CRP cannot be met, the reasons why this criterion cannot be satisfied must be documented in the patient's medical records. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) the active joint count, ESR and/or CRP result and date of result;

(b) the most recent biological agent and the date of the last continuing prescription.

(c) If applicable, the new baseline scores.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes

15445X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	3	0.00	760.99	25.00	Avtozma [EW]

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices

15491H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	3	0.00	760.99	25.00	Avtozma [EW]

TOCILIZUMAB

Note PBS AUTHORITY APPLICATIONS FOR SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) subsidy of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to all PBS benefits with the specific PBS indication of: 'severe active rheumatoid arthritis'.

Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

Only one biological medicine is to be PBS-subsidised at any one time for rheumatoid arthritis.

Upon 5 inadequate responses to biological medicines with the specific PBS indication of 'severe active rheumatoid arthritis', further subsidy is to cease. Where a particular biological medicine has provided an inadequate response, it must not be subsidised again.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

(1) Selecting the correct 'Treatment phase' listing to apply under

Initiating subsidy:

(i) Apply through 'Initial 1 treatment' where a patient has received no prior PBS-subsidised biological medicine treatment; or

(ii) Apply through 'Initial 2 treatment' where one of the following occurs: (a) PBS-subsidised treatment has at least been initiated through any Initial 1 listing, but the prescribed biological medicine is changing, (b) there has been a break in biological medicine of less than 24 months, but resumption of treatment is with the same biological medicine last prescribed, (c) there has been a break in biological medicine of less than 24 months and resumption of treatment is with a different biological medicine to that last prescribed, (d) treatment with rituximab has occurred within the past 24 months and is the most recent therapy prescribed leading up to this authority application, irrespective of the length in time elapsed between the 2 non-rituximab bDMARDs administered before and after rituximab.

Initial 2 does not require markers of inflammation/joint count to be re-established - those recorded in the first Initial 1 application can remain as baseline measures. Prerequisite DMARD treatments need not be re-proven to be inadequate.

The prescribed biological medicine may be changed at any time, regardless of whether the current prescribed biological medicine has been obtained through Initial treatment or Continuing treatment. However, the change in biological medicine cannot be back to the same biological medicine where that medicine has provided an inadequate response.

(iii) Apply through 'Initial 3 treatment' where treatment is recommencing following a break in PBS-subsidised therapy of at least 24 months. Initial 3 requires current markers of inflammation/joint count to be re-established. Prerequisite DMARD treatments need not be re-proven to be inadequate. PBS-subsidised therapy in this instance can include rituximab where prescribed as the most recent treatment - the 24 month break in therapy is from the second dose of the prior rituximab course.

Response assessment to any course of PBS-subsidised biological therapy must follow a minimum of 12 weeks of therapy. Applications made on the same day for Initial treatment and Continuing treatment clearly do reflect this requirement.

Where a response assessment is not conducted with a 'Continuing treatment' application, the biological medicine will be assumed to have failed, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. Authority applications for patients who experienced adverse reaction necessitating permanent treatment withdrawal should be submitted through 'Initial 2 treatment' or 'Initial 3 treatment'. Indicate where the adverse reaction has occurred in the authority application.

Continuing subsidy:

Apply under a 'Continuing treatment' phase listing only where treatment has initiated through an 'Initial treatment' listing and measures of disease control (i.e. ESR/CRP/joint count) demonstrate response following at least 12 weeks of treatment. Continuing treatment should never precede Initial treatment where the same biological medicine is being prescribed.

The description of 'Continuing treatment' means 'Continuing treatment of severe rheumatoid arthritis with the same biological medicine'. Where treatment of severe rheumatoid arthritis is continuing with a different biological medicine, 'Continuing treatment' is not to be interpreted as meaning 'Continuing treatment of severe rheumatoid arthritis with a different biological medicine' - see 'Initial 2 treatment' where continuing treatment is with a different biological medicine.

'Continuing treatment' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Where continuing treatment is divided into 'First continuing' and 'Subsequent continuing', the next authority application following immediately after any 'Initial treatment' authority application is to be through 'First continuing'. Following this, the next authority application is to occur under the 'Subsequent continuing' treatment phase. Assuming the drug continues to provide an adequate response, 'Subsequent continuing' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Balance of Supply listings:

Maximum quantities and the number of repeats stated in a PBS-listing are values that prescribers may seek up to, but are not obligated to prescribe. From time to time, there may be particular reasons why a prescriber may elect not to request the full maximum quantity listed, or, the full number of repeat prescriptions. Where this occurs, the intent of Balance of Supply treatment phase listings is to circumvent the need for another written-only authority application to be completed, as a written-only authority application may not be practical in terms of providing timely access to continued treatment.

Apply under a 'Balance of Supply' treatment phase (where available) when either the full maximum quantity or repeat prescriptions available under a particular treatment phase, was not requested and where the biological medicine has had insufficient time to demonstrate an adequate response. Where the preceding supply has been adequate to provide at least 12 weeks of treatment and has resulted in an adequate response, it may be more practical to access further treatment under 'Continuing treatment'.

(2) Baseline measurements to determine response.

Determination of response to treatment must be based on baseline measurements of the joint count, ESR and/or CRP provided with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements demonstrating elevation of both joint count and markers of inflammation any time that an initial treatment authority application is provided and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.

Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.

Applications under the Initial 3 treatment restriction for recommencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note Biosimilar prescribing policy

Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

18534

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with disease modifying anti-rheumatic drugs (DMARDs) which must include at least 3 months continuous treatment with at least 2 DMARDs, one of which must be methotrexate at a dose of at least 20 mg weekly plus one of the following: (i) hydroxychloroquine at a dose of at least 200 mg daily; (ii) leflunomide at a dose of at least 10 mg daily; (iii) sulfasalazine at a dose of at least 2 g daily; **OR**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with DMARDs which, if methotrexate is contraindicated according to the Therapeutic Goods Administration (TGA)-approved Product Information/cannot be tolerated at a 20 mg weekly dose, must include at least 3 months continuous treatment with at least 2 of the following DMARDs: (i) hydroxychloroquine at a dose of at least 200 mg daily; (ii) leflunomide at a dose of at least 10 mg daily; (iii) sulfasalazine at a dose of at least 2 g daily; **OR**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 3 months of continuous treatment with a DMARD where 2 of: (i) hydroxychloroquine, (ii) leflunomide, (iii) sulfasalazine, are contraindicated according to the relevant TGA-approved Product Information/cannot be tolerated at the doses specified above in addition to having a contraindication or intolerance to methotrexate: the remaining tolerated DMARD must be trialled at a minimum dose as mentioned above; **OR**
- Patient must have a contraindication/severe intolerance to each of: (i) methotrexate, (ii) hydroxychloroquine, (iii) leflunomide, (iv) sulfasalazine; in such cases, provide details for each of the contraindications/severe intolerances claimed in the authority application, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

If methotrexate is contraindicated according to the TGA-approved product information or cannot be tolerated at a 20 mg weekly dose, the application must include details of the contraindication or intolerance including severity to methotrexate. The maximum tolerated dose of methotrexate must be documented in the application, if applicable.

The application must include details of the DMARDs trialled, their doses and duration of treatment, and all relevant contraindications and/or intolerances including severity.

The requirement to trial at least 2 DMARDs for periods of at least 3 months each can be met using single agents sequentially or by using one or more combinations of DMARDs, however the time on treatment must be at least 6 months.

If the requirement to trial 6 months of intensive DMARD therapy with at least 2 DMARDs cannot be met because of contraindications and/or intolerances of a severity necessitating permanent treatment withdrawal to all of the DMARDs specified above, details of the contraindication or intolerance including severity and dose for each DMARD must be provided in the authority application.

The following criteria indicate failure to achieve an adequate response to DMARD treatment and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour and/or a C-reactive protein (CRP) level greater than 15 mg per L; AND either

(a) a total active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The joint count and ESR and/or CRP must be determined at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. All measures must be no more than 4 weeks old at the time of initial application.

If the requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18562

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition; **OR**
- Patient must have received prior PBS-subsidised treatment with a biological medicine under the paediatric Severe active juvenile idiopathic arthritis/Systemic juvenile idiopathic arthritis indication, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**

- Patient must not have already failed/ceased to respond to PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Patients who have received PBS-subsidised treatment for paediatric Severe active juvenile idiopathic arthritis or Systemic juvenile idiopathic arthritis where the condition has progressed to Rheumatoid arthritis may receive treatment through this restriction using existing baseline scores.

Where a patient is changing from a biosimilar medicine for the treatment of this condition, the prescriber must provide baseline disease severity indicators with this application, in addition to the response assessment outlined below.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

An application for a patient who is either changing treatment from another biological medicine to this drug or recommencing therapy with this drug after a treatment break of less than 24 months, must be accompanied with details of the evidence of a response to the patient's most recent course of PBS-subsidised biological medicine, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

A patient who has demonstrated a response to a course of rituximab must have a PBS-subsidised biological therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18604

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 24 months or more from the most recent PBS-subsidised biological medicine for this condition, **AND**

- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed/ceased to respond to PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; **OR**
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either: (a) a total active joint count of at least 20 active (swollen and tender) joints; (b) at least 4 active major joints, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Major joints are defined as (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count and ESR and/or CRP must be no more than 4 weeks old at the time of initial application.

If the requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18584

Severe active rheumatoid arthritis

Treatment Phase: Balance of supply - Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months) to complete 16 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes

10951J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	3	0.00	760.99	25.00	[a] Actemra Subcutaneous Injection [RO]	[a] Avtozma [EW]

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices

11565Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	3	0.00	760.99	25.00	[a] Actemra ACTPen [RO]	[a] Avtozma [EW]

USTEKINUMAB

Note TREATMENT OF COMPLEX REFRACTORY FISTULISING CROHN DISEASE

The following information applies to the prescribing of targeted therapies under the Pharmaceutical Benefits Scheme (PBS) for benefits with a stated indication of 'complex refractory fistulising Crohn disease'. For PBS administration, the term targeted therapy includes biological and targeted synthetic disease modifying anti-rheumatic drugs.

A patient is eligible for PBS-subsidised treatment with only one targeted therapy at any one time.

Treatment cycle:

A treatment cycle begins when an authority application is approved under the Initial 1 or Initial 2 who are accessing PBS-subsidised treatment for the first time. Treatment must not continue with the same targeted therapy if it has not provided an adequate response as defined in the continuing treatment phase. A patient may trial different targeted therapies within a cycle; however, if all available targeted therapies have been trialled and do not provide an adequate response, the treatment cycle ends and a 12-month PBS exclusion period applies.

The 12-month break is measured from the date of the last PBS approval for a targeted therapy in the most recent cycle to the date of first initial treatment application under the next treatment cycle.

If a new targeted therapy with a different pharmacological mechanism of action becomes available on the PBS during a 12-month break, a patient may be prescribed the newly listed targeted therapy, through the Initial 2 treatment phase, if they have never received that medicine previously. If the newly listed targeted therapy does not provide an adequate response, the treatment cycle ends and the 12-month break recommences. This will not be considered a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Treatment phases:

Initial 1 - use when the patient has never received a targeted therapy for this indication or if the patient has had a break in targeted therapy of at least 12-months. Patients who have had a break in treatment of at least 12-months must requalify for treatment with respect to the indices of disease severity.

Initial 2 - use when:

- an alternative targeted therapy is prescribed for this indication, or
- the patient has previously been treated with this targeted therapy, or
- treatment is resuming after a break of less than 12-months.

Baseline disease activity does not need to be re demonstrated; however, an assessment of response to the preceding supply must be provided if a response has been demonstrated.

Continuing treatment - use when patient has demonstrated an adequate response to the preceding supply. A response to treatment is determined by comparison of current disease activity measurements relative to the baseline measurements. Prescribers may provide new baseline measurements any time that an initial treatment authority application is made within a treatment cycle and eligibility will be assessed against the revised baseline measurements. Continuing treatment authority scripts must not be written on the same day as Initial treatment authority applications.

Balance of supply - use when the full amount of the preceding supply was not provided. This phase provides the remaining quantity that could have been obtained under the preceding authority approval or where additional time is required for an adequate response to be determined.

Recency of assessments:

Where possible, all related assessment documentation should be within 4 weeks of the date of authority application but no longer than 4 weeks following cessation of the most recent treatment.

Note Biosimilar prescribing policy

Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for targeted therapies, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note For the purposes of this restriction, the fistula symptom grading total score can be calculated using the following:

(i) Discharge

- 0 - no discharge
- 1 - minimal mucous discharge
- 2 - moderate mucous discharge or purulent discharge
- 3 - substantial discharge
- 4 - gross faecal soiling

(ii) Pain

- 0 - no pain

- 1 - mild discomfort
- 2 - moderate discomfort
- 3 - marked discomfort
- 4 - severe pain

(iii) Degree of induration

- 0 - no induration
- 1 - minimal induration
- 2 - moderate induration
- 3 - substantial induration
- 4 - gross fluctuance/abscess

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

19171

Complex refractory Fistulising Crohn disease

Treatment Phase: Initial 1 (new patient or recommencement of treatment after a break in targeted therapy of more than 12 months)

Clinical criteria:

- Patient must have confirmed Crohn disease, defined by standard clinical, endoscopic and/or imaging features, including histological evidence, with the diagnosis confirmed by a gastroenterologist or a consultant physician, **AND**
- Patient must have an externally draining enterocutaneous or rectovaginal fistula, **AND**
- The treatment must not exceed a total of 2 doses to be administered at weeks 0 and 8 under this restriction.

Treatment criteria:

- Must be treated by a gastroenterologist; **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

The number of externally draining complex fistulae, fistula symptom grading scores (discharge/pain/induration) and the date of assessment of the patient's condition must be provided by the prescriber at the time of application and documented in the patient's medical records.

A patient who does not demonstrate a response to treatment will not be eligible for further PBS-subsidised treatment with this drug for this condition within the same treatment cycle. The patient will be considered not to have responded to treatment if a response assessment is not completed. A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as treatment failure.

Where fewer than 2 doses are requested at the time of the application, authority approvals for sufficient treatment based on the patient's weight to complete dosing at weeks 0 and 8 may be requested through the Balance of supply restriction.

Under no circumstances will approvals be granted for treatment that would otherwise extend the initial treatment period.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised targeted therapy was approved in this cycle and the date of the first application under a new cycle under the Initial 1 treatment restriction.

Authority Required

19172

Complex refractory Fistulising Crohn disease

Treatment Phase: Initial 2 (change or recommencement of treatment after a break in targeted therapy of less than 12 months)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a targeted therapy for this condition in this treatment cycle; **OR**
- Patient must have been eligible for prior PBS-subsidised treatment with a targeted therapy for this condition in this treatment cycle, **AND**
- Patient must have either: (i) not previously received this drug for this condition in the current treatment cycle, (ii) previously received this drug and demonstrated/maintained an adequate clinical response, **AND**
- The treatment must not exceed a total of 2 doses to be administered at weeks 0 and 8 under this restriction.

Treatment criteria:

- Must be treated by a gastroenterologist; **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

A patient who does not demonstrate a response to treatment will not be eligible for further PBS-subsidised treatment with this drug for this condition within the same treatment cycle. The patient will be considered not to have responded to treatment if a response assessment is not completed. A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as treatment failure.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) current number of externally draining complex fistulae, fistula symptom grading scores (discharge/pain/induration) and the date of assessment of the patient's condition; and

(b) details of the most recent targeted therapy in the current treatment cycle, including the date and duration of treatment.

If a patient was eligible for prior PBS-subsidised treatment with a targeted therapy for this condition but did not receive PBS-subsidised treatment at the time, the application must provide a declaration that the patient met all 'Initial 1' eligibility requirements when targeted therapy treatment commenced. The application must also provide details of the baseline scores of the prior eligibility requirements, including the number of externally draining complex fistulae, fistula symptom grading scores (discharge/pain/induration) and the date of assessment.

Where fewer than 2 doses are requested at the time of the application, authority approvals for sufficient treatment based on the patient's weight to complete dosing at weeks 0 and 8 may be requested through the Balance of supply restriction.

Under no circumstances will approvals be granted for treatment that would otherwise extend the initial treatment period.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised targeted therapy was approved in this cycle and the date of the first application under a new cycle under the Initial 1 treatment restriction.

Authority Required

19149

Complex refractory Fistulising Crohn disease

Treatment Phase: Balance of supply

Clinical criteria:

- Patient must have received insufficient treatment with this drug for this condition under any relevant initial restriction (Initial 1 or Initial 2), **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a gastroenterologist; **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

ustekinumab 90 mg/mL injection, 1 mL syringe

13805N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	0	0.00	986.28	25.00	[a] Stelara [JC]	[a] Steqeyma [EW]
					[a] Wezlana [TN]	

USTEKINUMAB

Note SEVERE CROHN DISEASE - TREATMENT PHASES AND CYCLES

The following information applies to the prescribing of targeted therapies under the Pharmaceutical Benefits Scheme (PBS) for benefits with a stated indication of: 'Severe Crohn disease'. For PBS administration, the term targeted therapy includes biological and targeted synthetic disease modifying anti-rheumatic drugs.

A patient is eligible for PBS-subsidised treatment with only one targeted therapy at any one time.

Treatment cycle:

A treatment cycle begins when an authority application is approved under an Initial 1, Initial 2 patients who are accessing PBS-subsidised treatment for the first time, Initial 3 or transitioning from non-PBS-subsidised therapy that was commenced as a paediatric patient type restriction. Treatment must not continue with the same targeted therapy if it has not provided an adequate response as defined in the continuing treatment phase. A patient may trial different targeted therapies within a cycle; however, if all available targeted therapies have been trialled and have not provided an adequate response, the treatment cycle ends and a 12-month PBS exclusion period applies.

The 12-month break is measured from the date of the last PBS approval for a targeted therapy in the most recent cycle to the date of first initial treatment application under the next treatment cycle.

If a new targeted therapy with a different pharmacological mechanism of action becomes available on the PBS during a 12-month break, a patient may be prescribed the newly listed targeted therapy through the Initial 2 treatment phase, if they have never received that medicine previously. If the newly listed targeted therapy does not provide an adequate response, the treatment cycle ends and the 12-month break recommences. This will not be considered a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Treatment phases:

Initial 1 - use when the patient has never received a targeted therapy for this indication.

Baseline disease activity and inadequate response to conventional therapies must be demonstrated.

Initial 2 - use when an alternative targeted therapy is being prescribed for this indication, or when the patient has previously been treated with this targeted therapy and treatment is resuming after a break of less than 12 months.

Baseline disease activity and inadequate response to conventional therapies do not need to be re-demonstrated; however, an assessment of response to the preceding supply must be provided if a response has been demonstrated.

Initial 3 - use when treatment is resuming after an absence of PBS subsidy for at least 12 months.

Baseline disease activity must be demonstrated; however, a re-trial of conventional therapies is not required.

Transitioning from non-PBS supply commenced as a paediatric patient - use when the patient is receiving non-PBS-subsidised treatment with a targeted therapy for this condition and has been initiated on treatment on the same targeted therapy as a paediatric patient (prior to 18 years of age) via non-PBS pathways (e.g. compassionate access or public hospital individual patient use program).

Continuing treatment - use when patient has demonstrated an adequate response to the preceding supply and/or when the dose is being increased. Continuing treatment authority scripts must not be written on the same day as Initial treatment authority applications.

Balance of supply - use when the full amount of the preceding supply was not provided. This phase provides the remaining quantity that could have been obtained under the preceding authority approval or where additional time is required for an adequate response to be demonstrated.

Recency of assessments:

Where possible, all related assessment documentation (including Crohn Disease Activity Index calculations, pathology tests and diagnostic imaging studies) should be within 4 weeks of the date of authority application but no longer than 4 weeks following cessation of the most recent treatment.

Note Biosimilar prescribing policy

Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for targeted therapies, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note Authority applications for increased repeats may be approved by Services Australia to provide sufficient doses for the relevant treatment phase.

Authority Required

18825

Severe Crohn disease

Treatment Phase: Initial 1 (new patient)

Clinical criteria:

- Patient must have confirmed severe Crohn disease, defined by standard clinical, endoscopic and/or imaging features, including histological evidence, with the diagnosis confirmed by a gastroenterologist or a consultant physician, **AND**
- Patient must not have achieved an adequate response to a tapered course of steroids, starting at a dose of at least 40 mg prednisolone (or equivalent), over a 6 week period, **AND**
- Patient must not have achieved an adequate response to prior treatment with a thiopurine at a clinically optimised dose for 3 or more consecutive months; **OR**
- Patient must not have achieved an adequate response to methotrexate at a dose of at least 15 mg weekly for 3 or more consecutive months, **AND**
- Patient must have a Crohn Disease Activity Index (CDAI) Score greater than or equal to 300 as evidence of not achieving an adequate response to prior systemic therapy; **OR**
- Patient must have short gut syndrome with diagnostic imaging or surgical evidence, or have had an ileostomy or colostomy; and must have evidence of intestinal inflammation; and must have evidence of not achieving an adequate response to prior systemic therapy as specified below; **OR**
- Patient must have extensive intestinal inflammation affecting more than 50 cm of the small intestine as evidenced by radiological imaging; and must have a Crohn Disease Activity Index (CDAI) Score greater than or equal to 220; and must have evidence of not achieving an adequate response to prior systemic therapy as specified below, **AND**
- The treatment must not exceed a total of 2 doses to be administered at weeks 0 and 8 under this restriction.

Treatment criteria:

- Must be treated by a gastroenterologist; **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

Population criteria:

- Patient must be at least 18 years of age.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) details of prior systemic drug therapy [dosage, date of commencement and duration of therapy]; and

(b) if applicable, details (date, unique identifying number/code or provider number) of the pathology or diagnostic imaging test(s) nominated as the response criteria; and

(c) if applicable, details of intestinal inflammation marker/s; and

(d) if applicable, the CDAI score and the date of assessment; and

(e) the date of the most recent clinical assessment.

Evidence of not achieving an adequate response to prior therapy must include at least one of the following:

(a) patient must have evidence of intestinal inflammation;

(b) patient must be assessed clinically as being in a high faecal output state;

(c) patient must be assessed clinically as requiring surgery or total parenteral nutrition (TPN) as the next therapeutic option, in the absence of this drug, if affected by short gut syndrome, extensive small intestine disease or is an ostomy patient.

Evidence of intestinal inflammation includes:

(i) blood: higher than normal platelet count, or, an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour, or, a C-reactive protein (CRP) level greater than 15 mg per L; or

(ii) faeces: higher than normal lactoferrin or calprotectin level; or

(iii) diagnostic imaging: demonstration of increased uptake of intravenous contrast with thickening of the bowel wall or mesenteric lymphadenopathy or fat streaking in the mesentery.

Where fewer than 2 doses are requested at the time of the application, authority approvals for sufficient treatment based on the patient's weight to complete dosing at weeks 0 and 8 may be requested through the Balance of supply restriction.

If treatment with any of the specified prior conventional drugs is contraindicated according to the relevant contraindications or precautions in the TGA-approved Product Information, please provide details at the time of application. Patients must attempt to trial alternate conventional therapies that are not contraindicated.

If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, details of this toxicity must be provided at the time of application.

Any one of the baseline criteria may be used to determine response to an initial course of treatment and eligibility for continued therapy, according to the criteria included in the continuing treatment restriction. However, the same criterion must be used for any subsequent determination of response to treatment, for the purpose of eligibility for continuing PBS-subsidised therapy.

A patient who does not demonstrate a response to treatment will not be eligible for further PBS-subsidised treatment with this drug for this condition within the same treatment cycle. The patient will be considered not to have responded to treatment if a response assessment is not completed. A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as treatment failure.

Authority Required

18856

Severe Crohn disease

Treatment Phase: Initial 2 (change or recommencement of treatment after a break in targeted therapy of less than 12 months)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a targeted therapy for this condition in this treatment cycle; **OR**
- Patient must have been eligible for prior PBS-subsidised treatment with a targeted therapy for this condition in this treatment cycle, **AND**
- Patient must have either: (i) not previously received this drug for this condition in the current treatment cycle, (ii) previously received this drug and demonstrated/maintained an adequate clinical response, **AND**
- The treatment must not exceed a total of 2 doses to be administered at weeks 0 and 8 under this restriction.

Treatment criteria:

- Must be treated by a gastroenterologist; **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

Population criteria:

- Patient must be at least 18 years of age.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) if applicable, the CDAI score and the date of assessment; and

(b) if applicable, details (date, unique identifying number/code or provider number) of the pathology or diagnostic imaging test(s) used to assess response to therapy for patients with short gut syndrome, extensive small intestine disease or an ostomy; and

(c) if applicable, the date of the most recent clinical assessment; and

(d) details of the most recent targeted therapy in the current treatment cycle, including the date and duration of treatment.

If a patient was eligible for prior PBS-subsidised treatment with a targeted therapy for this condition but did not receive PBS-subsidised treatment at the time, the application must provide a declaration that the patient met all 'Initial 1' eligibility requirements when targeted therapy treatment commenced. The following information must also be provided at the time of application:

(a) the baseline CDAI score and the date of assessment; and/or

(b) details (date, unique identifying number/code or provider number) of the pathology or diagnostic imaging test(s) used to assess response to therapy for patients with short gut syndrome, extensive small intestine disease or an ostomy.

Where fewer than 2 doses are requested at the time of the application, authority approvals for sufficient treatment based on the patient's weight to complete dosing at weeks 0 and 8 may be requested through the Balance of supply restriction.

A patient who does not demonstrate a response to treatment will not be eligible for further PBS-subsidised treatment with this drug for this condition within the same treatment cycle. The patient will be considered not to have responded to treatment if a response assessment is not completed. A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised targeted therapy was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Authority Required

18785

Severe Crohn disease

Treatment Phase: Initial 3 (recommencement of treatment after a break in targeted therapy of more than 12 months)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a targeted therapy for this condition, **AND**

- Patient must have had a break in treatment of 12 months or more from the most recently approved PBS-subsidised targeted therapy for this condition, **AND**
- Patient must have confirmed severe Crohn disease, defined by standard clinical, endoscopic and/or imaging features, including histological evidence, with the diagnosis confirmed by a gastroenterologist or a consultant physician, **AND**
- Patient must have a Crohn Disease Activity Index (CDAI) Score of greater than or equal to 300 while off treatment with targeted therapy; **OR**
- Patient must have a documented history of intestinal inflammation and have diagnostic imaging or surgical evidence of short gut syndrome if affected by the syndrome or has an ileostomy or colostomy; and evidence of flared disease while off treatment with targeted therapy; **OR**
- Patient must have a documented history and radiological evidence of intestinal inflammation if the patient has extensive small intestinal disease affecting more than 50 cm of the small intestine, together with a Crohn Disease Activity Index (CDAI) Score greater than or equal to 220; and evidence of flared disease while off treatment with targeted therapy, **AND**
- The treatment must not exceed a total of 2 doses to be administered at weeks 0 and 8 under this restriction.

Treatment criteria:

- Must be treated by a gastroenterologist; **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

Population criteria:

- Patient must be at least 18 years of age.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) if applicable, current CDAI score and the date of assessment; and

(b) if applicable, details (date, unique identifying number/code or provider number) of the pathology or diagnostic imaging test(s) or details of intestinal inflammation marker/s used to assess response to therapy for patients with short gut syndrome, extensive small intestine disease or an ostomy; and

(c) the date of the most recent clinical assessment.

Evidence of flared disease must include at least one of the following:

(a) patient must have evidence of intestinal inflammation;

(b) patient must be assessed clinically as being in a high faecal output state;

(c) patient must be assessed clinically as requiring surgery or total parenteral nutrition (TPN) as the next therapeutic option, in the absence of this drug, if affected by short gut syndrome, extensive small intestine disease or is an ostomy patient.

Evidence of intestinal inflammation includes:

(i) blood: higher than normal platelet count, or, an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour, or, a C-reactive protein (CRP) level greater than 15 mg per L; or

(ii) faeces: higher than normal lactoferrin or calprotectin level; or

(iii) diagnostic imaging: demonstration of increased uptake of intravenous contrast with thickening of the bowel wall or mesenteric lymphadenopathy or fat streaking in the mesentery.

Where fewer than 2 doses are requested at the time of the application, authority approvals for sufficient treatment based on the patient's weight to complete dosing at weeks 0 and 8 may be requested through the Balance of supply restriction.

Any one of the baseline criteria may be used to determine response to an initial course of treatment and eligibility for continued therapy, according to the criteria included in the continuing treatment restriction. However, the same criterion must be used for any subsequent determination of response to treatment, for the purpose of eligibility for continuing PBS-subsidised therapy.

A patient who does not demonstrate a response to treatment will not be eligible for further PBS-subsidised treatment with this drug for this condition within the same treatment cycle. The patient will be considered not to have responded to treatment if a response assessment is not completed. A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised targeted therapy was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Authority Required

18885

Severe Crohn disease

Treatment Phase: Transitioning from non-PBS-subsidised therapy that was commenced as a paediatric patient

Clinical criteria:

- Patient must be receiving treatment with this drug for this condition where treatment was initiated as a paediatric patient via non-PBS pathways (e.g. compassionate access or public hospital individual patient use program), **AND**
- Patient must have met the paediatric PBS eligibility criteria for initial treatment with a targeted therapy treatment for this condition, **AND**
- Patient must have previously received this drug for this condition and demonstrated/maintained an adequate clinical response, **AND**
- Patient must have an adequate response to this drug defined as a reduction in Crohn Disease Activity Index (CDAI) Score to a level no greater than 150 if assessed by CDAI or if affected by extensive small intestine disease; **OR**
- Patient must have an adequate response to this drug defined as (a) an improvement of intestinal inflammation as demonstrated by: (i) blood: normalisation of the platelet count, or an erythrocyte sedimentation rate (ESR) level no greater than 25 mm per hour, or a C-reactive protein (CRP) level no greater than 15 mg per L; or (ii) faeces:

normalisation of lactoferrin or calprotectin level; or (iii) evidence of mucosal healing, as demonstrated by diagnostic imaging findings, compared to the baseline assessment; or (b) reversal of high faecal output state; or (c) avoidance of the need for surgery or total parenteral nutrition (TPN), if affected by short gut syndrome, extensive small intestine or is an ostomy patient.

Treatment criteria:

- Must be treated by a gastroenterologist; **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

Population criteria:

- Patient must be at least 18 years of age.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) if applicable, current CDAI score and the date of assessment; and

(b) if applicable, details (date, unique identifying number/code or provider number) of the pathology or diagnostic imaging test(s) or details of intestinal inflammation marker/s used to assess response to therapy for patients with short gut syndrome, extensive small intestine disease or an ostomy; and

(c) if applicable, the date of the most recent clinical assessment.

A patient who does not demonstrate a response to treatment will not be eligible for further PBS-subsidised treatment with this drug for this condition within the same treatment cycle. The patient will be considered not to have responded to treatment if a response assessment is not completed. A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised targeted therapy was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

A maximum number of repeats of this drug consisting of up to 1 repeat for patients whose dosing frequency is every 12 weeks and up to 2 repeats for patients whose dosing frequency is every 8 weeks, will be authorised.

Where an inadequate number of repeats are requested at the time of the application to complete a course of 24 weeks treatment, authority approvals for sufficient repeats to complete 24 weeks of treatment may be requested through the Balance of supply treatment phase PBS restriction. Under no circumstances will approvals be granted for treatment that would otherwise extend treatment beyond 24 weeks.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

A patient may only qualify for PBS-subsidised treatment under this restriction once. For continuing PBS-subsidised treatment, patients must qualify under the Continuing treatment criteria.

Authority Required

18827

Severe Crohn disease

Treatment Phase: Balance of supply

Clinical criteria:

- Patient must have received insufficient treatment with this drug for this condition under any relevant initial or continuing restriction (Initial 1, Initial 2, Initial 3, Continuing, or Transitioning from non-PBS-subsidised therapy that was commenced as a paediatric patient treatment), **AND**
- The treatment must provide no more than the balance of up to 16 weeks therapy available under Initial 1, 2 or 3 treatment; **OR**
- The treatment must provide no more than the balance of up to 24 weeks therapy available under Continuing treatment or Transitioning from non-PBS-subsidised therapy that was commenced as a paediatric patient treatment.

Treatment criteria:

- Must be treated by a gastroenterologist; **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

ustekinumab 45 mg/0.5 mL injection, 0.5 mL syringe

14898D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	2	0	0.00	*1,579.14	25.00	[a] Steqeyma [EW]	[a] Wezlana [TN]

ustekinumab 90 mg/mL injection, 1 mL syringe

14934B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	0	0.00	986.28	25.00	[a] Steqeyma [EW]	[a] Wezlana [TN]

USTEKINUMAB

Note TREATMENT OF PATIENTS UNDER 18 YEARS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, etanercept and ustekinumab for patients under 18 years of age with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, etanercept and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who is receiving PBS-subsidised treatment for severe chronic plaque psoriasis is able to commence a treatment cycle where they may trial a biological medicine without having to experience a disease flare when swapping to an alternate biological medicine within the same treatment cycle.

Under these arrangements, within a treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was prescribed in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 times in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 times in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

There are separate restrictions for the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hand and foot.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

(i) a patient has never received PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - Biological medicine-naive patient); or

(ii) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years); or

(iii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine or recommence with the same biological medicine within the same treatment cycle (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or

(iv) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

Etanercept only:

After completing 24-weeks of treatment with PBS-subsidised etanercept, a patient is eligible for re-treatment with etanercept within 12 months (Initial 4) due to a disease flare with psoriasis affecting the whole body if:

(i) there is at least a 50% change in the patients PASI score compared to the most recent response assessment following cessation of the most recent 24 weeks of PBS-subsidised etanercept; or

(ii) the patient has a current PASI score greater than 15

Etanercept only:

After completing 24-weeks of treatment with PBS-subsidised etanercept, a patient is eligible for re-treatment with etanercept (Initial 4) due to a disease flare with psoriasis affecting the face, hand or foot if:

(i) all subscores are rated moderate to severe; or

(ii) 2 of the three subscores are rated severe to very severe; or

(iii) the affected area of skin has increased by at least 50% compared to that at the time of the last assessment following cessation of the most recent 24 weeks of PBS-subsidised etanercept; or

(iv) the area affected is 30% or more of the face, palm of a hand or sole of a foot,

(2) Assessment of response to initial treatment.

After prescribing initial treatment with a biological medicine, a PASI assessment must be conducted after at least 12 weeks of treatment. This assessment will be used to determine eligibility for continuing treatment and must be conducted within 8 weeks of the last administered dose.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

Adalimumab and Ustekinumab only:

To avoid an interruption of supply for First continuing treatment, the assessment should be submitted no later than 2 weeks prior to when the next dose (under the new authority application) is due, unless the patient is currently on a treatment break.

(3) Continuing treatment

Etanercept only:

Following the completion of an initial 16-week treatment course with etanercept, a patient may receive a further 8 weeks of treatment (under the 'Completion of course' treatment phase) to complete a 24-week treatment course, providing they have demonstrated an adequate response to treatment to the initial supply.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be documented in the patient's medical records. Where a response assessment is not conducted, the patient will be deemed to have failed to

respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Adalimumab and Ustekinumab only:

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks per continuing treatment course under the First continuing treatment restriction with that drug, provided they demonstrate an adequate response to treatment. The patient remains eligible to receive continuing treatment in courses of up to 24 weeks under the Subsequent continuing treatment restriction with that drug, provided they continue to sustain the response. It is recommended that a patient be reviewed 4 weeks prior to when their next dose (under a new authority application) is due to ensure uninterrupted supply, but no later than 8 weeks after the date of the last administered dose.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(4) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to the prior non-biological therapy requirements. If the patient has had a break in therapy of more than 5 years, the indices of disease severity need to be met, but a re-trial of non-biological therapy is not required.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to that biological medicine more than once within the same treatment cycle or have failed to respond to biological medicines, as an aggregate, on 3 occasions within the same treatment cycle.

To ensure patients receive the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.

(5) Baseline measurements to determine response.

A response to treatment must be demonstrated based on the baseline PASI assessment provided with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is provided within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment. Where a patient is changing from treatment with etanercept to adalimumab or ustekinumab the prescriber must provide a baseline PASI measurement, as well as a PASI score demonstrating a response to treatment.

To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.

(6A) Recommencement of treatment after a break of less than 5 years in PBS-subsidised therapy (all drugs except etanercept).

A patient who wishes to resume treatment following a break in PBS-subsidised therapy of less than 5 years must resume under the 'Initial 2' treatment phase. The most recent PASI assessment demonstrating disease flare must be no more than 4 weeks old at the time of application.

(6B) Re-treatment (etanercept only)

A patient may be re-treated, in certain circumstances, with etanercept after completing a 24-week treatment course under the 'Initial 4' treatment phase.

(7) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to undertake a new treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under an 'Initial 3' treatment phase.

Note Biosimilar prescribing policy

Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note The 28-weeks of treatment provided by this listing is intended to cover doses occurring at week 0, week 4 and week 16. Based on body weight, request an amount of biological medicine sufficient to cover a dose occurring at these timepoints. The original prescription is intended to cover a dose at week 0 and the 2 repeat prescriptions available are intended to cover doses at week 4 and week 16.

The dose due at week 28 is obtained with the first prescription obtained under the 'Continuing treatment' phase. Remind the patient to return for clinical review at approximately week 24 of treatment to enable ample time to obtain the authority application enabling dosing from week 28 and onwards.

Document the patient's baseline disease severity indices scores in their medical record, in addition to providing them in this authority application, to ensure:

(i) the patient's response to treatment can be quantified; and

(ii) in the case of the patient switching therapy for this condition, the baseline scores for the initial application will be available.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

17070

Severe chronic plaque psoriasis

Treatment Phase: Initial 1 treatment (Whole body) - biological medicine-naive patient

Treatment criteria:

- Must be treated by a dermatologist.

Clinical criteria:

- Patient must be undergoing treatment for the first time with PBS-subsidised biological medicine for this PBS indication, **AND**
- The treatment must be as systemic monotherapy; **OR**
- The treatment must be in combination with methotrexate, **AND**
- Patient must have lesions present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must have failed to achieve an adequate response to at least 2 of the following 3 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; (ii) methotrexate at a dose of at least 10 mg or 10 mg per square metre weekly (whichever is lowest) for at least 6 weeks; (iii) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks, **AND**
- Patient must not receive more than 28 weeks of treatment under this restriction.

Population criteria:

- Patient must be under 18 years of age.

Where treatment with any of the above-mentioned drugs was contraindicated according to the relevant TGA-approved Product Information, or where phototherapy was contraindicated, details must be provided at the time of application.

Where intolerance to phototherapy, methotrexate and/or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Details of the accepted toxicities including severity can be found on the Services Australia website.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The following indicates failure to achieve an adequate response to prior phototherapy/methotrexate/acitretin therapy:

(a) A Psoriasis Area and Severity Index (PASI) score of greater than 15, as assessed, preferably when the patient was on treatment, but no longer than 4 weeks following cessation of the last pre-requisite therapy.

A PASI assessment must have been completed for each pre-requisite treatment trialled, preferably when the patient was on treatment, but no longer than 4 weeks following cessation of that pre-requisite treatment. Provide in this authority application, and document in the patient's medical records, each of:

(i) the name of each prior therapy trialled that meets the above requirements - state at least 2;

(ii) the date of commencement and cessation of each prior therapy trialled, as well as the dosage (for drug therapies);

(iii) the PASI score that followed each prior therapy trialled;

(iv) the date the PASI scores were determined.

Provide a baseline PASI score to be referenced in any future authority applications that continue treatment. This PASI score may be any of: (i) a current PASI score, (ii) a PASI score present prior to, or, after a pre-requisite non-biological medicine.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authorisation under this restriction should be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)

Alternatively applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

17067

Severe chronic plaque psoriasis

Treatment Phase: Initial 2 treatment (Whole body) - Change of treatment, or, recommencement of treatment after a break in biological medicine of less than 5 years

Treatment criteria:

- Must be treated by a dermatologist.

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**

- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment 3 times for this condition within this treatment cycle, **AND**
- The treatment must be as systemic monotherapy; **OR**
- The treatment must be in combination with methotrexate, **AND**
- Patient must not receive more than 28 weeks of treatment under this restriction.

Population criteria:

- Patient must be under 18 years of age.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Where the patient is changing from treatment with etanercept a baseline PASI measurement must be provided with this authority application.

Response to preceding supply:

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

Change in therapy:

If the patient is changing therapy, in relation to the biological medicine that the patient is changing from, state whether the patient is changing therapy because:

(i) there is an absence of an adequate response to that treatment; or

(ii) there was an intolerance to that treatment; or

(iii) there was an adequate response, but a change in treatment has been made for reasons other than the 2 mentioned above

Recommencing therapy:

If the patient is recommencing therapy, in relation to the last administered dose, state whether there was:

(i) an absence of an adequate response; or

(ii) an intolerance to that treatment; or

(iii) an adequate response, but a break in therapy was necessary for reasons other than the 2 mentioned above.

The assessment of response to treatment and the reason for changing therapy must be provided in this application and documented in the patient's medical records.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authorisation under this restriction should be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)

Alternatively applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

17068

Severe chronic plaque psoriasis

Treatment Phase: Initial 3 treatment (Whole body, or, face/hand/foot) - Recommencement of treatment after a break in biological medicine of more than 5 years

Treatment criteria:

- Must be treated by a dermatologist.

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition for at least 5 years, if they have previously received PBS-subsidised treatment with a biological medicine for this condition and wish to commence a new treatment cycle, **AND**
- The condition must be affecting the whole body - all subsequent authority applications to this application will be made under treatment phases that feature the words 'whole body'; **OR**
- The condition must be limited to the face/hand/foot - all subsequent authority applications to this application will be made under treatment phases that feature the words 'face, hand, foot', **AND**
- Patient must have a current Psoriasis Area and Severity Index (PASI) score of greater than 15; **OR**
- The condition must be classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where: (i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or (ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, **AND**

- The treatment must be as systemic monotherapy; **OR**
- The treatment must be in combination with methotrexate, **AND**
- Patient must not receive more than 28 weeks of treatment under this restriction.

Population criteria:

- Patient must be under 18 years of age.

The most recent PASI assessment must be no more than 4 weeks old at the time of application and must be documented in the patient's medical records.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authorisation under this restriction should be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)

Alternatively applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

12334

Severe chronic plaque psoriasis

Treatment Phase: Balance of supply - Initial 1, 2 or 3 treatment (Whole body, or, face/hand/foot)

Treatment criteria:

- Must be treated by a dermatologist, **AND**
- Patient must be undergoing current PBS-subsidised treatment with this biological medicine, but has received insufficient therapy with this biological medicine to complete 3 doses available under any of the initial treatment phases (regardless of the affected body area): (i) Initial 1, (ii) Initial 2, (iii) Initial 3.

Clinical criteria:

- The treatment must be as systemic monotherapy; **OR**
- The treatment must be in combination with methotrexate, **AND**
- The treatment must provide no more than the balance of 3 doses available under any of the initial treatment phases.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority Required

17071

Severe chronic plaque psoriasis

Treatment Phase: Initial 1 treatment (Face, hand, foot) - biological medicine-naive patient

Treatment criteria:

- Must be treated by a dermatologist.

Clinical criteria:

- Patient must be undergoing treatment for the first time with PBS-subsidised biological medicine for this PBS indication, **AND**
- The treatment must be as systemic monotherapy; **OR**
- The treatment must be in combination with methotrexate, **AND**
- Patient must have the plaque or plaques of the face, or palm of hand or sole of foot present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must have failed to achieve an adequate response to at least 2 of the following 3 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; (ii) methotrexate at a dose of at least 10 mg or 10 mg per square metre weekly (whichever is lowest) for at least 6 weeks; (iii) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks, **AND**
- Patient must not receive more than 28 weeks of treatment under this restriction.

Population criteria:

- Patient must be under 18 years of age.

Where treatment with any of the above-mentioned drugs was contraindicated according to the relevant TGA-approved Product Information, or where phototherapy was contraindicated, details must be provided at the time of application.

Where intolerance to phototherapy, methotrexate and/or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Details of the accepted toxicities including severity can be found on the Services Australia website.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The following indicates failure to achieve an adequate response to prior phototherapy/methotrexate/acitretin therapy:

(a) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling being rated as severe or very severe, as assessed, preferably whilst still on treatment, but no longer than 1 month following cessation of the last pre-requisite therapy; or

(b) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, as assessed, preferably whilst still on treatment, but no longer than 1 month following cessation of the last pre-requisite therapy

Provide in this authority application, and document in the patient's medical records, each of:

(i) the name of each prior therapy trialled that meets the above requirements - state at least 2;

(ii) the date of commencement and cessation of each prior therapy trialled, as well as the dosage (for drug therapies);

(iii) whether failure type (a) or (b) as described above occurred for each prior therapy trialled;

(iv) the dates that response assessments were determined.

Provide in this authority application at least one of the following to act as a baseline measurement and be referenced in any future authority applications that continue treatment:

(v) for each of erythema, thickness and scaling, which of these are rated as severe or very severe (at least 2 must be rated as severe/very severe);

(vi) the percentage area of skin (combined area of face, hands and feet) affected by this condition (must be at least 30%) prior to treatment with biological medicine.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authorisation under this restriction should be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)

Alternatively applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

17039

Severe chronic plaque psoriasis

Treatment Phase: Initial 2 treatment (Face, hand, foot) - Change or recommencement of treatment after a break in biological medicine of less than 5 years

Treatment criteria:

- Must be treated by a dermatologist.

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment 3 times for this condition within this treatment cycle, **AND**
- The treatment must be as systemic monotherapy; **OR**
- The treatment must be in combination with methotrexate, **AND**
- Patient must not receive more than 28 weeks of treatment under this restriction.

Population criteria:

- Patient must be under 18 years of age.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Where the patient is changing from treatment with etanercept a baseline PASI measurement must be provided with this authority application.

Response to preceding supply:

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or is sustained at this level, when compared with the baseline value for this treatment cycle.

Change in therapy:

If the patient is changing therapy, in relation to the biological medicine that the patient is changing from, state whether the patient is changing therapy because:

(i) there is an absence of an adequate response to that treatment; or

(ii) there was an intolerance to that treatment; or

(iii) there was an adequate response, but a change in treatment has been made for reasons other than the 2 mentioned above

Recommencing therapy:

If the patient is recommencing therapy, in relation to the last administered dose, state whether there was:

(i) an absence of an adequate response; or

(ii) an intolerance to that treatment; or

(iii) an adequate response, but a break in therapy was necessary for reasons other than the 2 mentioned above.

The assessment of response to treatment and the reason for changing therapy must be provided in this application and documented in the patient's medical records.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authorisation under this restriction should be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)

Alternatively applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

ustekinumab 45 mg/0.5 mL injection, 0.5 mL vial

12669T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	2	0.00	794.25	25.00	[a] Stelara [JC]	[a] Wezlana [TN]

ustekinumab 45 mg/0.5 mL injection, 0.5 mL syringe

14879D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	2	0.00	794.25	25.00	[a] Steqeyma [EW]	[a] Wezlana [TN]

ustekinumab 90 mg/mL injection, 1 mL syringe

14897C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	2	0.00	986.28	25.00	[a] Steqeyma [EW]	[a] Wezlana [TN]

USTEKINUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who received PBS-subsidised adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.

A patient receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.

(1) Initial treatment.

An application for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab, and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab, 24 weeks of therapy for bimekizumab and 28 weeks of therapy for risankizumab, tildrakizumab and ustekinumab.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of their course of initial treatment to ensure uninterrupted biological medicine supply.

(2) Assessment of response to initial treatment.

When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment and no later than 4 weeks from the completion of this initial treatment course.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

(3) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Infliximab, adalimumab and etanercept only:

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.

For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(4) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle or have experienced treatment failure with that particular biological medicine that required permanent treatment withdrawal.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.

(5) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.

To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.

(6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 4 weeks at the time of application.

Note Biosimilar prescribing policy

Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note No increase in the maximum number of repeats may be authorised.

Authority Required

16894

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 1, Whole body (new patient)

Clinical criteria:

- Patient must have severe chronic plaque psoriasis where lesions have been present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 2 of the following 6 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; (ii) methotrexate at a dose of at least 10 mg weekly for at least 6 weeks; (iii) ciclosporin at a dose of at least 2 mg per kg per day for at least 6 weeks; (iv) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks; (v) apremilast at a dose of 30 mg twice a day for at least 6 weeks; (vi) deucravacitinib at a dose of 6 mg once daily for at least 6 weeks, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 28 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

Where treatment with methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin is contraindicated according to the relevant TGA-approved Product Information, or where phototherapy is contraindicated, details must be provided at the time of application.

Where intolerance to treatment with phototherapy, methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Regardless of if a patient has a contraindication to treatment with either methotrexate, ciclosporin, apremilast, deucravacitinib, acitretin or phototherapy, the patient is still required to trial 2 of these prior therapies until a failure to achieve an adequate response is met.

The following criterion indicates failure to achieve an adequate response to prior treatment and must be demonstrated in the patient at the time of the application:

(a) A current Psoriasis Area and Severity Index (PASI) score of greater than 15, as assessed, preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment.

(b) A PASI assessment must be completed for each prior treatment course, preferably whilst still on treatment, but no longer than 4 weeks following cessation of each course of treatment.

(c) The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current and previous Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition; and

(ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy].

At the time of the authority application, medical practitioners should request the appropriate dosage, based on the weight of the patient, to provide sufficient for a single injection. Up to a maximum of 2 repeats will be authorised.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of

biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 6 weeks treatment with phototherapy, methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin can be found on the Services Australia website (www.servicesaustralia.gov.au).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

16900

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 2, Whole body (change or re-commencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 28 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

At the time of the authority application, medical practitioners should request the appropriate dosage, based on the weight of the patient, to provide sufficient for a single injection. Up to a maximum of 2 repeats will be authorised.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition; and

(ii) details of prior biological treatment, including dosage, date and duration of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

16920

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 3, Whole body (re-commencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must have a current Psoriasis Area and Severity Index (PASI) score of greater than 15, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 28 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

At the time of the authority application, medical practitioners should request the appropriate dosage, based on the weight of the patient, to provide sufficient for a single injection. Up to a maximum of 2 repeats will be authorised.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

16922

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 1, Face, hand, foot (new patient)

Clinical criteria:

- Patient must have severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot where the plaque or plaques have been present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 2 of the following 6 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; (ii) methotrexate at a dose of at least 10 mg weekly for at least 6 weeks; (iii) ciclosporin at a dose of at least 2 mg per kg per day for at least 6 weeks; (iv) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks; (v) apremilast at a dose of 30 mg twice a day for at least 6 weeks; (vi) deucravacitinib at a dose of 6 mg once daily for at least 6 weeks, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 28 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

Where treatment with methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin is contraindicated according to the relevant TGA-approved Product Information, or where phototherapy is contraindicated, details must be provided at the time of application.

Where intolerance to treatment with phototherapy, methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Regardless of if a patient has a contraindication to treatment with either methotrexate, ciclosporin, apremilast, deucravacitinib, acitretin or phototherapy, the patient is still required to trial 2 of these prior therapies until a failure to achieve an adequate response is met.

The following criterion indicates failure to achieve an adequate response to prior treatment and must be demonstrated in the patient at the time of the application:

(a) Chronic plaque psoriasis classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where:

(i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe, as assessed, preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment; or

(ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, as assessed, preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment;

(b) A PASI assessment must be completed for each prior treatment course, preferably whilst still on treatment, but no longer than 4 weeks following cessation of each course of treatment.

(c) The most recent PASI assessment must be no more than 4 weeks old at the time of application.

At the time of the authority application, medical practitioners should request the appropriate dosage, based on the weight of the patient, to provide sufficient for a single injection. Up to a maximum of 2 repeats will be authorised.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current and previous Psoriasis Area and Severity Index (PASI) calculation sheets, and the face, hand, foot area diagrams including the dates of assessment of the patient's condition; and

(ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy].

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 6 weeks treatment with phototherapy, methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin can be found on the Services Australia website (www.servicesaustralia.gov.au).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority Required

16832

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 2, Face, hand, foot (change or re-commencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 28 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

At the time of the authority application, medical practitioners should request the appropriate dosage, based on the weight of the patient, to provide sufficient for a single injection. Up to a maximum of 2 repeats will be authorised.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current Psoriasis Area and Severity Index (PASI) calculation sheets, and the face, hand, foot area diagrams including the dates of assessment of the patient's condition; and

(ii) details of prior biological treatment, including dosage, date and duration of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority Required

16868

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 3, Face, hand, foot (re-commencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must be classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where: (i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or (ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 28 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

At the time of the authority application, medical practitioners should request the appropriate dosage, based on the weight of the patient, to provide sufficient for a single injection. Up to a maximum of 2 repeats will be authorised.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheets, and the face, hand, foot area diagrams including the dates of assessment of the patient's condition.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

11120

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 1, Whole body or Face, hand, foot (new patient) or Initial 2, Whole body or Face, hand, foot (change or re-commencement of treatment after a break in biological medicine of less than 5 years) or Initial 3, Whole body or Face, hand, foot (re-commencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1, Whole body (new patient) restriction to complete 28 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2, Whole body (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 28 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3, Whole body (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 28 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 1, Face, hand, foot (new patient) restriction to complete 28 weeks treatment; **OR**

- Patient must have received insufficient therapy with this drug for this condition under the Initial 2, Face, hand, foot (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 28 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3, Face, hand, foot (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 28 weeks treatment, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- The treatment must provide no more than the balance of up to 28 weeks treatment available under the above restriction.

Treatment criteria:

- Must be treated by a dermatologist.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

ustekinumab 45 mg/0.5 mL injection, 0.5 mL vial

9304Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	2	0.00	794.25	25.00	[a] Stelara [JC]	[a] Wezlana [TN]

ustekinumab 45 mg/0.5 mL injection, 0.5 mL syringe

14892T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	2	0.00	794.25	25.00	[a] Steqeyma [EW]	[a] Wezlana [TN]

ustekinumab 90 mg/mL injection, 1 mL syringe

14935C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	2	0.00	986.28	25.00	[a] Steqeyma [EW]	[a] Wezlana [TN]

USTEKINUMAB

Note SEVERE CROHN DISEASE - TREATMENT PHASES AND CYCLES

The following information applies to the prescribing of targeted therapies under the Pharmaceutical Benefits Scheme (PBS) for benefits with a stated indication of: 'Severe Crohn disease'. For PBS administration, the term targeted therapy includes biological and targeted synthetic disease modifying anti-rheumatic drugs.

A patient is eligible for PBS-subsidised treatment with only one targeted therapy at any one time.

Treatment cycle:

A treatment cycle begins when an authority application is approved under an Initial 1, Initial 2 patients who are accessing PBS-subsidised treatment for the first time, Initial 3 or transitioning from non-PBS-subsidised therapy that was commenced as a paediatric patient type restriction. Treatment must not continue with the same targeted therapy if it has not provided an adequate response as defined in the continuing treatment phase. A patient may trial different targeted therapies within a cycle; however, if all available targeted therapies have been trialled and have not provided an adequate response, the treatment cycle ends and a 12-month PBS exclusion period applies.

The 12-month break is measured from the date of the last PBS approval for a targeted therapy in the most recent cycle to the date of first initial treatment application under the next treatment cycle.

If a new targeted therapy with a different pharmacological mechanism of action becomes available on the PBS during a 12-month break, a patient may be prescribed the newly listed targeted therapy through the Initial 2 treatment phase, if they have never received that medicine previously. If the newly listed targeted therapy does not provide an adequate response, the treatment cycle ends and the 12-month break recommences. This will not be considered a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Treatment phases:

Initial 1 - use when the patient has never received a targeted therapy for this indication.

Baseline disease activity and inadequate response to conventional therapies must be demonstrated.

Initial 2 - use when an alternative targeted therapy is being prescribed for this indication, or when the patient has previously been treated with this targeted therapy and treatment is resuming after a break of less than 12 months.

Baseline disease activity and inadequate response to conventional therapies do not need to be re-demonstrated; however, an assessment of response to the preceding supply must be provided if a response has been demonstrated.

Initial 3 - use when treatment is resuming after an absence of PBS subsidy for at least 12 months.

Baseline disease activity must be demonstrated; however, a re-trial of conventional therapies is not required.

Transitioning from non-PBS supply commenced as a paediatric patient - use when the patient is receiving non-PBS-subsidised treatment with a targeted therapy for this condition and has been initiated on treatment on the same targeted therapy as a paediatric patient (prior to 18 years of age) via non-PBS pathways (e.g. compassionate access or public hospital individual patient use program).

Continuing treatment - use when patient has demonstrated an adequate response to the preceding supply and/or when the dose is being increased. Continuing treatment authority scripts must not be written on the same day as Initial treatment authority applications.

Balance of supply - use when the full amount of the preceding supply was not provided. This phase provides the remaining quantity that could have been obtained under the preceding authority approval or where additional time is required for an adequate response to be demonstrated.

Recency of assessments:

Where possible, all related assessment documentation (including Crohn Disease Activity Index calculations, pathology tests and diagnostic imaging studies) should be within 4 weeks of the date of authority application but no longer than 4 weeks following cessation of the most recent treatment.

Note Biosimilar prescribing policy

Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for targeted therapies, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note Authority applications for increased repeats may be approved by Services Australia to provide sufficient doses for the relevant treatment phase.

Authority Required

18825

Severe Crohn disease

Treatment Phase: Initial 1 (new patient)

Clinical criteria:

- Patient must have confirmed severe Crohn disease, defined by standard clinical, endoscopic and/or imaging features, including histological evidence, with the diagnosis confirmed by a gastroenterologist or a consultant physician, **AND**
- Patient must not have achieved an adequate response to a tapered course of steroids, starting at a dose of at least 40 mg prednisolone (or equivalent), over a 6 week period, **AND**
- Patient must not have achieved an adequate response to prior treatment with a thiopurine at a clinically optimised dose for 3 or more consecutive months; **OR**
- Patient must not have achieved an adequate response to methotrexate at a dose of at least 15 mg weekly for 3 or more consecutive months, **AND**
- Patient must have a Crohn Disease Activity Index (CDAI) Score greater than or equal to 300 as evidence of not achieving an adequate response to prior systemic therapy; **OR**
- Patient must have short gut syndrome with diagnostic imaging or surgical evidence, or have had an ileostomy or colostomy; and must have evidence of intestinal inflammation; and must have evidence of not achieving an adequate response to prior systemic therapy as specified below; **OR**
- Patient must have extensive intestinal inflammation affecting more than 50 cm of the small intestine as evidenced by radiological imaging; and must have a Crohn Disease Activity Index (CDAI) Score greater than or equal to 220; and must have evidence of not achieving an adequate response to prior systemic therapy as specified below, **AND**
- The treatment must not exceed a total of 2 doses to be administered at weeks 0 and 8 under this restriction.

Treatment criteria:

- Must be treated by a gastroenterologist; **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

Population criteria:

- Patient must be at least 18 years of age.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) details of prior systemic drug therapy [dosage, date of commencement and duration of therapy]; and

(b) if applicable, details (date, unique identifying number/code or provider number) of the pathology or diagnostic imaging test(s) nominated as the response criteria; and

(c) if applicable, details of intestinal inflammation marker/s; and

(d) if applicable, the CDAI score and the date of assessment; and

(e) the date of the most recent clinical assessment.

Evidence of not achieving an adequate response to prior therapy must include at least one of the following:

(a) patient must have evidence of intestinal inflammation;

(b) patient must be assessed clinically as being in a high faecal output state;

(c) patient must be assessed clinically as requiring surgery or total parenteral nutrition (TPN) as the next therapeutic option, in the absence of this drug, if affected by short gut syndrome, extensive small intestine disease or is an ostomy patient.

Evidence of intestinal inflammation includes:

(i) blood: higher than normal platelet count, or, an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour, or, a C-reactive protein (CRP) level greater than 15 mg per L; or

(ii) faeces: higher than normal lactoferrin or calprotectin level; or

(iii) diagnostic imaging: demonstration of increased uptake of intravenous contrast with thickening of the bowel wall or mesenteric lymphadenopathy or fat streaking in the mesentery.

Where fewer than 2 doses are requested at the time of the application, authority approvals for sufficient treatment based on the patient's weight to complete dosing at weeks 0 and 8 may be requested through the Balance of supply restriction.

If treatment with any of the specified prior conventional drugs is contraindicated according to the relevant contraindications or precautions in the TGA-approved Product Information, please provide details at the time of application. Patients must attempt to trial alternate conventional therapies that are not contraindicated.

If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, details of this toxicity must be provided at the time of application.

Any one of the baseline criteria may be used to determine response to an initial course of treatment and eligibility for continued therapy, according to the criteria included in the continuing treatment restriction. However, the same criterion must be used for any subsequent determination of response to treatment, for the purpose of eligibility for continuing PBS-subsidised therapy.

A patient who does not demonstrate a response to treatment will not be eligible for further PBS-subsidised treatment with this drug for this condition within the same treatment cycle. The patient will be considered not to have responded to treatment if a response assessment is not completed. A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as treatment failure.

Authority Required

18856

Severe Crohn disease

Treatment Phase: Initial 2 (change or recommencement of treatment after a break in targeted therapy of less than 12 months)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a targeted therapy for this condition in this treatment cycle; **OR**
- Patient must have been eligible for prior PBS-subsidised treatment with a targeted therapy for this condition in this treatment cycle, **AND**
- Patient must have either: (i) not previously received this drug for this condition in the current treatment cycle, (ii) previously received this drug and demonstrated/maintained an adequate clinical response, **AND**
- The treatment must not exceed a total of 2 doses to be administered at weeks 0 and 8 under this restriction.

Treatment criteria:

- Must be treated by a gastroenterologist; **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

Population criteria:

- Patient must be at least 18 years of age.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) if applicable, the CDAI score and the date of assessment; and

(b) if applicable, details (date, unique identifying number/code or provider number) of the pathology or diagnostic imaging test(s) used to assess response to therapy for patients with short gut syndrome, extensive small intestine disease or an ostomy; and

(c) if applicable, the date of the most recent clinical assessment; and

(d) details of the most recent targeted therapy in the current treatment cycle, including the date and duration of treatment.

If a patient was eligible for prior PBS-subsidised treatment with a targeted therapy for this condition but did not receive PBS-subsidised treatment at the time, the application must provide a declaration that the patient met all 'Initial 1' eligibility requirements when targeted therapy treatment commenced. The following information must also be provided at the time of application:

(a) the baseline CDAI score and the date of assessment; and/or

(b) details (date, unique identifying number/code or provider number) of the pathology or diagnostic imaging test(s) used to assess response to therapy for patients with short gut syndrome, extensive small intestine disease or an ostomy.

Where fewer than 2 doses are requested at the time of the application, authority approvals for sufficient treatment based on the patient's weight to complete dosing at weeks 0 and 8 may be requested through the Balance of supply restriction.

A patient who does not demonstrate a response to treatment will not be eligible for further PBS-subsidised treatment with this drug for this condition within the same treatment cycle. The patient will be considered not to have responded to treatment if a response assessment is not completed. A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised targeted therapy was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Authority Required

18785

Severe Crohn disease

Treatment Phase: Initial 3 (recommencement of treatment after a break in targeted therapy of more than 12 months)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a targeted therapy for this condition, **AND**
- Patient must have had a break in treatment of 12 months or more from the most recently approved PBS-subsidised targeted therapy for this condition, **AND**
- Patient must have confirmed severe Crohn disease, defined by standard clinical, endoscopic and/or imaging features, including histological evidence, with the diagnosis confirmed by a gastroenterologist or a consultant physician, **AND**
- Patient must have a Crohn Disease Activity Index (CDAI) Score of greater than or equal to 300 while off treatment with targeted therapy; **OR**

- Patient must have a documented history of intestinal inflammation and have diagnostic imaging or surgical evidence of short gut syndrome if affected by the syndrome or has an ileostomy or colostomy; and evidence of flared disease while off treatment with targeted therapy; **OR**
- Patient must have a documented history and radiological evidence of intestinal inflammation if the patient has extensive small intestinal disease affecting more than 50 cm of the small intestine, together with a Crohn Disease Activity Index (CDAI) Score greater than or equal to 220; and evidence of flared disease while off treatment with targeted therapy, **AND**
- The treatment must not exceed a total of 2 doses to be administered at weeks 0 and 8 under this restriction.

Treatment criteria:

- Must be treated by a gastroenterologist; **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

Population criteria:

- Patient must be at least 18 years of age.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) if applicable, current CDAI score and the date of assessment; and

(b) if applicable, details (date, unique identifying number/code or provider number) of the pathology or diagnostic imaging test(s) or details of intestinal inflammation marker/s used to assess response to therapy for patients with short gut syndrome, extensive small intestine disease or an ostomy; and

(c) the date of the most recent clinical assessment.

Evidence of flared disease must include at least one of the following:

(a) patient must have evidence of intestinal inflammation;

(b) patient must be assessed clinically as being in a high faecal output state;

(c) patient must be assessed clinically as requiring surgery or total parenteral nutrition (TPN) as the next therapeutic option, in the absence of this drug, if affected by short gut syndrome, extensive small intestine disease or is an ostomy patient.

Evidence of intestinal inflammation includes:

(i) blood: higher than normal platelet count, or, an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour, or, a C-reactive protein (CRP) level greater than 15 mg per L; or

(ii) faeces: higher than normal lactoferrin or calprotectin level; or

(iii) diagnostic imaging: demonstration of increased uptake of intravenous contrast with thickening of the bowel wall or mesenteric lymphadenopathy or fat streaking in the mesentery.

Where fewer than 2 doses are requested at the time of the application, authority approvals for sufficient treatment based on the patient's weight to complete dosing at weeks 0 and 8 may be requested through the Balance of supply restriction.

Any one of the baseline criteria may be used to determine response to an initial course of treatment and eligibility for continued therapy, according to the criteria included in the continuing treatment restriction. However, the same criterion must be used for any subsequent determination of response to treatment, for the purpose of eligibility for continuing PBS-subsidised therapy.

A patient who does not demonstrate a response to treatment will not be eligible for further PBS-subsidised treatment with this drug for this condition within the same treatment cycle. The patient will be considered not to have responded to treatment if a response assessment is not completed. A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised targeted therapy was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Authority Required

18885

Severe Crohn disease

Treatment Phase: Transitioning from non-PBS-subsidised therapy that was commenced as a paediatric patient

Clinical criteria:

- Patient must be receiving treatment with this drug for this condition where treatment was initiated as a paediatric patient via non-PBS pathways (e.g. compassionate access or public hospital individual patient use program), **AND**
- Patient must have met the paediatric PBS eligibility criteria for initial treatment with a targeted therapy treatment for this condition, **AND**
- Patient must have previously received this drug for this condition and demonstrated/maintained an adequate clinical response, **AND**
- Patient must have an adequate response to this drug defined as a reduction in Crohn Disease Activity Index (CDAI) Score to a level no greater than 150 if assessed by CDAI or if affected by extensive small intestine disease; **OR**
- Patient must have an adequate response to this drug defined as (a) an improvement of intestinal inflammation as demonstrated by: (i) blood: normalisation of the platelet count, or an erythrocyte sedimentation rate (ESR) level no greater than 25 mm per hour, or a C-reactive protein (CRP) level no greater than 15 mg per L; or (ii) faeces: normalisation of lactoferrin or calprotectin level; or (iii) evidence of mucosal healing, as demonstrated by diagnostic imaging findings, compared to the baseline assessment; or (b) reversal of high faecal output state; or (c) avoidance of the need for surgery or total parenteral nutrition (TPN), if affected by short gut syndrome, extensive small intestine or is an ostomy patient.

Treatment criteria:

- Must be treated by a gastroenterologist; **OR**

- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

Population criteria:

- Patient must be at least 18 years of age.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) if applicable, current CDAI score and the date of assessment; and

(b) if applicable, details (date, unique identifying number/code or provider number) of the pathology or diagnostic imaging test(s) or details of intestinal inflammation marker/s used to assess response to therapy for patients with short gut syndrome, extensive small intestine disease or an ostomy; and

(c) if applicable, the date of the most recent clinical assessment.

A patient who does not demonstrate a response to treatment will not be eligible for further PBS-subsidised treatment with this drug for this condition within the same treatment cycle. The patient will be considered not to have responded to treatment if a response assessment is not completed. A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised targeted therapy was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

A maximum number of repeats of this drug consisting of up to 1 repeat for patients whose dosing frequency is every 12 weeks and up to 2 repeats for patients whose dosing frequency is every 8 weeks, will be authorised.

Where an inadequate number of repeats are requested at the time of the application to complete a course of 24 weeks treatment, authority approvals for sufficient repeats to complete 24 weeks of treatment may be requested through the Balance of supply treatment phase PBS restriction. Under no circumstances will approvals be granted for treatment that would otherwise extend treatment beyond 24 weeks.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

A patient may only qualify for PBS-subsidised treatment under this restriction once. For continuing PBS-subsidised treatment, patients must qualify under the Continuing treatment criteria.

Authority Required

18826

Severe Crohn disease

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised targeted therapy treatment for this condition, **AND**
- Patient must have an adequate response to this drug defined as a reduction in Crohn Disease Activity Index (CDAI) Score to a level no greater than 150 if assessed by CDAI or if affected by extensive small intestine disease; **OR**
- Patient must have an adequate response to this drug defined as (a) an improvement of intestinal inflammation as demonstrated by: (i) blood: normalisation of the platelet count, or an erythrocyte sedimentation rate (ESR) level no greater than 25 mm per hour, or a C-reactive protein (CRP) level no greater than 15 mg per L; or (ii) faeces: normalisation of lactoferrin or calprotectin level; or (iii) evidence of mucosal healing, as demonstrated by diagnostic imaging findings, compared to the baseline assessment; or (b) reversal of high faecal output state; or (c) avoidance of the need for surgery or total parenteral nutrition (TPN), if affected by short gut syndrome, extensive small intestine or is an ostomy patient, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction per authority application.

Treatment criteria:

- Must be treated by a gastroenterologist; **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

Population criteria:

- Patient must be at least 18 years of age.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) if applicable, current CDAI score and the date of assessment; and

(b) if applicable, details (date, unique identifying number/code or provider number) of the pathology or diagnostic imaging test(s) or details of intestinal inflammation marker/s used to assess response to therapy for patients with short gut syndrome, extensive small intestine disease or an ostomy; and

(c) the date of the most recent clinical assessment.

A patient who does not demonstrate a response to treatment will not be eligible for further PBS-subsidised treatment with this drug for this condition within the same treatment cycle. The patient will be considered not to have responded to treatment if a response assessment is not completed. A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised targeted therapy was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

A maximum number of repeats of this drug consisting of up to 1 repeat for patients whose dosing frequency is every 12 weeks and up to 2 repeats for patients whose dosing frequency is every 8 weeks, will be authorised.

Where an inadequate number of repeats are requested at the time of the application to complete a course of 24 weeks treatment, authority approvals for sufficient repeats to complete 24 weeks of treatment may be requested by applying through the Balance of supply treatment phase PBS restriction. Under no circumstances will approvals be granted for treatment that would otherwise extend the continuing treatment period.

Authority Required

18827

Severe Crohn disease

Treatment Phase: Balance of supply

Clinical criteria:

- Patient must have received insufficient treatment with this drug for this condition under any relevant initial or continuing restriction (Initial 1, Initial 2, Initial 3, Continuing, or Transitioning from non-PBS-subsidised therapy that was commenced as a paediatric patient treatment), **AND**
- The treatment must provide no more than the balance of up to 16 weeks therapy available under Initial 1, 2 or 3 treatment; **OR**
- The treatment must provide no more than the balance of up to 24 weeks therapy available under Continuing treatment or Transitioning from non-PBS-subsidised therapy that was commenced as a paediatric patient treatment.

Treatment criteria:

- Must be treated by a gastroenterologist; **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

ustekinumab 45 mg/0.5 mL injection, 0.5 mL vial

11178H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	0	0.00	*1,579.14	25.00	[a] Stelara [JC]	[a] Wezlana [TN]

USTEKINUMAB

Note TREATMENT OF PATIENTS UNDER 18 YEARS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, etanercept and ustekinumab for patients under 18 years of age with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, etanercept and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who is receiving PBS-subsidised treatment for severe chronic plaque psoriasis is able to commence a treatment cycle where they may trial a biological medicine without having to experience a disease flare when swapping to an alternate biological medicine within the same treatment cycle.

Under these arrangements, within a treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was prescribed in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 times in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 times in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

There are separate restrictions for the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hand and foot.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

(i) a patient has never received PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - Biological medicine-naive patient); or

(ii) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years); or

(iii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine or recommence with the same biological medicine within the same treatment

cycle (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or

(iv) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

Etanercept only:

After completing 24-weeks of treatment with PBS-subsidised etanercept, a patient is eligible for re-treatment with etanercept within 12 months (Initial 4) due to a disease flare with psoriasis affecting the whole body if:

(i) there is at least a 50% change in the patients PASI score compared to the most recent response assessment following cessation of the most recent 24 weeks of PBS-subsidised etanercept; or

(ii) the patient has a current PASI score greater than 15

Etanercept only:

After completing 24-weeks of treatment with PBS-subsidised etanercept, a patient is eligible for re-treatment with etanercept (Initial 4) due to a disease flare with psoriasis affecting the face, hand or foot if:

(i) all subscores are rated moderate to severe; or

(ii) 2 of the three subscores are rated severe to very severe; or

(iii) the affected area of skin has increased by at least 50% compared to that at the time of the last assessment following cessation of the most recent 24 weeks of PBS-subsidised etanercept; or

(iv) the area affected is 30% or more of the face, palm of a hand or sole of a foot,

(2) Assessment of response to initial treatment.

After prescribing initial treatment with a biological medicine, a PASI assessment must be conducted after at least 12 weeks of treatment. This assessment will be used to determine eligibility for continuing treatment and must be conducted within 8 weeks of the last administered dose.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

Adalimumab and Ustekinumab only:

To avoid an interruption of supply for First continuing treatment, the assessment should be submitted no later than 2 weeks prior to when the next dose (under the new authority application) is due, unless the patient is currently on a treatment break.

(3) Continuing treatment

Etanercept only:

Following the completion of an initial 16-week treatment course with etanercept, a patient may receive a further 8 weeks of treatment (under the 'Completion of course' treatment phase) to complete a 24-week treatment course, providing they have demonstrated an adequate response to treatment to the initial supply.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be documented in the patient's medical records. Where a response assessment is not conducted, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Adalimumab and Ustekinumab only:

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks per continuing treatment course under the First continuing treatment restriction with that drug, provided they demonstrate an adequate response to treatment. The patient remains eligible to receive continuing treatment in courses of up to 24 weeks under the Subsequent continuing treatment restriction with that drug, provided they continue to sustain the response. It is recommended that a patient be reviewed 4 weeks prior to when their next dose (under a new authority application) is due to ensure uninterrupted supply, but no later than 8 weeks after the date of the last administered dose.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(4) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to the prior non-biological therapy requirements. If the patient has had a break in therapy of more than 5 years, the indices of disease severity need to be met, but a re-trial of non-biological therapy is not required.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to that biological medicine more than once within the same treatment cycle or have failed to respond to biological medicines, as an aggregate, on 3 occasions within the same treatment cycle.

To ensure patients receive the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.

(5) Baseline measurements to determine response.

A response to treatment must be demonstrated based on the baseline PASI assessment provided with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is provided within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment. Where a patient is changing from treatment with etanercept to adalimumab or ustekinumab the prescriber must provide a baseline PASI measurement, as well as a PASI score demonstrating a response to treatment.

To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.

(6A) Recommencement of treatment after a break of less than 5 years in PBS-subsidised therapy (all drugs except etanercept).

A patient who wishes to resume treatment following a break in PBS-subsidised therapy of less than 5 years must resume under the 'Initial 2' treatment phase. The most recent PASI assessment demonstrating disease flare must be no more than 4 weeks old at the time of application.

(6B) Re-treatment (etanercept only)

A patient may be re-treated, in certain circumstances, with etanercept after completing a 24-week treatment course under the 'Initial 4' treatment phase.

(7) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to undertake a new treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under an 'Initial 3' treatment phase.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum number of repeats may be authorised.

Authority Required

16818

Severe chronic plaque psoriasis

Treatment Phase: First continuing, Subsequent continuing treatment - balance of supply (Whole body, or, face/hand/foot)

Treatment criteria:

- Must be treated by a dermatologist, **AND**
- Patient must be undergoing current PBS-subsidised treatment with this biological medicine, but the full number of repeats available under the continuing treatment phase was not prescribed.

ustekinumab 45 mg/0.5 mL injection, 0.5 mL vial

12662K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	0	0.00	794.25	25.00	[a] Stelara [JC]	[a] Wezlana [TN]

ustekinumab 45 mg/0.5 mL injection, 0.5 mL syringe

14890Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	0	0.00	794.25	25.00	[a] Steqeyma [EW]	[a] Wezlana [TN]

USTEKINUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE PSORIATIC ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) listed for adult patients with severe psoriatic arthritis.

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Severe Psoriatic Arthritis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

A patient is eligible for PBS-subsidised treatment with only 1 of the biological medicines at any one time.

Under these arrangements, within a single treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib or ustekinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe psoriatic arthritis.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or,

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or,

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than the 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements. An authority application must be made under the 'Initial 2' treatment phase.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.

However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response to the PBS-subsidised treatment.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment restriction according to the criteria of the relevant restriction and index of disease severity. The application must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

16854

Severe psoriatic arthritis

Treatment Phase: Subsequent continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

ustekinumab 45 mg/0.5 mL injection, 0.5 mL syringe

14877B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	1	0.00	794.25	25.00	[a] Steqeyma [EW]	[a] Wezlana [TN]

ustekinumab 45 mg/0.5 mL injection, 0.5 mL vial

15368W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	1	0.00	794.25	25.00	Wezlana [TN]

USTEKINUMAB

Note SEVERE CROHN DISEASE - TREATMENT PHASES AND CYCLES

The following information applies to the prescribing of targeted therapies under the Pharmaceutical Benefits Scheme (PBS) for benefits with a stated indication of: 'Severe Crohn disease'. For PBS administration, the term targeted therapy includes biological and targeted synthetic disease modifying anti-rheumatic drugs.

A patient is eligible for PBS-subsidised treatment with only one targeted therapy at any one time.

Treatment cycle:

A treatment cycle begins when an authority application is approved under an Initial 1, Initial 2 patients who are accessing PBS-subsidised treatment for the first time, Initial 3 or transitioning from non-PBS-subsidised therapy that was commenced as a paediatric patient type restriction. Treatment must not continue with the same targeted therapy if it has not provided an adequate response as defined in the continuing treatment phase. A patient may trial different targeted therapies within a cycle; however, if all available targeted therapies have been trialled and have not provided an adequate response, the treatment cycle ends and a 12-month PBS exclusion period applies.

The 12-month break is measured from the date of the last PBS approval for a targeted therapy in the most recent cycle to the date of first initial treatment application under the next treatment cycle.

If a new targeted therapy with a different pharmacological mechanism of action becomes available on the PBS during a 12-month break, a patient may be prescribed the newly listed targeted therapy through the Initial 2 treatment phase, if they have never received that medicine previously. If the newly listed targeted therapy does not provide an adequate response, the treatment cycle ends and the 12-month break recommences. This will not be considered a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Treatment phases:

Initial 1 - use when the patient has never received a targeted therapy for this indication.

Baseline disease activity and inadequate response to conventional therapies must be demonstrated.

Initial 2 - use when an alternative targeted therapy is being prescribed for this indication, or when the patient has previously been treated with this targeted therapy and treatment is resuming after a break of less than 12 months.

Baseline disease activity and inadequate response to conventional therapies do not need to be re-demonstrated; however, an assessment of response to the preceding supply must be provided if a response has been demonstrated.

Initial 3 - use when treatment is resuming after an absence of PBS subsidy for at least 12 months.

Baseline disease activity must be demonstrated; however, a re-trial of conventional therapies is not required.

Transitioning from non-PBS supply commenced as a paediatric patient - use when the patient is receiving non-PBS-subsidised treatment with a targeted therapy for this condition and has been initiated on treatment on the same targeted therapy as a paediatric patient (prior to 18 years of age) via non-PBS pathways (e.g. compassionate access or public hospital individual patient use program).

Continuing treatment - use when patient has demonstrated an adequate response to the preceding supply and/or when the dose is being increased. Continuing treatment authority scripts must not be written on the same day as Initial treatment authority applications.

Balance of supply - use when the full amount of the preceding supply was not provided. This phase provides the remaining quantity that could have been obtained under the preceding authority approval or where additional time is required for an adequate response to be demonstrated.

Recency of assessments:

Where possible, all related assessment documentation (including Crohn Disease Activity Index calculations, pathology tests and diagnostic imaging studies) should be within 4 weeks of the date of authority application but no longer than 4 weeks following cessation of the most recent treatment.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

18721

Severe Crohn disease

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised targeted therapy treatment for this condition, **AND**
- Patient must have an adequate response to this drug defined as a reduction in Crohn Disease Activity Index (CDAI) Score to a level no greater than 150 if assessed by CDAI or if affected by extensive small intestine disease; **OR**
- Patient must have an adequate response to this drug defined as (a) an improvement of intestinal inflammation as demonstrated by: (i) blood: normalisation of the platelet count, or an erythrocyte sedimentation rate (ESR) level no greater than 25 mm per hour, or a C-reactive protein (CRP) level no greater than 15 mg per L; or (ii) faeces: normalisation of lactoferrin or calprotectin level; or (iii) evidence of mucosal healing, as demonstrated by diagnostic imaging findings, compared to the baseline assessment; or (b) reversal of high faecal output state; or (c) avoidance of the need for surgery or total parenteral nutrition (TPN), if affected by short gut syndrome, extensive small intestine or is an ostomy patient, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction per authority application.

Treatment criteria:

- Must be treated by a gastroenterologist; **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

Population criteria:

- Patient must be at least 18 years of age.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

If a patient does not demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised targeted therapy was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

ustekinumab 45 mg/0.5 mL injection, 0.5 mL syringe

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14909Q	2	2	0.00	*1,579.14	25.00	[a] Steqeyma [EW]	[a] Wezlana [TN]

ustekinumab 45 mg/0.5 mL injection, 0.5 mL vial

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15397J	2	2	0.00	*1,579.14	25.00	Wezlana [TN]

ustekinumab 90 mg/mL injection, 1 mL syringe

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14926N	1	2	0.00	986.28	25.00	[a] Steqeyma [EW]	[a] Wezlana [TN]

USTEKINUMAB

Note TREATMENT OF ADULT PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits for the indication of moderate to severe ulcerative colitis (MSUC). Patients are eligible for one PBS-subsidised drug treatment indicated for MSUC at any one time.

Where the term 'biological medicine' appears in this note and restrictions, it refers to any PBS benefit indicated for MSUC.

Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

From 1 July 2021, under the PBS, all adult patients will be able to commence a treatment cycle where they may trial PBS-subsidised biological medicine without having to experience a disease flare when swapping to one of the alternate agents. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised biological medicine treatment prior to 1 July 2021 is considered to have started their first cycle as of 1 July 2021. Within the same treatment cycle, the same biological medicine cannot be trialled twice. Where 3 biological medicines have failed to provide the patient with an adequate response a treatment cycle is considered complete. There must be a 5-year break in PBS-subsidised therapy before starting the next cycle. The 5-year break is measured from

the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for Initial treatment with a PBS-subsidised biological medicine under the new treatment cycle.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Selecting the correct treatment phase listing when applying for authority approval:

(1) Initial treatment.

Apply under an Initial 1 treatment listing where the patient has never received a biological medicine.

(2) Continuing treatment.

Under no circumstance is Continuing treatment to precede Initial treatment. An authority application for Continuing treatment is not to be made on the same day as Initial treatment.

(3) Changing therapy.

Apply under an Initial 2 treatment listing. The indices of disease severity (i.e. Mayo clinic score or partial Mayo clinic score), or the prior corticosteroid therapy and immunosuppressive therapy will not need to be restated. A patient may trial an alternate biological medicine treatment at any time, regardless of whether they are receiving therapy (initial or continuing) at the time of the application. However, they cannot change to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this Initial 2 treatment authority application.

(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under an Initial 3 treatment listing. Prior corticosteroid and immunosuppressive therapies need not be re-trialled.

(5) Balance of supply.

Where the full number of repeat prescriptions have not been requested under any initial or continuing listing, apply for the balance of the supply of the repeats under any treatment phase listing containing the words "balance of supply".

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

16945

Moderate to severe ulcerative colitis

Treatment Phase: Subsequent continuing treatment

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated or sustained an adequate response to treatment by having a partial Mayo clinic score less than or equal to 2, with no subscore greater than 1 while receiving treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Patients who have failed to maintain a partial Mayo clinic score less than or equal to 2, with no subscore greater than 1 with continuing treatment with this drug, will not be eligible to receive further PBS-subsidised treatment with this drug.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

ustekinumab 90 mg/mL injection, 1 mL syringe

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14918E	1	2	0.00	986.28	25.00	[a] Steqeyma [EW]	[a] Wezlana [TN]

USTEKINUMAB

Note TREATMENT OF PATIENTS UNDER 18 YEARS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, etanercept and ustekinumab for patients under 18 years of age with severe chronic plaque

psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, etanercept and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who is receiving PBS-subsidised treatment for severe chronic plaque psoriasis is able to commence a treatment cycle where they may trial a biological medicine without having to experience a disease flare when swapping to an alternate biological medicine within the same treatment cycle.

Under these arrangements, within a treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was prescribed in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 times in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 times in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

There are separate restrictions for the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hand and foot.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

(i) a patient has never received PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - Biological medicine-naive patient); or

(ii) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years); or

(iii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine or recommence with the same biological medicine within the same treatment cycle (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or

(iv) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

Etanercept only:

After completing 24-weeks of treatment with PBS-subsidised etanercept, a patient is eligible for re-treatment with etanercept within 12 months (Initial 4) due to a disease flare with psoriasis affecting the whole body if:

(i) there is at least a 50% change in the patients PASI score compared to the most recent response assessment following cessation of the most recent 24 weeks of PBS-subsidised etanercept; or

(ii) the patient has a current PASI score greater than 15

Etanercept only:

After completing 24-weeks of treatment with PBS-subsidised etanercept, a patient is eligible for re-treatment with etanercept (Initial 4) due to a disease flare with psoriasis affecting the face, hand or foot if:

(i) all subscores are rated moderate to severe; or

(ii) 2 of the three subscores are rated severe to very severe; or

(iii) the affected area of skin has increased by at least 50% compared to that at the time of the last assessment following cessation of the most recent 24 weeks of PBS-subsidised etanercept; or

(iv) the area affected is 30% or more of the face, palm of a hand or sole of a foot,

(2) Assessment of response to initial treatment.

After prescribing initial treatment with a biological medicine, a PASI assessment must be conducted after at least 12 weeks of treatment. This assessment will be used to determine eligibility for continuing treatment and must be conducted within 8 weeks of the last administered dose.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

Adalimumab and Ustekinumab only:

To avoid an interruption of supply for First continuing treatment, the assessment should be submitted no later than 2 weeks prior to when the next dose (under the new authority application) is due, unless the patient is currently on a treatment break.

(3) Continuing treatment

Etanercept only:

Following the completion of an initial 16-week treatment course with etanercept, a patient may receive a further 8 weeks of treatment (under the 'Completion of course' treatment phase) to complete a 24-week treatment course, providing they have demonstrated an adequate response to treatment to the initial supply.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be documented in the patient's medical records. Where a response assessment is not conducted, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Adalimumab and Ustekinumab only:

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks per continuing treatment course under the First continuing treatment restriction with that drug, provided they demonstrate an adequate response to treatment. The patient remains eligible to receive continuing treatment in courses of up to 24 weeks under the Subsequent continuing treatment restriction with that drug, provided they continue to sustain the response. It is recommended that a patient be reviewed 4 weeks prior to when their next dose (under a new authority application) is due to ensure uninterrupted supply, but no later than 8 weeks after the date of the last administered dose.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(4) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to the prior non-biological therapy requirements. If the patient has had a break in therapy of more than 5 years, the indices of disease severity need to be met, but a re-trial of non-biological therapy is not required.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to that biological medicine more than once within the same treatment cycle or have failed to respond to biological medicines, as an aggregate, on 3 occasions within the same treatment cycle.

To ensure patients receive the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.

(5) Baseline measurements to determine response.

A response to treatment must be demonstrated based on the baseline PASI assessment provided with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is provided within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment. Where a patient is changing from treatment with etanercept to adalimumab or ustekinumab the prescriber must provide a baseline PASI measurement, as well as a PASI score demonstrating a response to treatment.

To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.

(6A) Recommencement of treatment after a break of less than 5 years in PBS-subsidised therapy (all drugs except etanercept).

A patient who wishes to resume treatment following a break in PBS-subsidised therapy of less than 5 years must resume under the 'Initial 2' treatment phase. The most recent PASI assessment demonstrating disease flare must be no more than 4 weeks old at the time of application.

(6B) Re-treatment (etanercept only)

A patient may be re-treated, in certain circumstances, with etanercept after completing a 24-week treatment course under the 'Initial 4' treatment phase.

(7) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to undertake a new treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under an 'Initial 3' treatment phase.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

16886

Severe chronic plaque psoriasis

Treatment Phase: Subsequent continuing treatment (Whole body)

Treatment criteria:

- Must be treated by a dermatologist.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment (Whole body) - treatment covering week 28 and onwards restrictions, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy; **OR**
- The treatment must be in combination with methotrexate, **AND**

- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

The assessment of response to treatment must be provided in this application and documented in the patient's medical records.

The same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of gaining approval for the remainder of 24 weeks treatment.

Authority Required (STREAMLINED)

16911

Severe chronic plaque psoriasis

Treatment Phase: Subsequent continuing treatment (Face, hand, foot)

Treatment criteria:

- Must be treated by a dermatologist.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment (Face, hand, foot) - treatment covering week 28 and onwards restrictions, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy; **OR**
- The treatment must be in combination with methotrexate, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

The assessment of response to treatment must be provided in this application and documented in the patient's medical records.

ustekinumab 45 mg/0.5 mL injection, 0.5 mL syringe

14933Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	1	0.00	794.25	25.00	[a] Steqeyma [EW]	[a] Wezlana [TN]

ustekinumab 45 mg/0.5 mL injection, 0.5 mL vial

15390B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	1	0.00	794.25	25.00	Wezlana [TN]

ustekinumab 90 mg/mL injection, 1 mL syringe

14878C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	1	0.00	986.28	25.00	[a] Steqeyma [EW]	[a] Wezlana [TN]

USTEKINUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE PSORIATIC ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) listed for adult patients with severe psoriatic arthritis.

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Severe Psoriatic Arthritis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

A patient is eligible for PBS-subsidised treatment with only 1 of the biological medicines at any one time.

Under these arrangements, within a single treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib or ustekinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe psoriatic arthritis.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or,

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or,

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than the 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements. An authority application must be made under the 'Initial 2' treatment phase.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.

However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response to the PBS-subsidised treatment.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment restriction according to the criteria of the relevant restriction and index of disease severity. The application must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

16925

Severe psoriatic arthritis

Treatment Phase: First continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**

- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed Severe Psoriatic Arthritis PBS Authority Application - Supporting Information Form.

Where the most recent course of PBS-subsidised biological medicine treatment was approved under either Initial 1, Initial 2, Initial 3 or continuing treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted no later than 4 weeks from the date of completion of treatment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not provided, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

16856

Severe psoriatic arthritis

Treatment Phase: First continuing, Subsequent continuing treatment - balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

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ustekinumab 45 mg/0.5 mL injection, 0.5 mL syringe

14908P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	0.00	794.25	25.00	[a] Steqeyma [EW]	[a] Wezlana [TN]

USTEKINUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who received PBS-subsidised adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.

A patient receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.

(1) Initial treatment.

An application for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab, and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab, 24 weeks of therapy for bimekizumab and 28 weeks of therapy for risankizumab, tildrakizumab and ustekinumab.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of their course of initial treatment to ensure uninterrupted biological medicine supply.

(2) Assessment of response to initial treatment.

When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment and no later than 4 weeks from the completion of this initial treatment course.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

(3) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Infliximab, adalimumab and etanercept only:

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.

For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(4) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle or have experienced treatment failure with that particular biological medicine that required permanent treatment withdrawal.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.

(5) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.

To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.

(6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 4 weeks at the time of application.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

16835

Severe chronic plaque psoriasis

Treatment Phase: Subsequent continuing treatment, Whole body

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Authority Required (STREAMLINED)

16967

Severe chronic plaque psoriasis

Treatment Phase: Subsequent continuing treatment, Face, hand, foot

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

ustekinumab 45 mg/0.5 mL injection, 0.5 mL syringe

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14944M	1	1	0.00	794.25	25.00	[a] Steqeyma [EW]	[a] Wezlana [TN]

ustekinumab 45 mg/0.5 mL injection, 0.5 mL vial

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15400M	1	1	0.00	794.25	25.00	Wezlana [TN]

ustekinumab 90 mg/mL injection, 1 mL syringe

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14917D	1	1	0.00	986.28	25.00	[a] Steqeyma [EW]	[a] Wezlana [TN]

USTEKINUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who received PBS-subsidised adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.

A patient receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.

(1) Initial treatment.

An application for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab, and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab, 24 weeks of therapy for bimekizumab and 28 weeks of therapy for risankizumab, tildrakizumab and ustekinumab.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of their course of initial treatment to ensure uninterrupted biological medicine supply.

(2) Assessment of response to initial treatment.

When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment and no later than 4 weeks from the completion of this initial treatment course.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

(3) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Infliximab, adalimumab and etanercept only:

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.

For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(4) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle or have experienced treatment failure with that particular biological medicine that required permanent treatment withdrawal.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.

(5) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.

To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.

(6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 PASI symptom subscores for erythema, thickness and

scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 4 weeks at the time of application.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

16896

Severe chronic plaque psoriasis

Treatment Phase: First continuing treatment, Whole body

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

At the time of the authority application, medical practitioners should request the appropriate dosage, based on the weight of the patient, to provide sufficient for a single injection. Up to a maximum of 1 repeat will be authorised.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheet including the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

16927

Severe chronic plaque psoriasis

Treatment Phase: First continuing treatment, Face, hand, foot

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

At the time of the authority application, medical practitioners should request the appropriate dosage, based on the weight of the patient, to provide sufficient for a single injection. Up to a maximum of 1 repeat will be authorised.

The authority application must be made in writing and must include:

(a) details of the proposed prescription(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed Psoriasis Area and Severity Index (PASI) calculation sheet and face, hand, foot area diagrams including the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

The PASI assessment for continuing treatment must be performed on the same affected area assessed at baseline.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

12156

Severe chronic plaque psoriasis

Treatment Phase: Continuing treatment, Whole body or Continuing treatment, Face, hand, foot - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the first continuing treatment, Whole body restriction to complete 24 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug under the first continuing treatment, Face, hand, foot restriction to complete 24 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug under the subsequent continuing treatment Authority Required (in writing), Whole body restriction to complete 24 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug under the subsequent continuing treatment Authority Required (in writing), Face, hand, foot restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate).

Treatment criteria:

- Must be treated by a dermatologist.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

ustekinumab 45 mg/0.5 mL injection, 0.5 mL syringe

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14899E	1	1	0.00	794.25	25.00	[a] Steqeyma [EW]	[a] Wezlana [TN]

ustekinumab 90 mg/mL injection, 1 mL syringe

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14893W	1	1	0.00	986.28	25.00	[a] Steqeyma [EW]	[a] Wezlana [TN]

USTEKINUMAB

Note TREATMENT OF COMPLEX REFRACTORY FISTULISING CROHN DISEASE

The following information applies to the prescribing of targeted therapies under the Pharmaceutical Benefits Scheme (PBS) for benefits with a stated indication of 'complex refractory fistulising Crohn disease'. For PBS administration, the term targeted therapy includes biological and targeted synthetic disease modifying anti-rheumatic drugs.

A patient is eligible for PBS-subsidised treatment with only one targeted therapy at any one time.

Treatment cycle:

A treatment cycle begins when an authority application is approved under the Initial 1 or Initial 2 who are accessing PBS-subsidised treatment for the first time. Treatment must not continue with the same targeted therapy if it has not provided an adequate response as defined in the continuing treatment phase. A patient may trial different targeted therapies within a cycle; however, if all available targeted therapies have been trialled and do not provide an adequate response, the treatment cycle ends and a 12-month PBS exclusion period applies.

The 12-month break is measured from the date of the last PBS approval for a targeted therapy in the most recent cycle to the date of first initial treatment application under the next treatment cycle.

If a new targeted therapy with a different pharmacological mechanism of action becomes available on the PBS during a 12-month break, a patient may be prescribed the newly listed targeted therapy, through the Initial 2 treatment phase, if they have never received that medicine previously. If the newly listed targeted therapy does not provide an adequate response, the treatment cycle ends and the 12-month break recommences. This will not be considered a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Treatment phases:

Initial 1 - use when the patient has never received a targeted therapy for this indication or if the patient has had a break in targeted therapy of at least 12-months. Patients who have had a break in treatment of at least 12-months must requalify for treatment with respect to the indices of disease severity.

Initial 2 - use when:

- an alternative targeted therapy is prescribed for this indication, or
- the patient has previously been treated with this targeted therapy, or
- treatment is resuming after a break of less than 12-months.

Baseline disease activity does not need to be re demonstrated; however, an assessment of response to the preceding supply must be provided if a response has been demonstrated.

Continuing treatment - use when patient has demonstrated an adequate response to the preceding supply. A response to treatment is determined by comparison of current disease activity measurements relative to the baseline measurements. Prescribers may provide new baseline measurements any time that an initial treatment authority application is made within a treatment cycle and eligibility will be assessed against the revised baseline measurements. Continuing treatment authority scripts must not be written on the same day as Initial treatment authority applications.

Balance of supply - use when the full amount of the preceding supply was not provided. This phase provides the remaining quantity that could have been obtained under the preceding authority approval or where additional time is required for an adequate response to be determined.

Recency of assessments:

Where possible, all related assessment documentation should be within 4 weeks of the date of authority application but no longer than 4 weeks following cessation of the most recent treatment.

Note For the purposes of this restriction, the fistula symptom grading total score can be calculated using the following:

(i) Discharge

- 0 - no discharge
- 1 - minimal mucous discharge
- 2 - moderate mucous discharge or purulent discharge
- 3 - substantial discharge
- 4 - gross faecal soiling

(ii) Pain

- 0 - no pain
- 1 - mild discomfort
- 2 - moderate discomfort
- 3 - marked discomfort
- 4 - severe pain

(iii) Degree of induration

- 0 - no induration
- 1 - minimal induration
- 2 - moderate induration
- 3 - substantial induration
- 4 - gross fluctuance/abscess

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note Authority applications for increased repeats may be approved by Services Australia to provide sufficient doses for the relevant treatment phase.

Authority Required

19193

Complex refractory Fistulising Crohn disease

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised targeted therapy treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug for this condition, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction per authority application.

Treatment criteria:

- Must be treated by a gastroenterologist; **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

The current number of externally draining complex fistulae, fistula symptom grading scores (discharge/pain/induration) and the date of assessment of the patient's condition must be provided by the prescriber at the time of application and documented in the patient's medical records.

An adequate response is defined as:

(a) a decrease from baseline in the number of open draining fistulae of greater than or equal to 50%; and/or

(b) a marked reduction in drainage of all fistula(e) from baseline, together with less pain and induration as reported by the patient.

A patient who does not demonstrate a response to treatment will not be eligible for further PBS-subsidised treatment with this drug for this condition within the same treatment cycle. The patient will be considered not to have responded to treatment if a response assessment is not completed. A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as treatment failure.

A maximum number of repeats of this drug consisting of up to 1 repeat for patients whose dosing frequency is every 12 weeks and up to 2 repeats for patients whose dosing frequency is every 8 weeks, will be authorised.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised targeted therapy was approved in this cycle and the date of the first application under a new cycle under the Initial 1 treatment restriction.

ustekinumab 90 mg/mL injection, 1 mL syringe

13789R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	0.00	986.28	25.00	[a] Stelara [JC]	[a] Steqeyma [EW]
					[a] Wezlana [TN]	

USTEKINUMAB

Note TREATMENT OF COMPLEX REFRACTORY FISTULISING CROHN DISEASE

The following information applies to the prescribing of targeted therapies under the Pharmaceutical Benefits Scheme (PBS) for benefits with a stated indication of 'complex refractory fistulising Crohn disease'. For PBS administration, the term targeted therapy includes biological and targeted synthetic disease modifying anti-rheumatic drugs.

A patient is eligible for PBS-subsidised treatment with only one targeted therapy at any one time.

Treatment cycle:

A treatment cycle begins when an authority application is approved under the Initial 1 or Initial 2 who are accessing PBS-subsidised treatment for the first time. Treatment must not continue with the same targeted therapy if it has not provided an adequate response as defined in the continuing treatment phase. A patient may trial different targeted therapies within a cycle; however, if all available targeted therapies have been trialled and do not provide an adequate response, the treatment cycle ends and a 12-month PBS exclusion period applies.

The 12-month break is measured from the date of the last PBS approval for a targeted therapy in the most recent cycle to the date of first initial treatment application under the next treatment cycle.

If a new targeted therapy with a different pharmacological mechanism of action becomes available on the PBS during a 12-month break, a patient may be prescribed the newly listed targeted therapy, through the Initial 2 treatment phase, if they have never received that medicine previously. If the newly listed targeted therapy does not provide an adequate response, the treatment cycle ends and the 12-month break recommences. This will not be considered a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Treatment phases:

Initial 1 - use when the patient has never received a targeted therapy for this indication or if the patient has had a break in targeted therapy of at least 12-months. Patients who have had a break in treatment of at least 12-months must requalify for treatment with respect to the indices of disease severity.

Initial 2 - use when:

- an alternative targeted therapy is prescribed for this indication, or
- the patient has previously been treated with this targeted therapy, or
- treatment is resuming after a break of less than 12-months.

Baseline disease activity does not need to be re demonstrated; however, an assessment of response to the preceding supply must be provided if a response has been demonstrated.

Continuing treatment - use when patient has demonstrated an adequate response to the preceding supply. A response to treatment is determined by comparison of current disease activity measurements relative to the baseline measurements. Prescribers may provide new baseline measurements any time that an initial treatment authority application is made within a

treatment cycle and eligibility will be assessed against the revised baseline measurements. Continuing treatment authority scripts must not be written on the same day as Initial treatment authority applications.

Balance of supply - use when the full amount of the preceding supply was not provided. This phase provides the remaining quantity that could have been obtained under the preceding authority approval or where additional time is required for an adequate response to be determined.

Recency of assessments:

Where possible, all related assessment documentation should be within 4 weeks of the date of authority application but no longer than 4 weeks following cessation of the most recent treatment.

Note For the purposes of this restriction, the fistula symptom grading total score can be calculated using the following:

(i) Discharge

- 0 - no discharge
- 1 - minimal mucous discharge
- 2 - moderate mucous discharge or purulent discharge
- 3 - substantial discharge
- 4 - gross faecal soiling

(ii) Pain

- 0 - no pain
- 1 - mild discomfort
- 2 - moderate discomfort
- 3 - marked discomfort
- 4 - severe pain

(iii) Degree of induration

- 0 - no induration
- 1 - minimal induration
- 2 - moderate induration
- 3 - substantial induration
- 4 - gross fluctuance/abscess

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

19174

Complex refractory Fistulising Crohn disease

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised targeted therapy treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug for this condition, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction per authority application.

Treatment criteria:

- Must be treated by a gastroenterologist; **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

An adequate response is defined as:

(a) a decrease from baseline in the number of open draining fistulae of greater than or equal to 50%; and/or

(b) a marked reduction in drainage of all fistula(e) from baseline, together with less pain and induration as reported by the patient.

If a patient does not demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised targeted therapy was approved in this cycle and the date of the first application under a new cycle under the Initial 1 treatment restriction.

ustekinumab 90 mg/mL injection, 1 mL syringe

14907N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	0.00	986.28	25.00	[a] Steqeyma [EW]	[a] Wezlana [TN]

USTEKINUMAB

Note TREATMENT OF PATIENTS UNDER 18 YEARS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, etanercept and ustekinumab for patients under 18 years of age with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, etanercept and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who is receiving PBS-subsidised treatment for severe chronic plaque psoriasis is able to commence a treatment cycle where they may trial a biological medicine without having to experience a disease flare when swapping to an alternate biological medicine within the same treatment cycle.

Under these arrangements, within a treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was prescribed in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 times in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 times in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

There are separate restrictions for the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hand and foot.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

(i) a patient has never received PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - Biological medicine-naive patient); or

(ii) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years); or

(iii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine or recommence with the same biological medicine within the same treatment cycle (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or

(iv) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

Etanercept only:

After completing 24-weeks of treatment with PBS-subsidised etanercept, a patient is eligible for re-treatment with etanercept within 12 months (Initial 4) due to a disease flare with psoriasis affecting the whole body if:

(i) there is at least a 50% change in the patients PASI score compared to the most recent response assessment following cessation of the most recent 24 weeks of PBS-subsidised etanercept; or

(ii) the patient has a current PASI score greater than 15

Etanercept only:

After completing 24-weeks of treatment with PBS-subsidised etanercept, a patient is eligible for re-treatment with etanercept (Initial 4) due to a disease flare with psoriasis affecting the face, hand or foot if:

(i) all subscores are rated moderate to severe; or

(ii) 2 of the three subscores are rated severe to very severe; or

(iii) the affected area of skin has increased by at least 50% compared to that at the time of the last assessment following cessation of the most recent 24 weeks of PBS-subsidised etanercept; or

(iv) the area affected is 30% or more of the face, palm of a hand or sole of a foot,

(2) Assessment of response to initial treatment.

After prescribing initial treatment with a biological medicine, a PASI assessment must be conducted after at least 12 weeks of treatment. This assessment will be used to determine eligibility for continuing treatment and must be conducted within 8 weeks of the last administered dose.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

Adalimumab and Ustekinumab only:

To avoid an interruption of supply for First continuing treatment, the assessment should be submitted no later than 2 weeks prior to when the next dose (under the new authority application) is due, unless the patient is currently on a treatment break.

(3) Continuing treatment

Etanercept only:

Following the completion of an initial 16-week treatment course with etanercept, a patient may receive a further 8 weeks of treatment (under the 'Completion of course' treatment phase) to complete a 24-week treatment course, providing they have demonstrated an adequate response to treatment to the initial supply.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be documented in the patient's medical records. Where a response assessment is not conducted, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Adalimumab and Ustekinumab only:

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks per continuing treatment course under the First continuing treatment restriction with that drug, provided they demonstrate an adequate response to treatment. The patient remains eligible to receive continuing treatment in courses of up to 24 weeks under the Subsequent continuing treatment restriction with that drug, provided they continue to sustain the response. It is recommended that a patient be reviewed 4 weeks prior to when their next dose (under a new authority application) is due to ensure uninterrupted supply, but no later than 8 weeks after the date of the last administered dose.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(4) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to the prior non-biological therapy requirements. If the patient has had a break in therapy of more than 5 years, the indices of disease severity need to be met, but a re-trial of non-biological therapy is not required.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to that biological medicine more than once within the same treatment cycle or have failed to respond to biological medicines, as an aggregate, on 3 occasions within the same treatment cycle.

To ensure patients receive the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.

(5) Baseline measurements to determine response.

A response to treatment must be demonstrated based on the baseline PASI assessment provided with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is provided within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment. Where a patient is changing from treatment with etanercept to adalimumab or ustekinumab the prescriber must provide a baseline PASI measurement, as well as a PASI score demonstrating a response to treatment.

To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.

(6A) Recommencement of treatment after a break of less than 5 years in PBS-subsidised therapy (all drugs except etanercept).

A patient who wishes to resume treatment following a break in PBS-subsidised therapy of less than 5 years must resume under the 'Initial 2' treatment phase. The most recent PASI assessment demonstrating disease flare must be no more than 4 weeks old at the time of application.

(6B) Re-treatment (etanercept only)

A patient may be re-treated, in certain circumstances, with etanercept after completing a 24-week treatment course under the 'Initial 4' treatment phase.

(7) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to undertake a new treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under an 'Initial 3' treatment phase.

Note For the next authority approval following this one, aim to conduct and submit the PASI assessment at approximately 4 weeks prior to when a new authority application is due to ensure uninterrupted supply.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authorisation under this restriction should be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)

Alternatively applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Note No increase in the maximum number of repeats may be authorised.

Authority Required

18723

Severe chronic plaque psoriasis

Treatment Phase: First continuing treatment (Whole body)

Treatment criteria:

- Must be treated by a dermatologist.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- The treatment must be as systemic monotherapy; **OR**
- The treatment must be in combination with methotrexate, **AND**
- Patient must have been assessed for response to treatment after at least 12 weeks treatment with the preceding supply of this biological medicine, **AND**
- Patient must have demonstrated an adequate response to treatment, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

The assessment of response to treatment must be provided in this application and documented in the patient's medical records.

The same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of gaining approval for the remainder of 24 weeks treatment.

Authority Required

18898

Severe chronic plaque psoriasis

Treatment Phase: First continuing treatment (Face, hand, foot)

Treatment criteria:

- Must be treated by a dermatologist.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- The treatment must be as systemic monotherapy; **OR**
- The treatment must be in combination with methotrexate, **AND**
- Patient must have been assessed for response to treatment after at least 12 weeks treatment with the preceding supply of this biological medicine, **AND**
- Patient must have demonstrated an adequate response to treatment, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

The assessment of response to treatment must be provided in this application and documented in the patient's medical records.

ustekinumab 45 mg/0.5 mL injection, 0.5 mL syringe

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14891R	1	1	0.00	794.25	25.00	[a] Steqeyma [EW]	[a] Wezlana [TN]

ustekinumab 90 mg/mL injection, 1 mL syringe

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14943L	1	1	0.00	986.28	25.00	[a] Steqeyma [EW]	[a] Wezlana [TN]

USTEKINUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE PSORIATIC ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) listed for adult patients with severe psoriatic arthritis.

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Severe Psoriatic Arthritis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

A patient is eligible for PBS-subsidised treatment with only 1 of the biological medicines at any one time.

Under these arrangements, within a single treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib or ustekinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe psoriatic arthritis.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or,

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or,

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than the 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements. An authority application must be made under the 'Initial 2' treatment phase.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.

However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine.

However, prescribers may provide new baseline measurements any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response to the PBS-subsidised treatment.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment restriction according to the criteria of the relevant restriction and index of disease severity. The application must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

16925

Severe psoriatic arthritis

Treatment Phase: First continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed Severe Psoriatic Arthritis PBS Authority Application - Supporting Information Form.

Where the most recent course of PBS-subsidised biological medicine treatment was approved under either Initial 1, Initial 2, Initial 3 or continuing treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted no later than 4 weeks from the date of completion of treatment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not provided, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority Required

16856

Severe psoriatic arthritis

Treatment Phase: First continuing, Subsequent continuing treatment - balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority Required

16924

Severe psoriatic arthritis

Treatment Phase: Subsequent continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed Severe Psoriatic Arthritis PBS Authority Application - Supporting Information Form.

Where the most recent course of PBS-subsidised treatment with this drug was approved under either Initial 1, Initial 2, or Initial 3 treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted no later than 4 weeks from the date of completion of treatment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

ustekinumab 45 mg/0.5 mL injection, 0.5 mL vial

10767Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	1	0.00	794.25	25.00	[a] Stelara [JC]	[a] Wezlana [TN]

USTEKINUMAB

Note TREATMENT OF ADULT PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits for the indication of moderate to severe ulcerative colitis (MSUC). Patients are eligible for one PBS-subsidised drug treatment indicated for MSUC at any one time.

Where the term 'biological medicine' appears in this note and restrictions, it refers to any PBS benefit indicated for MSUC.

Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

From 1 July 2021, under the PBS, all adult patients will be able to commence a treatment cycle where they may trial PBS-subsidised biological medicine without having to experience a disease flare when swapping to one of the alternate agents. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised biological medicine treatment prior to 1 July 2021 is considered to have started their first cycle as of 1 July 2021. Within the same treatment cycle, the same biological medicine cannot be trialled twice. Where 3 biological medicines have failed to provide the patient with an adequate response a treatment cycle is considered complete. There must be a 5-year break in PBS-subsidised therapy before starting the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for Initial treatment with a PBS-subsidised biological medicine under the new treatment cycle.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Selecting the correct treatment phase listing when applying for authority approval:

(1) Initial treatment.

Apply under an Initial 1 treatment listing where the patient has never received a biological medicine.

(2) Continuing treatment.

Under no circumstance is Continuing treatment to precede Initial treatment. An authority application for Continuing treatment is not to be made on the same day as Initial treatment.

(3) Changing therapy.

Apply under an Initial 2 treatment listing. The indices of disease severity (i.e. Mayo clinic score or partial Mayo clinic score), or the prior corticosteroid therapy and immunosuppressive therapy will not need to be restated. A patient may trial an alternate biological medicine treatment at any time, regardless of whether they are receiving therapy (initial or continuing) at the time of the application. However, they cannot change to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this Initial 2 treatment authority application.

(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under an Initial 3 treatment listing. Prior corticosteroid and immunosuppressive therapies need not be re-trialled.

(5) Balance of supply.

Where the full number of repeat prescriptions have not been requested under any initial or continuing listing, apply for the balance of the supply of the repeats under any treatment phase listing containing the words "balance of supply".

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note Increase in the maximum number of repeats of up to 2 may be authorised in patients whose dosing frequency is every 8 weeks.

Authority Required

16915

Moderate to severe ulcerative colitis

Treatment Phase: First continuing treatment

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated or sustained an adequate response to treatment by having a partial Mayo clinic score less than or equal to 2, with no subscore greater than 1 while receiving treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Patients who have failed to maintain a partial Mayo clinic score less than or equal to 2, with no subscore greater than 1 with continuing treatment with this drug, will not be eligible to receive further PBS-subsidised treatment with this drug.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

At the time of the authority application, medical practitioners should request sufficient quantity for up to 24 weeks of treatment under this restriction.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Authority Required

16973

Moderate to severe ulcerative colitis

Treatment Phase: Subsequent continuing treatment

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated or sustained an adequate response to treatment by having a partial Mayo clinic score less than or equal to 2, with no subscore greater than 1 while receiving treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Patients who have failed to maintain a partial Mayo clinic score less than or equal to 2, with no subscore greater than 1 with continuing treatment with this drug, will not be eligible to receive further PBS-subsidised treatment with this drug.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

At the time of the authority application, medical practitioners should request sufficient quantity for up to 24 weeks of treatment under this restriction.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Authority Required

16916

Moderate to severe ulcerative colitis

Treatment Phase: First continuing, Subsequent continuing treatment - balance of supply

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment restriction to complete 24 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the subsequent continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

ustekinumab 90 mg/mL injection, 1 mL syringe

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13261Y	1	1	0.00	986.28	25.00	[a] Stelara [JC]	[a] Steqeyma [EW]
						[a] Wezlana [TN]	

USTEKINUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who received PBS-subsidised adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.

A patient receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.

(1) Initial treatment.

An application for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab, and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab, 24 weeks of therapy for bimekizumab and 28 weeks of therapy for risankizumab, tildrakizumab and ustekinumab.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of their course of initial treatment to ensure uninterrupted biological medicine supply.

(2) Assessment of response to initial treatment.

When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment and no later than 4 weeks from the completion of this initial treatment course.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

(3) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Infliximab, adalimumab and etanercept only:

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.

For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(4) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle or have experienced treatment failure with that particular biological medicine that required permanent treatment withdrawal.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.

(5) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.

To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.

(6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 4 weeks at the time of application.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

16896

Severe chronic plaque psoriasis

Treatment Phase: First continuing treatment, Whole body

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

At the time of the authority application, medical practitioners should request the appropriate dosage, based on the weight of the patient, to provide sufficient for a single injection. Up to a maximum of 1 repeat will be authorised.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheet including the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

16927

Severe chronic plaque psoriasis

Treatment Phase: First continuing treatment, Face, hand, foot

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

At the time of the authority application, medical practitioners should request the appropriate dosage, based on the weight of the patient, to provide sufficient for a single injection. Up to a maximum of 1 repeat will be authorised.

The authority application must be made in writing and must include:

(a) details of the proposed prescription(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed Psoriasis Area and Severity Index (PASI) calculation sheet and face, hand, foot area diagrams including the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

The PASI assessment for continuing treatment must be performed on the same affected area assessed at baseline.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

12156

Severe chronic plaque psoriasis

Treatment Phase: Continuing treatment, Whole body or Continuing treatment, Face, hand, foot - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the first continuing treatment, Whole body restriction to complete 24 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug under the first continuing treatment, Face, hand, foot restriction to complete 24 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug under the subsequent continuing treatment Authority Required (in writing), Whole body restriction to complete 24 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug under the subsequent continuing treatment Authority Required (in writing), Face, hand, foot restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate).

Treatment criteria:

- Must be treated by a dermatologist.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority Required

16836

Severe chronic plaque psoriasis

Treatment Phase: Subsequent continuing treatment, Whole body

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

At the time of the authority application, medical practitioners should request the appropriate dosage, based on the weight of the patient, to provide sufficient for a single injection. Up to a maximum of 1 repeat will be authorised.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheet including the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

It is recommended that an application for the continuing treatment is submitted to Services Australia no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

16976

Severe chronic plaque psoriasis

Treatment Phase: Subsequent continuing treatment, Face, hand, foot

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

At the time of the authority application, medical practitioners should request the appropriate dosage, based on the weight of the patient, to provide sufficient for a single injection. Up to a maximum of 1 repeat will be authorised.

The authority application must be made in writing and must include:

(a) details of the proposed prescription(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed Psoriasis Area and Severity Index (PASI) calculation sheet and face, hand, foot area diagrams including the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

The PASI assessment for continuing treatment must be performed on the same affected area assessed at baseline.

It is recommended that an application for the continuing treatment is submitted to Services Australia no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826
HOBART TAS 7001

ustekinumab 45 mg/0.5 mL injection, 0.5 mL vial

9305R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	1	0.00	794.25	25.00	[a] Stelara [JC]	[a] Wezlana [TN]

USTEKINUMAB

Note TREATMENT OF PATIENTS UNDER 18 YEARS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, etanercept and ustekinumab for patients under 18 years of age with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, etanercept and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who is receiving PBS-subsidised treatment for severe chronic plaque psoriasis is able to commence a treatment cycle where they may trial a biological medicine without having to experience a disease flare when swapping to an alternate biological medicine within the same treatment cycle.

Under these arrangements, within a treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was prescribed in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 times in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 times in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

There are separate restrictions for the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hand and foot.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

(i) a patient has never received PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - Biological medicine-naive patient); or

(ii) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years); or

(iii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine or recommence with the same biological medicine within the same treatment cycle (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or

(iv) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

Etanercept only:

After completing 24-weeks of treatment with PBS-subsidised etanercept, a patient is eligible for re-treatment with etanercept within 12 months (Initial 4) due to a disease flare with psoriasis affecting the whole body if:

(i) there is at least a 50% change in the patients PASI score compared to the most recent response assessment following cessation of the most recent 24 weeks of PBS-subsidised etanercept; or

(ii) the patient has a current PASI score greater than 15

Etanercept only:

After completing 24-weeks of treatment with PBS-subsidised etanercept, a patient is eligible for re-treatment with etanercept (Initial 4) due to a disease flare with psoriasis affecting the face, hand or foot if:

(i) all subscores are rated moderate to severe; or

(ii) 2 of the three subscores are rated severe to very severe; or

(iii) the affected area of skin has increased by at least 50% compared to that at the time of the last assessment following cessation of the most recent 24 weeks of PBS-subsidised etanercept; or

(iv) the area affected is 30% or more of the face, palm of a hand or sole of a foot,

(2) Assessment of response to initial treatment.

After prescribing initial treatment with a biological medicine, a PASI assessment must be conducted after at least 12 weeks of treatment. This assessment will be used to determine eligibility for continuing treatment and must be conducted within 8 weeks of the last administered dose.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

Adalimumab and Ustekinumab only:

To avoid an interruption of supply for First continuing treatment, the assessment should be submitted no later than 2 weeks prior to when the next dose (under the new authority application) is due, unless the patient is currently on a treatment break.

(3) Continuing treatment

Etanercept only:

Following the completion of an initial 16-week treatment course with etanercept, a patient may receive a further 8 weeks of treatment (under the 'Completion of course' treatment phase) to complete a 24-week treatment course, providing they have demonstrated an adequate response to treatment to the initial supply.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be documented in the patient's medical records. Where a response assessment is not conducted, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Adalimumab and Ustekinumab only:

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks per continuing treatment course under the First continuing treatment restriction with that drug, provided they demonstrate an adequate response to treatment. The patient remains eligible to receive continuing treatment in courses of up to 24 weeks under the Subsequent continuing treatment restriction with that drug, provided they continue to sustain the response. It is recommended that a patient be reviewed 4 weeks prior to when their next dose (under a new authority application) is due to ensure uninterrupted supply, but no later than 8 weeks after the date of the last administered dose.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(4) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to the prior non-biological therapy requirements. If the patient has had a break in therapy of more than 5 years, the indices of disease severity need to be met, but a re-trial of non-biological therapy is not required.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to that biological medicine more than once within the same treatment cycle or have failed to respond to biological medicines, as an aggregate, on 3 occasions within the same treatment cycle.

To ensure patients receive the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.

(5) Baseline measurements to determine response.

A response to treatment must be demonstrated based on the baseline PASI assessment provided with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is provided within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment. Where a patient is changing from treatment with etanercept to adalimumab or ustekinumab the prescriber must provide a baseline PASI measurement, as well as a PASI score demonstrating a response to treatment.

To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.

(6A) Recommencement of treatment after a break of less than 5 years in PBS-subsidised therapy (all drugs except etanercept).

A patient who wishes to resume treatment following a break in PBS-subsidised therapy of less than 5 years must resume under the 'Initial 2' treatment phase. The most recent PASI assessment demonstrating disease flare must be no more than 4 weeks old at the time of application.

(6B) Re-treatment (etanercept only)

A patient may be re-treated, in certain circumstances, with etanercept after completing a 24-week treatment course under the 'Initial 4' treatment phase.

(7) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to undertake a new treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under an 'Initial 3' treatment phase.

Note For the next authority approval following this one, aim to conduct and submit the PASI assessment at approximately 4 weeks prior to when a new authority application is due to ensure uninterrupted supply.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authorisation under this restriction should be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)

Alternatively applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Note No increase in the maximum number of repeats may be authorised.

Authority Required

18723

Severe chronic plaque psoriasis

Treatment Phase: First continuing treatment (Whole body)

Treatment criteria:

- Must be treated by a dermatologist.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- The treatment must be as systemic monotherapy; **OR**
- The treatment must be in combination with methotrexate, **AND**
- Patient must have been assessed for response to treatment after at least 12 weeks treatment with the preceding supply of this biological medicine, **AND**
- Patient must have demonstrated an adequate response to treatment, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

The assessment of response to treatment must be provided in this application and documented in the patient's medical records.

The same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of gaining approval for the remainder of 24 weeks treatment.

Authority Required

18898

Severe chronic plaque psoriasis

Treatment Phase: First continuing treatment (Face, hand, foot)

Treatment criteria:

- Must be treated by a dermatologist.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- The treatment must be as systemic monotherapy; **OR**
- The treatment must be in combination with methotrexate, **AND**
- Patient must have been assessed for response to treatment after at least 12 weeks treatment with the preceding supply of this biological medicine, **AND**
- Patient must have demonstrated an adequate response to treatment, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

The assessment of response to treatment must be provided in this application and documented in the patient's medical records.

Authority Required

17094

Severe chronic plaque psoriasis

Treatment Phase: Subsequent continuing treatment (Whole body)

Treatment criteria:

- Must be treated by a dermatologist.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment (Whole body) - treatment covering week 28 and onwards restrictions, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy; **OR**
- The treatment must be in combination with methotrexate, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

The assessment of response to treatment must be provided in this application and documented in the patient's medical records.

The same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of gaining approval for the remainder of 24 weeks treatment.

Authority Required

17000

Severe chronic plaque psoriasis

Treatment Phase: Subsequent continuing treatment (Face, hand, foot)

Treatment criteria:

- Must be treated by a dermatologist.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment (Face, hand, foot) - treatment covering week 28 and onwards restrictions, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy; **OR**
- The treatment must be in combination with methotrexate, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

The assessment of response to treatment must be provided in this application and documented in the patient's medical records.

ustekinumab 45 mg/0.5 mL injection, 0.5 mL vial

12664M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	0.00	794.25	25.00	[a] Stelara [JC]	[a] Wezlana [TN]

USTEKINUMAB

Note TREATMENT OF ADULT PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits for the indication of moderate to severe ulcerative colitis (MSUC). Patients are eligible for one PBS-subsidised drug treatment indicated for MSUC at any one time.

Where the term 'biological medicine' appears in this note and restrictions, it refers to any PBS benefit indicated for MSUC.

Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

From 1 July 2021, under the PBS, all adult patients will be able to commence a treatment cycle where they may trial PBS-subsidised biological medicine without having to experience a disease flare when swapping to one of the alternate agents.

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised biological medicine treatment prior to 1 July 2021 is considered to have started their first cycle as of 1 July 2021. Within the same treatment cycle, the same biological medicine cannot be trialled twice. Where 3 biological medicines have failed to provide the patient with an adequate response a treatment cycle is considered complete. There must be a 5-year break in PBS-subsidised therapy before starting the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for Initial treatment with a PBS-subsidised biological medicine under the new treatment cycle.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Selecting the correct treatment phase listing when applying for authority approval:

(1) Initial treatment.

Apply under an Initial 1 treatment listing where the patient has never received a biological medicine.

(2) Continuing treatment.

Under no circumstance is Continuing treatment to precede Initial treatment. An authority application for Continuing treatment is not to be made on the same day as Initial treatment.

(3) Changing therapy.

Apply under an Initial 2 treatment listing. The indices of disease severity (i.e. Mayo clinic score or partial Mayo clinic score), or the prior corticosteroid therapy and immunosuppressive therapy will not need to be restated. A patient may trial an alternate biological medicine treatment at any time, regardless of whether they are receiving therapy (initial or continuing) at the time of the application. However, they cannot change to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this Initial 2 treatment authority application.

(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under an Initial 3 treatment listing. Prior corticosteroid and immunosuppressive therapies need not be re-trialled.

(5) Balance of supply.

Where the full number of repeat prescriptions have not been requested under any initial or continuing listing, apply for the balance of the supply of the repeats under any treatment phase listing containing the words "balance of supply".

Note Biosimilar prescribing policy

Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

16917

Moderate to severe ulcerative colitis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have failed to achieve an adequate response to a 5-aminosalicylate oral preparation in a standard dose for induction of remission for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal, **AND**
- Patient must have failed to achieve an adequate response to azathioprine at a dose of at least 2 mg per kg daily for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal; **OR**
- Patient must have failed to achieve an adequate response to 6-mercaptopurine at a dose of at least 1 mg per kg daily for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal; **OR**
- Patient must have failed to achieve an adequate response to a tapered course of oral steroids, starting at a dose of at least 40 mg prednisolone (or equivalent), over a 6 week period or have intolerance necessitating permanent treatment

withdrawal, and followed by a failure to achieve an adequate response to 3 or more consecutive months of treatment of an appropriately dosed thiopurine agent, **AND**

- Patient must have a Mayo clinic score greater than or equal to 6; **OR**
- Patient must have a partial Mayo clinic score greater than or equal to 6, provided the rectal bleeding and stool frequency subscores are both greater than or equal to 2 (endoscopy subscore is not required for a partial Mayo clinic score), **AND**
- The treatment must not exceed a single dose to be administered at week 8 under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice), which includes:

(i) the completed current Mayo clinic or partial Mayo clinic calculation sheet including the date of assessment of the patient's condition; and

(ii) details of prior systemic drug therapy (dosage, date of commencement and duration of therapy).

All tests and assessments should be performed preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior conventional treatment.

The most recent Mayo clinic or partial Mayo clinic score must be no more than 4 weeks old at the time of application.

An assessment of a patient's response to this initial course of treatment must be conducted between 8 and 16 weeks of therapy.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

If treatment with any of the above-mentioned drugs is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.

If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, details of this toxicity must be provided at the time of application.

A maximum of 16 weeks of treatment with this drug will be approved under this criterion.

Two completed authority prescriptions should be submitted with every initial application for this drug. One prescription should be written under S100 (Highly Specialised Drugs) for a weight-based loading dose, containing a quantity of up to 4 vials of 130 mg and no repeats. The second prescription should be written under S85 (General) for the subsequent first dose, containing a quantity of 1 pre-filled syringe of 90 mg and no repeats.

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

Authority Required

16918

Moderate to severe ulcerative colitis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- The treatment must not exceed a single dose to be administered at week 8 under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice), which includes:

(i) the completed current Mayo clinic or partial Mayo clinic calculation sheet including the date of assessment of the patient's condition; and

(ii) the details of prior biological medicine treatment including the details of date and duration of treatment.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to change or recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

An assessment of a patient's response to this initial course of treatment must be conducted between 8 and 16 weeks of therapy.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient who fails to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the initial 3 treatment restriction.

A maximum of 16 weeks of treatment with this drug will be approved under this criterion.

Two completed authority prescriptions should be submitted with every initial application for this drug. One prescription should be written under S100 (Highly Specialised Drugs) for a weight-based loading dose, containing a quantity of up to 4 vials of 130 mg and no repeats. The second prescription should be written under S85 (General) for the subsequent first dose, containing a quantity of 1 pre-filled syringe of 90 mg and no repeats.

Details of the accepted toxicities including severity can be found on the Services Australia website.

Authority Required

16828

Moderate to severe ulcerative colitis

Treatment Phase: Initial treatment - initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have had a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- Patient must have a Mayo clinic score greater than or equal to 6; **OR**
- Patient must have a partial Mayo clinic score greater than or equal to 6, provided the rectal bleeding and stool frequency subscores are both greater than or equal to 2 (endoscopy subscore is not required for a partial Mayo clinic score), **AND**
- The treatment must not exceed a single dose to be administered at week 8 under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice), which includes:

(i) the completed current Mayo clinic or partial Mayo clinic calculation sheet including the date of assessment of the patient's condition; and

(ii) the details of prior biological medicine treatment including the details of date and duration of treatment.

All tests and assessments should be performed preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior conventional treatment.

The most recent Mayo clinic or partial Mayo clinic score must be no more than 4 weeks old at the time of application.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

An assessment of a patient's response to this initial course of treatment must be conducted between 8 and 16 weeks of therapy.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A maximum of 16 weeks of treatment with this drug will be approved under this criterion.

Two completed authority prescriptions should be submitted with every initial application for this drug. One prescription should be written under S100 (Highly Specialised Drugs) for a weight-based loading dose, containing a quantity of up to 4 vials of 130 mg and no repeats. The second prescription should be written under S85 (General) for the subsequent first dose, containing a quantity of 1 pre-filled syringe of 90 mg and no repeats.

Details of the accepted toxicities including severity can be found on the Services Australia website.

ustekinumab 90 mg/mL injection, 1 mL syringe

13273N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	0	0.00	986.28	25.00	[a] Stelara [JC]	[a] Steqeyma [EW]
					[a] Wezlana [TN]	

USTEKINUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE PSORIATIC ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) listed for adult patients with severe psoriatic arthritis.

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Severe Psoriatic Arthritis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

A patient is eligible for PBS-subsidised treatment with only 1 of the biological medicines at any one time.

Under these arrangements, within a single treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib or ustekinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe psoriatic arthritis.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or,

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or,

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than the 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements. An authority application must be made under the 'Initial 2' treatment phase.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.

However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine.

However, prescribers may provide new baseline measurements any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response to the PBS-subsidised treatment.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment restriction according to the criteria of the relevant restriction and index of disease severity. The application must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note Biosimilar prescribing policy

Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

16899

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response to methotrexate at a dose of at least 20 mg weekly for a minimum period of 3 months, **AND**
- Patient must have failed to achieve an adequate response to sulfasalazine at a dose of at least 2 g per day for a minimum period of 3 months; **OR**
- Patient must have failed to achieve an adequate response to leflunomide at a dose of up to 20 mg daily for a minimum period of 3 months, **AND**
- Patient must not receive more than 28 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Where treatment with methotrexate, sulfasalazine or leflunomide is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.

Where intolerance to treatment with methotrexate, sulfasalazine or leflunomide developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

The following initiation criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; and

either

(a) an active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed Severe Psoriatic Arthritis PBS Authority Application - Supporting Information Form.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

16937

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 28 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed Severe Psoriatic Arthritis PBS Authority Application - Supporting Information Form.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to change or recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

Where the most recent course of PBS-subsidised biological medicine treatment was approved under either Initial 1, Initial 2, Initial 3 or continuing treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted no later than 4 weeks from the date of completion of treatment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not provided, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Details of the toxicities, including severity, which will be accepted for the purposes of administering this restriction can be found on the Services Australia website at www.servicesaustralia.gov.au

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

16885

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; **OR**
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either (a) a total active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active major joints, **AND**
- Patient must not receive more than 28 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Major joints are defined as (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count and ESR and/or CRP must be no more than one month old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed Severe Psoriatic Arthritis PBS Authority Application - Supporting Information Form.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

Where the most recent course of PBS-subsidised biological medicine treatment was approved under either Initial 1, Initial 2, Initial 3 or continuing treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted no later than 4 weeks from the date of completion of treatment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not provided, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

16910

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient), Initial 2 (change or recommencement of treatment after a break in medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the Initial 1 (new patient) restriction to complete 28 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 28 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 28 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 28 weeks treatment available under the above restriction.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

ustekinumab 45 mg/0.5 mL injection, 0.5 mL vial

10774C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	2	0.00	794.25	25.00	[a] Stelara [JC]	[a] Wezlana [TN]

ustekinumab 45 mg/0.5 mL injection, 0.5 mL syringe

14916C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	2	0.00	794.25	25.00	[a] Steqeyma [EW]	[a] Wezlana [TN]

Calcineurin inhibitors

CICLOSPORIN

Caution Where prescribed by a non-specialist prescriber, consult with a specialist medical practitioner on matters of diagnosis, choice of immunosuppressant and monitoring of immunosuppression in the patient.

ciclosporin 10 mg capsule, 60

8657P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	3	0.00	*91.96	25.00	Neoral 10 [NV]

ciclosporin 25 mg capsule, 30

8658Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	3	0.00	*60.34	25.00	[a] APO-Ciclosporin [TX]	[a] CICLOSPORIN-WGR [WG]
						[a] Neoral 25 [NV]	

ciclosporin 50 mg capsule, 30

8659R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	3	0.00	*110.04	25.00	[a] APO-Ciclosporin [TX]	[a] CICLOSPORIN-WGR [WG]
						[a] Neoral 50 [NV]	

ciclosporin 100 mg capsule, 30

8660T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	3	0.00	*214.04	25.00	[a] APO-Ciclosporin [TX]	[a] CICLOSPORIN-WGR [WG]
						[a] Neoral 100 [NV]	

ciclosporin 100 mg/mL oral liquid, 50 mL

8661W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	3	0.00	*701.04	25.00	Neoral [NV]

CICLOSPORIN

Caution Where prescribed by a non-specialist prescriber, consult with a specialist medical practitioner on matters of diagnosis, choice of immunosuppressant and monitoring of immunosuppression in the patient.

Restricted benefit

14238

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

ciclosporin 10 mg capsule, 60

13999T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	4	3	0.00	*172.32	25.00	Neoral 10 [NV]

ciclosporin 25 mg capsule, 30

13883Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	4	3	0.00	*106.32	25.00	[a] APO-Ciclosporin [TX]	[a] CICLOSPORIN-WGR [WG]
						[a] Neoral 25 [NV]	

ciclosporin 50 mg capsule, 30

13910D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	4	3	0.00	*210.28	25.00	[a] APO-Ciclosporin [TX]	[a] CICLOSPORIN-WGR [WG]
						[a] Neoral 50 [NV]	

ciclosporin 100 mg capsule, 30

13911E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	4	3	0.00	*418.72	25.00	[a] APO-Ciclosporin [TX]	[a] CICLOSPORIN-WGR [WG]
						[a] Neoral 100 [NV]	

ciclosporin 100 mg/mL oral liquid, 50 mL

14001X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	4	3	0.00	*1,392.72	25.00	Neoral [NV]

TACROLIMUS

Caution Careful monitoring of patients is mandatory.

tacrolimus 500 microgram modified release capsule, 30

5299X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	3	0.00	53.49	25.00	[a] ADVAGRAF XL [LQ]	[a] Tacrolimus XR Sandoz [SZ]

tacrolimus 500 microgram capsule, 100

8646C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	3	0.00	70.68	25.00	[a] Pacrolim [AF]	[a] Pharmacor Tacrolimus 0.5 [CR]
						[a] Prograf [LL]	[a] Tacrograf [RW]
						[a] Tacrolimus Sandoz [SZ]	

tacrolimus 750 microgram capsule, 100

10870D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	3	0.00	99.96	25.00	Tacrolimus Sandoz [SZ]

tacrolimus 1 mg modified release capsule, 60

5300Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	3	0.00	80.07	25.00	[a] ADVAGRAF XL [LQ]	[a] Tacrolimus XR Sandoz [SZ]

tacrolimus 1 mg capsule, 100

8647D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	3	0.00	126.54	25.00	[a] Pacrolim [AF]	[a] Pharmacor Tacrolimus 1 [CR]
						[a] Prograf [LL]	[a] Tacrograf [RW]
						[a] Tacrolimus Sandoz [SZ]	

tacrolimus 2 mg capsule, 100

10871E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	3	0.00	266.34	25.00	Tacrolimus Sandoz [SZ]

tacrolimus 3 mg modified release capsule, 50

11914C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	2	0.00	386.64	25.00	[a] ADVAGRAF XL [LQ]	[a] Tacrolimus XR Sandoz [SZ]

tacrolimus 5 mg modified release capsule, 30

5451X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	3	0.00	436.47	25.00	[a] ADVAGRAF XL [LQ]	[a] Tacrolimus XR Sandoz [SZ]

tacrolimus 5 mg capsule, 50

8648E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	3	0.00	296.76	25.00	[a] Pharmacor Tacrolimus 5 [CR]	[a] Prograf [LL]
						[a] Tacrograf [RW]	[a] Tacrolimus Sandoz [SZ]

TACROLIMUS

Caution Careful monitoring of patients is mandatory.

Restricted benefit

14238

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

tacrolimus 500 microgram modified release capsule, 30

13907Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	2	3	0.00	*92.62	25.00	[a] ADVAGRAF XL [LQ]	[a] Tacrolimus XR Sandoz [SZ]

tacrolimus 500 microgram capsule, 100

13908B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	2	3	0.00	*127.64	25.00	[a] Pacrolim [AF]	[a] Pharmacor Tacrolimus 0.5 [CR]
						[a] Prograf [LL]	[a] Tacrograf [RW]
						[a] Tacrolimus Sandoz [SZ]	

tacrolimus 750 microgram capsule, 100

14066H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	3	0.00	*189.12	25.00	Tacrolimus Sandoz [SZ]

tacrolimus 1 mg modified release capsule, 60

13962W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	2	3	0.00	*147.36	25.00	[a] ADVAGRAF XL [LQ]	[a] Tacrolimus XR Sandoz [SZ]

tacrolimus 1 mg capsule, 100

14070M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	2	3	0.00	*243.72	25.00	[a] Pacrolim [AF]	[a] Pharmacor Tacrolimus 1 [CR]
						[a] Prograf [LL]	[a] Tacrograf [RW]
						[a] Tacrolimus Sandoz [SZ]	

tacrolimus 2 mg capsule, 100

13995N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	3	0.00	*523.32	25.00	Tacrolimus Sandoz [SZ]

tacrolimus 3 mg modified release capsule, 50

13996P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	2	2	0.00	*763.92	25.00	[a] ADVAGRAF XL [LQ]	[a] Tacrolimus XR Sandoz [SZ]

tacrolimus 5 mg capsule, 50

13909C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	2	3	0.00	*584.16	25.00	[a] Pharmacor Tacrolimus 5 [CR]	[a] Prograf [LL]
						[a] Tacrograf [RW]	[a] Tacrolimus Sandoz [SZ]

tacrolimus 5 mg modified release capsule, 30

14039X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	2	3	0.00	*863.58	25.00	[a] ADVAGRAF XL [LQ]	[a] Tacrolimus XR Sandoz [SZ]

Sphingosine-1-phosphate (S1P) receptor modulators

ETRASIMOD

Note TREATMENT OF ADULT PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits for the indication of moderate to severe ulcerative colitis (MSUC). Patients are eligible for one PBS-subsidised drug treatment indicated for MSUC at any one time.

Where the term 'biological medicine' appears in this note and restrictions, it refers to any PBS benefit indicated for MSUC.

Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

From 1 July 2021, under the PBS, all adult patients will be able to commence a treatment cycle where they may trial PBS-subsidised biological medicine without having to experience a disease flare when swapping to one of the alternate agents. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised biological medicine treatment prior to 1 July 2021 is considered to have started their first cycle as of 1 July 2021. Within the same treatment cycle, the same biological medicine cannot be trialled twice. Where 3 biological medicines have failed to provide the patient with an adequate response a treatment cycle is considered complete. There must be a 5-year break in PBS-subsidised therapy before starting the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for Initial treatment with a PBS-subsidised biological medicine under the new treatment cycle.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Selecting the correct treatment phase listing when applying for authority approval:

(1) Initial treatment.

Apply under an Initial 1 treatment listing where the patient has never received a biological medicine.

(2) Continuing treatment.

Under no circumstance is Continuing treatment to precede Initial treatment. An authority application for Continuing treatment is not to be made on the same day as Initial treatment.

(3) Changing therapy.

Apply under an Initial 2 treatment listing. The indices of disease severity (i.e. Mayo clinic score or partial Mayo clinic score), or the prior corticosteroid therapy and immunosuppressive therapy will not need to be restated. A patient may trial an alternate biological medicine treatment at any time, regardless of whether they are receiving therapy (initial or continuing) at the time of the application. However, they cannot change to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this Initial 2 treatment authority application.

(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under an Initial 3 treatment listing. Prior corticosteroid and immunosuppressive therapies need not be re-trialled.

(5) Balance of supply.

Where the full number of repeat prescriptions have not been requested under any initial or continuing listing, apply for the balance of the supply of the repeats under any treatment phase listing containing the words "balance of supply".

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

15888

Moderate to severe ulcerative colitis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated or sustained an adequate response to treatment by having a partial Mayo clinic score less than or equal to 2, with no subscore greater than 1 while receiving treatment with this drug.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Patients who have failed to maintain a partial Mayo clinic score less than or equal to 2, with no subscore greater than 1 with continuing treatment with this drug, will not be eligible to receive further PBS-subsidised treatment with this drug.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

At the time of the authority application, medical practitioners should request sufficient quantity for up to 24 weeks of treatment under this restriction.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority Required

15926

Moderate to severe ulcerative colitis

Treatment Phase: Continuing treatment - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

etrasimod 2 mg tablet, 28

14601L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	0.00	1,429.64	25.00	Velsipity [PF]

ETRASIMOD

Note TREATMENT OF ADULT PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits for the indication of moderate to severe ulcerative colitis (MSUC). Patients are eligible for one PBS-subsidised drug treatment indicated for MSUC at any one time.

Where the term 'biological medicine' appears in this note and restrictions, it refers to any PBS benefit indicated for MSUC.

Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

From 1 July 2021, under the PBS, all adult patients will be able to commence a treatment cycle where they may trial PBS-subsidised biological medicine without having to experience a disease flare when swapping to one of the alternate agents. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised biological medicine treatment prior to 1 July 2021 is considered to have started their first cycle as of 1 July 2021. Within the same treatment cycle, the same biological medicine cannot be trialled twice. Where 3 biological medicines have failed to provide the patient with an adequate response a treatment cycle is considered complete. There must be a 5-year break in PBS-subsidised therapy before starting the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for Initial treatment with a PBS-subsidised biological medicine under the new treatment cycle.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Selecting the correct treatment phase listing when applying for authority approval:

(1) Initial treatment.

Apply under an Initial 1 treatment listing where the patient has never received a biological medicine.

(2) Continuing treatment.

Under no circumstance is Continuing treatment to precede Initial treatment. An authority application for Continuing treatment is not to be made on the same day as Initial treatment.

(3) Changing therapy.

Apply under an Initial 2 treatment listing. The indices of disease severity (i.e. Mayo clinic score or partial Mayo clinic score), or the prior corticosteroid therapy and immunosuppressive therapy will not need to be restated. A patient may trial an alternate biological medicine treatment at any time, regardless of whether they are receiving therapy (initial or continuing) at the time of the application. However, they cannot change to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this Initial 2 treatment authority application.

(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under an Initial 3 treatment listing. Prior corticosteroid and immunosuppressive therapies need not be re-trialled.

(5) Balance of supply.

Where the full number of repeat prescriptions have not been requested under any initial or continuing listing, apply for the balance of the supply of the repeats under any treatment phase listing containing the words "balance of supply".

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

15851

Moderate to severe ulcerative colitis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Clinical criteria:

- Patient must have failed to achieve an adequate response to a 5-aminosalicylate oral preparation in a standard dose for induction of remission for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal, **AND**
- Patient must have failed to achieve an adequate response to azathioprine at a dose of at least 2 mg per kg daily for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal; **OR**
- Patient must have failed to achieve an adequate response to 6-mercaptopurine at a dose of at least 1 mg per kg daily for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal; **OR**

- Patient must have failed to achieve an adequate response to a tapered course of oral steroids, starting at a dose of at least 40 mg prednisolone (or equivalent), over a 6 week period or have intolerance necessitating permanent treatment withdrawal, and followed by a failure to achieve an adequate response to 3 or more consecutive months of treatment of an appropriately dosed thiopurine agent, **AND**
- Patient must have a Mayo clinic score greater than or equal to 6; **OR**
- Patient must have a partial Mayo clinic score greater than or equal to 6, provided the rectal bleeding and stool frequency subscores are both greater than or equal to 2 (endoscopy subscore is not required for a partial Mayo clinic score).

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice), which includes:

(i) the completed current Mayo clinic or partial Mayo clinic calculation sheet including the date of assessment of the patient's condition; and

(ii) details of prior systemic drug therapy (dosage, date of commencement and duration of therapy).

All tests and assessments should be performed preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior conventional treatment.

The most recent Mayo clinic or partial Mayo clinic score must be no more than 4 weeks old at the time of application.

An assessment of a patient's response to this initial course of treatment must be conducted between 8 and 16 weeks of therapy.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

If treatment with any of the above-mentioned drugs is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.

If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, details of this toxicity must be provided at the time of application.

A maximum of 16 weeks of treatment with this drug will be approved under this criterion.

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

15946

Moderate to severe ulcerative colitis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice), which includes:

(i) the completed current Mayo clinic or partial Mayo clinic calculation sheet including the date of assessment of the patient's condition; and

(ii) the details of prior biological medicine treatment including the details of date and duration of treatment.

An assessment of a patient's response to this initial course of treatment must be conducted between 8 and 16 weeks of therapy.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient who fails to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the initial 3 treatment restriction.

A maximum of 16 weeks of treatment with this drug will be approved under this criterion.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

15887

Moderate to severe ulcerative colitis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have had a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- Patient must have a Mayo clinic score greater than or equal to 6; **OR**
- Patient must have a partial Mayo clinic score greater than or equal to 6, provided the rectal bleeding and stool frequency subscores are both greater than or equal to 2 (endoscopy subscore is not required for a partial Mayo clinic score).

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice), which includes:

(i) the completed current Mayo clinic or partial Mayo clinic calculation sheet including the date of assessment of the patient's condition; and

(ii) the details of prior biological medicine treatment including the details of date and duration of treatment.

The most recent Mayo clinic or partial Mayo clinic score must be no more than 4 weeks old at the time of application.

An assessment of a patient's response to this initial course of treatment must be conducted between 8 and 16 weeks of therapy.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A maximum of 16 weeks of treatment with this drug will be approved under this criterion.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority Required

15947

Moderate to severe ulcerative colitis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

etrasimod 2 mg tablet, 28

14600K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	0.00	1,429.64	25.00	Velsipity [PF]

FINGOLIMOD

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

16323

Multiple sclerosis

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by magnetic resonance imaging of the brain and/or spinal cord; **OR**
- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by accompanying written certification provided by a radiologist that a magnetic resonance imaging scan is contraindicated because of the risk of physical (not psychological) injury to the patient, **AND**
- The treatment must be the sole PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must have experienced at least 2 documented attacks of neurological dysfunction, believed to be due to multiple sclerosis, in the preceding 2 years of commencing a PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must be ambulatory (without assistance or support).

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner in consultation with a specialist physician.

Where applicable, the date of the magnetic resonance imaging scan must be recorded in the patient's medical records.

Authority Required (STREAMLINED)

16301

Multiple sclerosis

Treatment Phase: Continuing treatment

Clinical criteria:

- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis, **AND**
- The treatment must be the sole PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not show continuing progression of disability while on treatment with this drug, **AND**
- Patient must have demonstrated compliance with, and an ability to tolerate this therapy.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner in consultation with a specialist physician.

fingolimod 500 microgram capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5262Y NP	1	5	0.00	449.44	25.00	[a] AKM Fingolimod [RW]	[a] FILOSIR [NM]
						[a] Fingolimod Dr.Reddy's [RZ]	[a] Fingolimod Sandoz [SZ]
						[a] Fingolimod SUN [RA]	[a] Fingolimod-Teva [TB]
						[a] Fynod [AF]	[a] Gilenya [NV]
						[a] Pharmacor Fingolimod [CR]	

FINGOLIMOD

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

16325

Multiple sclerosis

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by magnetic resonance imaging of the brain and/or spinal cord; **OR**
- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by accompanying written certification provided by a radiologist that a magnetic resonance imaging scan is contraindicated because of the risk of physical (not psychological) injury to the patient, **AND**
- The treatment must be the sole PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must have experienced at least 2 documented attacks of neurological dysfunction, believed to be due to multiple sclerosis, in the preceding 2 years of commencing a PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must be ambulatory (without assistance or support).

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner in consultation with a specialist physician.

Population criteria:

- Patient must weigh 40 kg or less.

Where applicable, the date of the magnetic resonance imaging scan must be recorded in the patient's medical records.

Authority Required (STREAMLINED)

16346

Multiple sclerosis

Treatment Phase: Continuing treatment

Clinical criteria:

- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis, **AND**
- The treatment must be the sole PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not show continuing progression of disability while on treatment with this drug, **AND**
- Patient must have demonstrated compliance with, and an ability to tolerate this therapy.

Population criteria:

- Patient must weigh 40 kg or less.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner in consultation with a specialist physician.

fingolimod 250 microgram capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11818B NP	1	5	0.00	1,050.91	25.00	Gilenya [NV]

OZANIMOD

Note Ensure that PBS-subsidy is approved for the 920 mcg strength prior to supply of this titration pack. It is advisable to only have the titration pack prescription dispensed at the same time as a prescription for the 920 mcg capsules, or where a supply of the 920 mcg capsules is already in existence (in the case of mid treatment dose interruption).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)

14017

Moderate to severe ulcerative colitis

Treatment Phase: Dose escalation occurring at initial treatment or re-initiation of treatment

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

ozanimod 230 microgram capsule [4] (&) ozanimod 460 microgram capsule [3], 7

13251K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	0	0.00	544.71	25.00	Zeposia [BQ]

OZANIMOD

Note The initiation pack is intended for use at the commencement of treatment and for re-initiation of therapy following treatment interruption. The first prescription for the 920 microgram capsules should occur under the Initial treatment restriction. Subsequent prescriptions should then occur under the Continuing treatment restriction. If treatment interruption of more than 14 consecutive days occurs for reasons other than lack of efficacy, apply under the Continuing treatment restriction for each of the Initiation pack and 920 microgram capsules. If treatment interruption occurs within the first 14 days, or, for more than 7 consecutive doses between treatment Days 15 to 28, re-apply for an initiation pack under the 'Initial treatment' treatment phase.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)

16323

Multiple sclerosis

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by magnetic resonance imaging of the brain and/or spinal cord; **OR**
- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by accompanying written certification provided by a radiologist that a magnetic resonance imaging scan is contraindicated because of the risk of physical (not psychological) injury to the patient, **AND**
- The treatment must be the sole PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must have experienced at least 2 documented attacks of neurological dysfunction, believed to be due to multiple sclerosis, in the preceding 2 years of commencing a PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must be ambulatory (without assistance or support).

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner in consultation with a specialist physician.

Where applicable, the date of the magnetic resonance imaging scan must be recorded in the patient's medical records.

Authority Required (STREAMLINED)

16301

Multiple sclerosis

Treatment Phase: Continuing treatment

Clinical criteria:

- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis, **AND**
- The treatment must be the sole PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not show continuing progression of disability while on treatment with this drug, **AND**
- Patient must have demonstrated compliance with, and an ability to tolerate this therapy.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner in consultation with a specialist physician.

ozanimod 230 microgram capsule [4] (&) ozanimod 460 microgram capsule [3], 7

12278F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	0	0.00	544.71	25.00	Zeposia [BQ]

NP

ozanimod 920 microgram capsule, 28

12271W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	0.00	2,126.85	25.00	Zeposia [BQ]

NP

OZANIMOD

Note TREATMENT OF ADULT PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits for the indication of moderate to severe ulcerative colitis (MSUC). Patients are eligible for one PBS-subsidised drug treatment indicated for MSUC at any one time.

Where the term 'biological medicine' appears in this note and restrictions, it refers to any PBS benefit indicated for MSUC.

Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

From 1 July 2021, under the PBS, all adult patients will be able to commence a treatment cycle where they may trial PBS-subsidised biological medicine without having to experience a disease flare when swapping to one of the alternate agents. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised biological medicine treatment prior to 1 July 2021 is considered to have started their first cycle as of 1 July 2021. Within the same treatment cycle, the same biological medicine cannot be trialled twice. Where 3 biological medicines have failed to provide the patient with an adequate response a treatment cycle is considered complete. There must be a 5-year break in PBS-subsidised therapy before starting the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for Initial treatment with a PBS-subsidised biological medicine under the new treatment cycle.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Selecting the correct treatment phase listing when applying for authority approval:

(1) Initial treatment.

Apply under an Initial 1 treatment listing where the patient has never received a biological medicine.

(2) Continuing treatment.

Under no circumstance is Continuing treatment to precede Initial treatment. An authority application for Continuing treatment is not to be made on the same day as Initial treatment.

(3) Changing therapy.

Apply under an Initial 2 treatment listing. The indices of disease severity (i.e. Mayo clinic score or partial Mayo clinic score), or the prior corticosteroid therapy and immunosuppressive therapy will not need to be restated. A patient may trial an alternate biological medicine treatment at any time, regardless of whether they are receiving therapy (initial or continuing) at the time of the application. However, they cannot change to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this Initial 2 treatment authority application.

(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under an Initial 3 treatment listing. Prior corticosteroid and immunosuppressive therapies need not be re-trialled.

(5) Balance of supply.

Where the full number of repeat prescriptions have not been requested under any initial or continuing listing, apply for the balance of the supply of the repeats under any treatment phase listing containing the words "balance of supply".

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

14002

Moderate to severe ulcerative colitis

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated or sustained an adequate response to treatment by having a partial Mayo clinic score less than or equal to 2, with no subscore greater than 1 while receiving treatment with this drug.

Population criteria:

- Patient must be at least 18 years of age.

Patients who have failed to maintain a partial Mayo clinic score less than or equal to 2, with no subscore greater than 1 with continuing treatment with this drug, will not be eligible to receive further PBS-subsidised treatment with this drug.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

At the time of the authority application, medical practitioners should request sufficient quantity for up to 24 weeks of treatment under this restriction.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority Required

13946

Moderate to severe ulcerative colitis

Treatment Phase: Continuing treatment - balance of supply

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

ozanimod 920 microgram capsule, 28

13269J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	0.00	2,126.85	25.00	Zeposia [BQ]

OZANIMOD

Note TREATMENT OF ADULT PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits for the indication of moderate to severe ulcerative colitis (MSUC). Patients are eligible for one PBS-subsidised drug treatment indicated for MSUC at any one time.

Where the term 'biological medicine' appears in this note and restrictions, it refers to any PBS benefit indicated for MSUC.

Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

From 1 July 2021, under the PBS, all adult patients will be able to commence a treatment cycle where they may trial PBS-subsidised biological medicine without having to experience a disease flare when swapping to one of the alternate agents. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised biological medicine treatment prior to 1 July 2021 is considered to have started their first cycle as of 1 July 2021. Within the same treatment cycle, the same biological medicine cannot be trialled twice. Where 3 biological medicines have failed to provide the patient with an adequate response a treatment cycle is considered complete. There must be a 5-year break in PBS-subsidised therapy before starting the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for Initial treatment with a PBS-subsidised biological medicine under the new treatment cycle.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Selecting the correct treatment phase listing when applying for authority approval:

(1) Initial treatment.

Apply under an Initial 1 treatment listing where the patient has never received a biological medicine.

(2) Continuing treatment.

Under no circumstance is Continuing treatment to precede Initial treatment. An authority application for Continuing treatment is not to be made on the same day as Initial treatment.

(3) Changing therapy.

Apply under an Initial 2 treatment listing. The indices of disease severity (i.e. Mayo clinic score or partial Mayo clinic score), or the prior corticosteroid therapy and immunosuppressive therapy will not need to be restated. A patient may trial an alternate biological medicine treatment at any time, regardless of whether they are receiving therapy (initial or continuing) at the time of the application. However, they cannot change to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this Initial 2 treatment authority application.

(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under an Initial 3 treatment listing. Prior corticosteroid and immunosuppressive therapies need not be re-trialled.

(5) Balance of supply.

Where the full number of repeat prescriptions have not been requested under any initial or continuing listing, apply for the balance of the supply of the repeats under any treatment phase listing containing the words "balance of supply".

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority Required

13995

Moderate to severe ulcerative colitis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have failed to achieve an adequate response to a 5-aminosalicylate oral preparation in a standard dose for induction of remission for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal, **AND**
- Patient must have failed to achieve an adequate response to azathioprine at a dose of at least 2 mg per kg daily for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal; **OR**
- Patient must have failed to achieve an adequate response to 6-mercaptopurine at a dose of at least 1 mg per kg daily for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal; **OR**
- Patient must have failed to achieve an adequate response to a tapered course of oral steroids, starting at a dose of at least 40 mg prednisolone (or equivalent), over a 6 week period or have intolerance necessitating permanent treatment withdrawal, and followed by a failure to achieve an adequate response to 3 or more consecutive months of treatment of an appropriately dosed thiopurine agent, **AND**
- Patient must have a Mayo clinic score greater than or equal to 6; **OR**
- Patient must have a partial Mayo clinic score greater than or equal to 6, provided the rectal bleeding and stool frequency subscores are both greater than or equal to 2 (endoscopy subscore is not required for a partial Mayo clinic score).

Population criteria:

- Patient must be at least 18 years of age.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice), which includes:

(i) the completed current Mayo clinic or partial Mayo clinic calculation sheet including the date of assessment of the patient's condition; and

(ii) details of prior systemic drug therapy [dosage, date of commencement and duration of therapy].

All tests and assessments should be performed preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior conventional treatment.

The most recent Mayo clinic or partial Mayo clinic score must be no more than 4 weeks old at the time of application.

An assessment of a patient's response to this initial course of treatment must be conducted between 9 and 17 weeks of therapy.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

If treatment with any of the above-mentioned drugs is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.

If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, details of this toxicity must be provided at the time of application.

A maximum of 16 weeks of treatment with this drug will be approved under this criterion.

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

14003

Moderate to severe ulcerative colitis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle.

Population criteria:

- Patient must be at least 18 years of age.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice), which includes:

(i) the completed current Mayo clinic or partial Mayo clinic calculation sheet including the date of assessment of the patient's condition; and

(ii) the details of prior biological medicine treatment including the details of date and duration of treatment.

An assessment of a patient's response to this initial course of treatment must be conducted between 9 and 17 weeks of therapy.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient who fails to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the initial 3 treatment restriction.

A maximum of 16 weeks of treatment with this drug will be approved under this criterion.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

14004

Moderate to severe ulcerative colitis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have had a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- Patient must have a Mayo clinic score greater than or equal to 6; **OR**
- Patient must have a partial Mayo clinic score greater than or equal to 6, provided the rectal bleeding and stool frequency subscores are both greater than or equal to 2 (endoscopy subscore is not required for a partial Mayo clinic score).

Population criteria:

- Patient must be at least 18 years of age.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice), which includes:

(i) the completed current Mayo clinic or partial Mayo clinic calculation sheet including the date of assessment of the patient's condition; and

(ii) the details of prior biological medicine treatment including the details of date and duration of treatment.

The most recent Mayo clinic or partial Mayo clinic score must be no more than 4 weeks old at the time of application.

An assessment of a patient's response to this initial course of treatment must be conducted between 9 and 17 weeks of therapy.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A maximum of 16 weeks of treatment with this drug will be approved under this criterion.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

14005

Moderate to severe ulcerative colitis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

ozanimod 920 microgram capsule, 28

13271L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	0.00	2,126.85	25.00	Zeposia [BQ]

SIPONIMOD

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)

16347

Multiple sclerosis

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be/have previously been diagnosed as clinically definite relapsing-remitting multiple sclerosis by magnetic resonance imaging of at least one of the brain/spinal cord; **OR**

- The condition must be/have previously been diagnosed as clinically definite relapsing-remitting multiple sclerosis supported by written certification, which is documented in the patient's medical records, from a radiologist that a magnetic resonance imaging scan is contraindicated because of the risk of physical (not psychological) injury to the patient, **AND**
- The treatment must be the sole PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must be ambulatory, with/without assistance/support, **AND**
- Patient must have mild disability in at least 3 functional systems; **OR**
- Patient must have moderate disability in at least 1 functional system.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner in consultation with a specialist physician.

Functional systems referred to in this restriction are the: visual, brain stem, pyramidal, cerebellar, sensory, bowel/bladder and cerebral/cognitive systems.

Select a dose and pack size appropriate for the patient's CYP2C9 metabolising enzyme status.

Note There is no specific Medical Benefits Schedule item for CYP2C9 metabolising enzyme status testing.

Authority Required (STREAMLINED)

16303

Multiple sclerosis

Treatment Phase: Continuing treatment (including recommencement of treatment)

Clinical criteria:

- The treatment must be the sole PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not show continuing progression of disability while on treatment with this drug, **AND**
- Patient must be ambulatory, with/without assistance/support, **AND**
- Patient must have demonstrated compliance with, and an ability to tolerate this therapy.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner in consultation with a specialist physician.

siponimod 250 microgram tablet, 12

12172P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	0	0.00	223.51	25.00	Mayzent [NV]

siponimod 1 mg tablet, 28

14607T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	1,988.12	25.00	Mayzent [NV]

siponimod 2 mg tablet, 28

12158X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	2,126.85	25.00	Mayzent [NV]

Janus-associated kinase (JAK) inhibitors

BARICITINIB

Note PBS AUTHORITY APPLICATIONS FOR SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) subsidy of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to all PBS benefits with the specific PBS indication of: 'severe active rheumatoid arthritis'.

Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

Only one biological medicine is to be PBS-subsidised at any one time for rheumatoid arthritis.

Upon 5 inadequate responses to biological medicines with the specific PBS indication of 'severe active rheumatoid arthritis', further subsidy is to cease. Where a particular biological medicine has provided an inadequate response, it must not be subsidised again.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

(1) Selecting the correct 'Treatment phase' listing to apply under

Initiating subsidy:

(i) Apply through 'Initial 1 treatment' where a patient has received no prior PBS-subsidised biological medicine treatment; or

(ii) Apply through 'Initial 2 treatment' where one of the following occurs: (a) PBS-subsidised treatment has at least been initiated through any Initial 1 listing, but the prescribed biological medicine is changing, (b) there has been a break in biological medicine of less than 24 months, but resumption of treatment is with the same biological medicine last prescribed, (c) there has been a break in biological medicine of less than 24 months and resumption of treatment is with a different biological medicine to that last prescribed, (d) treatment with rituximab has occurred within the past 24 months and is the most recent therapy prescribed leading up to this authority application, irrespective of the length in time elapsed between the 2 non-rituximab bDMARDs administered before and after rituximab.

Initial 2 does not require markers of inflammation/joint count to be re-established - those recorded in the first Initial 1 application can remain as baseline measures. Prerequisite DMARD treatments need not be re-proven to be inadequate.

The prescribed biological medicine may be changed at any time, regardless of whether the current prescribed biological medicine has been obtained through Initial treatment or Continuing treatment. However, the change in biological medicine cannot be back to the same biological medicine where that medicine has provided an inadequate response.

(iii) Apply through 'Initial 3 treatment' where treatment is recommencing following a break in PBS-subsidised therapy of at least 24 months. Initial 3 requires current markers of inflammation/joint count to be re-established. Prerequisite DMARD treatments need not be re-proven to be inadequate. PBS-subsidised therapy in this instance can include rituximab where prescribed as the most recent treatment - the 24 month break in therapy is from the second dose of the prior rituximab course.

Response assessment to any course of PBS-subsidised biological therapy must follow a minimum of 12 weeks of therapy. Applications made on the same day for Initial treatment and Continuing treatment clearly do reflect this requirement.

Where a response assessment is not conducted with a 'Continuing treatment' application, the biological medicine will be assumed to have failed, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. Authority applications for patients who experienced adverse reaction necessitating permanent treatment withdrawal should be submitted through 'Initial 2 treatment' or 'Initial 3 treatment'. Indicate where the adverse reaction has occurred in the authority application.

Continuing subsidy:

Apply under a 'Continuing treatment' phase listing only where treatment has initiated through an 'Initial treatment' listing and measures of disease control (i.e. ESR/CRP/joint count) demonstrate response following at least 12 weeks of treatment. Continuing treatment should never precede Initial treatment where the same biological medicine is being prescribed.

The description of 'Continuing treatment' means 'Continuing treatment of severe rheumatoid arthritis with the same biological medicine'. Where treatment of severe rheumatoid arthritis is continuing with a different biological medicine, 'Continuing treatment' is not to be interpreted as meaning 'Continuing treatment of severe rheumatoid arthritis with a different biological medicine' - see 'Initial 2 treatment' where continuing treatment is with a different biological medicine.

'Continuing treatment' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Where continuing treatment is divided into 'First continuing' and 'Subsequent continuing', the next authority application following immediately after any 'Initial treatment' authority application is to be through 'First continuing'. Following this, the next authority application is to occur under the 'Subsequent continuing' treatment phase. Assuming the drug continues to provide an adequate response, 'Subsequent continuing' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Balance of Supply listings:

Maximum quantities and the number of repeats stated in a PBS-listing are values that prescribers may seek up to, but are not obligated to prescribe. From time to time, there may be particular reasons why a prescriber may elect not to request the full maximum quantity listed, or, the full number of repeat prescriptions. Where this occurs, the intent of Balance of Supply treatment phase listings is to circumvent the need for another written-only authority application to be completed, as a written-only authority application may not be practical in terms of providing timely access to continued treatment.

Apply under a 'Balance of Supply' treatment phase (where available) when either the full maximum quantity or repeat prescriptions available under a particular treatment phase, was not requested and where the biological medicine has had insufficient time to demonstrate an adequate response. Where the preceding supply has been adequate to provide at least 12 weeks of treatment and has resulted in an adequate response, it may be more practical to access further treatment under 'Continuing treatment'.

(2) Baseline measurements to determine response.

Determination of response to treatment must be based on baseline measurements of the joint count, ESR and/or CRP provided with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements demonstrating elevation of both joint count and markers of inflammation any time that an initial treatment authority application is provided and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.

Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.

Applications under the Initial 3 treatment restriction for recommencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)

14499

Severe active rheumatoid arthritis

Treatment Phase: Subsequent continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition under the First continuing treatment restriction; **OR**
- Patient must have received this drug under this treatment phase as their most recent course of PBS-subsidised biological medicine, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The assessment of response to treatment must be documented in the patient's medical records and must be no more than 4 weeks old at the time of the authority application.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

baricitinib 2 mg tablet, 28

13689L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	0.00	1,032.23	25.00	Olumiant [LY]

baricitinib 4 mg tablet, 28

13702E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	0.00	1,032.23	25.00	Olumiant [LY]

BARICITINIB

Note PBS AUTHORITY APPLICATIONS FOR SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) subsidy of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to all PBS benefits with the specific PBS indication of: 'severe active rheumatoid arthritis'.

Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

Only one biological medicine is to be PBS-subsidised at any one time for rheumatoid arthritis.

Upon 5 inadequate responses to biological medicines with the specific PBS indication of 'severe active rheumatoid arthritis', further subsidy is to cease. Where a particular biological medicine has provided an inadequate response, it must not be subsidised again.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

(1) Selecting the correct 'Treatment phase' listing to apply under

Initiating subsidy:

(i) Apply through 'Initial 1 treatment' where a patient has received no prior PBS-subsidised biological medicine treatment; or

(ii) Apply through 'Initial 2 treatment' where one of the following occurs: (a) PBS-subsidised treatment has at least been initiated through any Initial 1 listing, but the prescribed biological medicine is changing, (b) there has been a break in biological medicine of less than 24 months, but resumption of treatment is with the same biological medicine last prescribed, (c) there has been a break in biological medicine of less than 24 months and resumption of treatment is with a different biological medicine to that last prescribed, (d) treatment with rituximab has occurred within the past 24 months and is the most recent therapy prescribed leading up to this authority application, irrespective of the length in time elapsed between the 2 non-rituximab bDMARDs administered before and after rituximab.

Initial 2 does not require markers of inflammation/joint count to be re-established - those recorded in the first Initial 1 application can remain as baseline measures. Prerequisite DMARD treatments need not be re-proven to be inadequate.

The prescribed biological medicine may be changed at any time, regardless of whether the current prescribed biological medicine has been obtained through Initial treatment or Continuing treatment. However, the change in biological medicine cannot be back to the same biological medicine where that medicine has provided an inadequate response.

(iii) Apply through 'Initial 3 treatment' where treatment is recommencing following a break in PBS-subsidised therapy of at least 24 months. Initial 3 requires current markers of inflammation/joint count to be re-established. Prerequisite DMARD treatments need not be re-proven to be inadequate. PBS-subsidised therapy in this instance can include rituximab where prescribed as the most recent treatment - the 24 month break in therapy is from the second dose of the prior rituximab course.

Response assessment to any course of PBS-subsidised biological therapy must follow a minimum of 12 weeks of therapy. Applications made on the same day for Initial treatment and Continuing treatment clearly do reflect this requirement.

Where a response assessment is not conducted with a 'Continuing treatment' application, the biological medicine will be assumed to have failed, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. Authority applications for patients who experienced adverse reaction necessitating permanent treatment withdrawal should be submitted through 'Initial 2 treatment' or 'Initial 3 treatment'. Indicate where the adverse reaction has occurred in the authority application.

Continuing subsidy:

Apply under a 'Continuing treatment' phase listing only where treatment has initiated through an 'Initial treatment' listing and measures of disease control (i.e. ESR/CRP/joint count) demonstrate response following at least 12 weeks of treatment. Continuing treatment should never precede Initial treatment where the same biological medicine is being prescribed.

The description of 'Continuing treatment' means 'Continuing treatment of severe rheumatoid arthritis with the same biological medicine'. Where treatment of severe rheumatoid arthritis is continuing with a different biological medicine, 'Continuing treatment' is not to be interpreted as meaning 'Continuing treatment of severe rheumatoid arthritis with a different biological medicine' - see 'Initial 2 treatment' where continuing treatment is with a different biological medicine.

'Continuing treatment' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Where continuing treatment is divided into 'First continuing' and 'Subsequent continuing', the next authority application following immediately after any 'Initial treatment' authority application is to be through 'First continuing'. Following this, the next authority application is to occur under the 'Subsequent continuing' treatment phase. Assuming the drug continues to provide an adequate response, 'Subsequent continuing' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Balance of Supply listings:

Maximum quantities and the number of repeats stated in a PBS-listing are values that prescribers may seek up to, but are not obligated to prescribe. From time to time, there may be particular reasons why a prescriber may elect not to request the full maximum quantity listed, or, the full number of repeat prescriptions. Where this occurs, the intent of Balance of Supply treatment phase listings is to circumvent the need for another written-only authority application to be completed, as a written-only authority application may not be practical in terms of providing timely access to continued treatment.

Apply under a 'Balance of Supply' treatment phase (where available) when either the full maximum quantity or repeat prescriptions available under a particular treatment phase, was not requested and where the biological medicine has had insufficient time to demonstrate an adequate response. Where the preceding supply has been adequate to provide at least 12 weeks of treatment and has resulted in an adequate response, it may be more practical to access further treatment under 'Continuing treatment'.

(2) Baseline measurements to determine response.

Determination of response to treatment must be based on baseline measurements of the joint count, ESR and/or CRP provided with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements demonstrating elevation of both joint count and markers of inflammation any time that an initial treatment authority application is provided and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.

Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.

Applications under the Initial 3 treatment restriction for recommencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

16725

Severe active rheumatoid arthritis

Treatment Phase: First continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

14507

Severe active rheumatoid arthritis

Treatment Phase: First continuing treatment - balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

baricitinib 2 mg tablet, 28

11442F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	0.00	1,032.23	25.00	Olumiant [LY]

baricitinib 4 mg tablet, 28

11443G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	0.00	1,032.23	25.00	Olumiant [LY]

BARICITINIB

Note PBS AUTHORITY APPLICATIONS FOR SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) subsidy of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to all PBS benefits with the specific PBS indication of: 'severe active rheumatoid arthritis'.

Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

Only one biological medicine is to be PBS-subsidised at any one time for rheumatoid arthritis.

Upon 5 inadequate responses to biological medicines with the specific PBS indication of 'severe active rheumatoid arthritis', further subsidy is to cease. Where a particular biological medicine has provided an inadequate response, it must not be subsidised again.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

(1) Selecting the correct 'Treatment phase' listing to apply under

Initiating subsidy:

(i) Apply through 'Initial 1 treatment' where a patient has received no prior PBS-subsidised biological medicine treatment; or

(ii) Apply through 'Initial 2 treatment' where one of the following occurs: (a) PBS-subsidised treatment has at least been initiated through any Initial 1 listing, but the prescribed biological medicine is changing, (b) there has been a break in biological medicine of less than 24 months, but resumption of treatment is with the same biological medicine last prescribed, (c) there has been a break in biological medicine of less than 24 months and resumption of treatment is with a different biological medicine to that last prescribed, (d) treatment with rituximab has occurred within the past 24 months and is the most recent therapy prescribed leading up to this authority application, irrespective of the length in time elapsed between the 2 non-rituximab bDMARDs administered before and after rituximab.

Initial 2 does not require markers of inflammation/joint count to be re-established - those recorded in the first Initial 1 application can remain as baseline measures. Prerequisite DMARD treatments need not be re-proven to be inadequate.

The prescribed biological medicine may be changed at any time, regardless of whether the current prescribed biological medicine has been obtained through Initial treatment or Continuing treatment. However, the change in biological medicine cannot be back to the same biological medicine where that medicine has provided an inadequate response.

(iii) Apply through 'Initial 3 treatment' where treatment is recommencing following a break in PBS-subsidised therapy of at least 24 months. Initial 3 requires current markers of inflammation/joint count to be re-established. Prerequisite DMARD treatments need not be re-proven to be inadequate. PBS-subsidised therapy in this instance can include rituximab where prescribed as the most recent treatment - the 24 month break in therapy is from the second dose of the prior rituximab course.

Response assessment to any course of PBS-subsidised biological therapy must follow a minimum of 12 weeks of therapy. Applications made on the same day for Initial treatment and Continuing treatment clearly do reflect this requirement.

Where a response assessment is not conducted with a 'Continuing treatment' application, the biological medicine will be assumed to have failed, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. Authority applications for patients who experienced adverse reaction necessitating permanent treatment withdrawal should be submitted through 'Initial 2 treatment' or 'Initial 3 treatment'. Indicate where the adverse reaction has occurred in the authority application.

Continuing subsidy:

Apply under a 'Continuing treatment' phase listing only where treatment has initiated through an 'Initial treatment' listing and measures of disease control (i.e. ESR/CRP/joint count) demonstrate response following at least 12 weeks of treatment. Continuing treatment should never precede Initial treatment where the same biological medicine is being prescribed.

The description of 'Continuing treatment' means 'Continuing treatment of severe rheumatoid arthritis with the same biological medicine'. Where treatment of severe rheumatoid arthritis is continuing with a different biological medicine, 'Continuing treatment' is not to be interpreted as meaning 'Continuing treatment of severe rheumatoid arthritis with a different biological medicine' - see 'Initial 2 treatment' where continuing treatment is with a different biological medicine.

'Continuing treatment' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Where continuing treatment is divided into 'First continuing' and 'Subsequent continuing', the next authority application following immediately after any 'Initial treatment' authority application is to be through 'First continuing'. Following this, the next authority application is to occur under the 'Subsequent continuing' treatment phase. Assuming the drug continues to provide an adequate response, 'Subsequent continuing' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Balance of Supply listings:

Maximum quantities and the number of repeats stated in a PBS-listing are values that prescribers may seek up to, but are not obligated to prescribe. From time to time, there may be particular reasons why a prescriber may elect not to request the

full maximum quantity listed, or, the full number of repeat prescriptions. Where this occurs, the intent of Balance of Supply treatment phase listings is to circumvent the need for another written-only authority application to be completed, as a written-only authority application may not be practical in terms of providing timely access to continued treatment.

Apply under a 'Balance of Supply' treatment phase (where available) when either the full maximum quantity or repeat prescriptions available under a particular treatment phase, was not requested and where the biological medicine has had insufficient time to demonstrate an adequate response. Where the preceding supply has been adequate to provide at least 12 weeks of treatment and has resulted in an adequate response, it may be more practical to access further treatment under 'Continuing treatment'.

(2) Baseline measurements to determine response.

Determination of response to treatment must be based on baseline measurements of the joint count, ESR and/or CRP provided with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements demonstrating elevation of both joint count and markers of inflammation any time that an initial treatment authority application is provided and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.

Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.

Applications under the Initial 3 treatment restriction for recommencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

18534

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with disease modifying anti-rheumatic drugs (DMARDs) which must include at least 3 months continuous treatment with at least 2 DMARDs, one of which must be methotrexate at a dose of at least 20 mg weekly plus one of the following: (i) hydroxychloroquine at a dose of at least 200 mg daily; (ii) leflunomide at a dose of at least 10 mg daily; (iii) sulfasalazine at a dose of at least 2 g daily; **OR**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with DMARDs which, if methotrexate is contraindicated according to the Therapeutic Goods Administration (TGA)-approved Product Information/cannot be tolerated at a 20 mg weekly dose, must include at least 3 months continuous treatment with at least 2 of the following DMARDs: (i) hydroxychloroquine at a dose of at least 200 mg daily; (ii) leflunomide at a dose of at least 10 mg daily; (iii) sulfasalazine at a dose of at least 2 g daily; **OR**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 3 months of continuous treatment with a DMARD where 2 of: (i) hydroxychloroquine, (ii) leflunomide, (iii) sulfasalazine, are contraindicated according to the relevant TGA-approved Product Information/cannot be tolerated at the doses specified above in addition to having a contraindication or intolerance to methotrexate: the remaining tolerated DMARD must be trialled at a minimum dose as mentioned above; **OR**
- Patient must have a contraindication/severe intolerance to each of: (i) methotrexate, (ii) hydroxychloroquine, (iii) leflunomide, (iv) sulfasalazine; in such cases, provide details for each of the contraindications/severe intolerances claimed in the authority application, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

If methotrexate is contraindicated according to the TGA-approved product information or cannot be tolerated at a 20 mg weekly dose, the application must include details of the contraindication or intolerance including severity to methotrexate. The maximum tolerated dose of methotrexate must be documented in the application, if applicable.

The application must include details of the DMARDs trialled, their doses and duration of treatment, and all relevant contraindications and/or intolerances including severity.

The requirement to trial at least 2 DMARDs for periods of at least 3 months each can be met using single agents sequentially or by using one or more combinations of DMARDs, however the time on treatment must be at least 6 months.

If the requirement to trial 6 months of intensive DMARD therapy with at least 2 DMARDs cannot be met because of contraindications and/or intolerances of a severity necessitating permanent treatment withdrawal to all of the DMARDs specified above, details of the contraindication or intolerance including severity and dose for each DMARD must be provided in the authority application.

The following criteria indicate failure to achieve an adequate response to DMARD treatment and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour and/or a C-reactive protein (CRP) level greater than 15 mg per L; AND either

(a) a total active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The joint count and ESR and/or CRP must be determined at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. All measures must be no more than 4 weeks old at the time of initial application.

If the requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18562

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition; **OR**
- Patient must have received prior PBS-subsidised treatment with a biological medicine under the paediatric Severe active juvenile idiopathic arthritis/Systemic juvenile idiopathic arthritis indication, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed/ceased to respond to PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Patients who have received PBS-subsidised treatment for paediatric Severe active juvenile idiopathic arthritis or Systemic juvenile idiopathic arthritis where the condition has progressed to Rheumatoid arthritis may receive treatment through this restriction using existing baseline scores.

Where a patient is changing from a biosimilar medicine for the treatment of this condition, the prescriber must provide baseline disease severity indicators with this application, in addition to the response assessment outlined below.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

An application for a patient who is either changing treatment from another biological medicine to this drug or recommencing therapy with this drug after a treatment break of less than 24 months, must be accompanied with details of the evidence of a response to the patient's most recent course of PBS-subsidised biological medicine, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

A patient who has demonstrated a response to a course of rituximab must have a PBS-subsidised biological therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18604

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 24 months or more from the most recent PBS-subsidised biological medicine for this condition, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed/ceased to respond to PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; **OR**
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either: (a) a total active joint count of at least 20 active (swollen and tender) joints; (b) at least 4 active major joints, **AND**

- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Major joints are defined as (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count and ESR and/or CRP must be no more than 4 weeks old at the time of initial application.

If the requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18584

Severe active rheumatoid arthritis

Treatment Phase: Balance of supply - Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months) to complete 16 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

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baricitinib 2 mg tablet, 28

11437Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	0.00	1,032.23	25.00	Olumiant [LY]

baricitinib 4 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11447L	1	3	0.00	1,032.23	25.00	Olumiant [LY]

DEUCRAVACITINIB

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)

17391

Severe chronic plaque psoriasis

Clinical criteria:

- Patient must not have achieved adequate response after at least 6 weeks of treatment with methotrexate prior to initiating treatment with this drug; **OR**
- Patient must have a contraindication to methotrexate according to the Therapeutic Goods Administration (TGA) approved Product Information; **OR**
- Patient must have demonstrated severe intolerance of, or toxicity due to, methotrexate, **AND**
- The condition must have caused significant interference with quality of life, **AND**
- Patient must not be undergoing concurrent PBS-subsidised treatment for psoriasis with each of: (i) a biological medicine, (ii) ciclosporin, (iii) apremilast.

Treatment criteria:

- Must be treated by a medical practitioner who is either: (i) a dermatologist, (ii) a rheumatologist, (iii) general physician; **OR**
- Must be treated by a medical practitioner in consultation with one of the above specialist types who is either an accredited: (i) dermatology registrar, (ii) rheumatology registrar; **OR**
- Must be treated by a prescriber who is not any of the above, but where there is agreement to continue treatment (not initiate treatment) with one of the above practitioner types.

Population criteria:

- Patient must be at least 18 years of age.

For patients who do not demonstrate an adequate response to deucravacitinib, a Psoriasis Area and Severity Index (PASI) assessment must be completed, preferably while on treatment, but no longer than 4 weeks following the cessation of treatment. This assessment will be required for patients who transition to 'biological medicines' for the treatment of 'severe chronic plaque psoriasis'.

This assessment must be documented in the patient's medical records.

deucravacitinib 6 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13649J NP	1	5	0.00	1,252.09	25.00	Sotyktu [BQ]

TOFACITINIB

Note TREATMENT OF PATIENTS WITH SEVERE ACTIVE JUVENILE IDIOPATHIC ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed with the indication of severe active juvenile idiopathic arthritis.

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Severe active juvenile idiopathic arthritis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term "biological medicine".

Treatment cycles:

From 1 December 2023, a patient receiving PBS-subsidised biological medicine is considered to be in a treatment cycle where they may switch to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements, within a single treatment cycle, a patient may:

(i) continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy; and

(ii) fail to respond or to sustain a response to each PBS-subsidised biological medicine once only. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Where treatment has resulted in an inadequate response on 3 occasions a treatment cycle is considered to have been completed and there must be a 12-month break in PBS-subsidy from all biological medicines with the PBS indication 'severe active juvenile idiopathic arthritis' before starting a new treatment cycle.

The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine was prescribed to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who received PBS-subsidised biological medicine immediately prior to 1 December 2023 is considered to be in their first cycle as of 1 December 2023. A patient who has had a break in biological medicine treatment of at least 12 months

immediately prior to making a new application, on or after 1 December 2023, will commence a new treatment cycle under the Initial 3 treatment restriction.

Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle and where a break in therapy of less than 12 months has occurred a further course of treatment may be commenced within the same treatment cycle.

Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle and where a break in therapy of more than 12 months has occurred a new treatment cycle must be commenced.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Prescribing under the correct 'Treatment Phase' listing for the authority application:

(1) Initial treatment.

Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for 'severe active juvenile idiopathic arthritis'.

(2) Continuing treatment.

Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to precede initial treatment. An authority application for continuing treatment is not to be made on the same day as initial treatment.

(3) Changing therapy.

Apply under the 'Initial 2' treatment listing. The indices of disease severity (joint count) or the prior non-biological medicine therapy requirements will not need to be restated, except if the patient has had a break in therapy of more than 12 months who would then need to requalify under the initial 3 restrictions with respect to the indices of disease severity.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.

However, they cannot change to a particular biological medicine if it has failed to provide the patient with an adequate response within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany the initial 2 authority application.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the joint count provided with the first authority application for a biological medicine. However, prescribers may provide a new baseline measurement any time that an initial treatment authority application is provided within a treatment cycle and the eligibility for continuing treatment should be assessed according to the revised baseline measurement.

(5) Recommencement of treatment after a 12-month break in PBS-subsidised therapy.

Apply under the 'Initial 3' treatment listing.

(6) Withdrawal of treatment after sustained remission.

Withdrawal of treatment with biological medicine should be considered in a patient who has achieved and sustained complete remission of disease for 12 months. An assessment of demonstration of response to the current treatment should be conducted at the time treatment is ceased and the results retained in the patient's records. These results must be provided to Services Australia if subsequent authority applications are required.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)

17707

Severe active juvenile idiopathic arthritis

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

An adequate response to treatment is defined as:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 10 active joints; or

(b) a reduction in the number of the following active joints, from at least 2, by at least 50%: elbow, wrist, knee, ankle, shoulder, and hip; or

(c) an improvement from baseline by at least 50% in the signs and symptoms attributable to active arthritis affecting the cervical spine or temporomandibular joint; or

(d) at least a 50% reduction from baseline on the frequency of oral or intra-articular corticosteroids use to control flares of disease associated with active arthritis; or

(e) an improvement from baseline by at least 50% in the signs and symptoms attributable to active arthritis affecting joint(s) with erosive disease.

The assessment of response to treatment must be documented in the patient's medical records.

Determination of whether a response has been demonstrated to initial and subsequent courses of treatment will be based on the baseline measurement of joint count provided with the initial treatment application.

The assessment of the patient's response to the most recent course of biological medicine must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed that most recent course of treatment in this treatment cycle.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

tofacitinib 1 mg/mL oral liquid, 240 mL

13738C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	0.00	1,145.05	25.00	Xeljanz [PF]

TOFACITINIB

Note PBS AUTHORITY APPLICATIONS FOR SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) subsidy of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to all PBS benefits with the specific PBS indication of: 'severe active rheumatoid arthritis'.

Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

Only one biological medicine is to be PBS-subsidised at any one time for rheumatoid arthritis.

Upon 5 inadequate responses to biological medicines with the specific PBS indication of 'severe active rheumatoid arthritis', further subsidy is to cease. Where a particular biological medicine has provided an inadequate response, it must not be subsidised again.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

(1) Selecting the correct 'Treatment phase' listing to apply under

Initiating subsidy:

(i) Apply through 'Initial 1 treatment' where a patient has received no prior PBS-subsidised biological medicine treatment; or

(ii) Apply through 'Initial 2 treatment' where one of the following occurs: (a) PBS-subsidised treatment has at least been initiated through any Initial 1 listing, but the prescribed biological medicine is changing, (b) there has been a break in biological medicine of less than 24 months, but resumption of treatment is with the same biological medicine last prescribed, (c) there has been a break in biological medicine of less than 24 months and resumption of treatment is with a different biological medicine to that last prescribed, (d) treatment with rituximab has occurred within the past 24 months and is the most recent therapy prescribed leading up to this authority application, irrespective of the length in time elapsed between the 2 non-rituximab bDMARDs administered before and after rituximab.

Initial 2 does not require markers of inflammation/joint count to be re-established - those recorded in the first Initial 1 application can remain as baseline measures. Prerequisite DMARD treatments need not be re-proven to be inadequate.

The prescribed biological medicine may be changed at any time, regardless of whether the current prescribed biological medicine has been obtained through Initial treatment or Continuing treatment. However, the change in biological medicine cannot be back to the same biological medicine where that medicine has provided an inadequate response.

(iii) Apply through 'Initial 3 treatment' where treatment is recommencing following a break in PBS-subsidised therapy of at least 24 months. Initial 3 requires current markers of inflammation/joint count to be re-established. Prerequisite DMARD treatments need not be re-proven to be inadequate. PBS-subsidised therapy in this instance can include rituximab where prescribed as the most recent treatment - the 24 month break in therapy is from the second dose of the prior rituximab course.

Response assessment to any course of PBS-subsidised biological therapy must follow a minimum of 12 weeks of therapy. Applications made on the same day for Initial treatment and Continuing treatment clearly do reflect this requirement.

Where a response assessment is not conducted with a 'Continuing treatment' application, the biological medicine will be assumed to have failed, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. Authority applications for patients who experienced adverse reaction necessitating permanent treatment withdrawal should be submitted through 'Initial 2 treatment' or 'Initial 3 treatment'. Indicate where the adverse reaction has occurred in the authority application.

Continuing subsidy:

Apply under a 'Continuing treatment' phase listing only where treatment has initiated through an 'Initial treatment' listing and measures of disease control (i.e. ESR/CRP/joint count) demonstrate response following at least 12 weeks of treatment. Continuing treatment should never precede Initial treatment where the same biological medicine is being prescribed.

The description of 'Continuing treatment' means 'Continuing treatment of severe rheumatoid arthritis with the same biological medicine'. Where treatment of severe rheumatoid arthritis is continuing with a different biological medicine, 'Continuing treatment' is not to be interpreted as meaning 'Continuing treatment of severe rheumatoid arthritis with a different biological medicine' - see 'Initial 2 treatment' where continuing treatment is with a different biological medicine.

'Continuing treatment' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Where continuing treatment is divided into 'First continuing' and 'Subsequent continuing', the next authority application following immediately after any 'Initial treatment' authority application is to be through 'First continuing'. Following this, the next authority application is to occur under the 'Subsequent continuing' treatment phase. Assuming the drug continues to provide an adequate response, 'Subsequent continuing' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Balance of Supply listings:

Maximum quantities and the number of repeats stated in a PBS-listing are values that prescribers may seek up to, but are not obligated to prescribe. From time to time, there may be particular reasons why a prescriber may elect not to request the full maximum quantity listed, or, the full number of repeat prescriptions. Where this occurs, the intent of Balance of Supply treatment phase listings is to circumvent the need for another written-only authority application to be completed, as a written-only authority application may not be practical in terms of providing timely access to continued treatment.

Apply under a 'Balance of Supply' treatment phase (where available) when either the full maximum quantity or repeat prescriptions available under a particular treatment phase, was not requested and where the biological medicine has had insufficient time to demonstrate an adequate response. Where the preceding supply has been adequate to provide at least 12 weeks of treatment and has resulted in an adequate response, it may be more practical to access further treatment under 'Continuing treatment'.

(2) Baseline measurements to determine response.

Determination of response to treatment must be based on baseline measurements of the joint count, ESR and/or CRP provided with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements demonstrating elevation of both joint count and markers of inflammation any time that an initial treatment authority application is provided and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.

Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.

Applications under the Initial 3 treatment restriction for recommencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)

14499

Severe active rheumatoid arthritis

Treatment Phase: Subsequent continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition under the First continuing treatment restriction; **OR**
- Patient must have received this drug under this treatment phase as their most recent course of PBS-subsidised biological medicine, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The assessment of response to treatment must be documented in the patient's medical records and must be no more than 4 weeks old at the time of the authority application.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

tofacitinib 5 mg tablet, 56

13730P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	0.00	1,145.05	25.00	Xeljanz [PF]

TOFACITINIB

Note TREATMENT OF PATIENTS WITH SEVERE ACTIVE JUVENILE IDIOPATHIC ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed with the indication of severe active juvenile idiopathic arthritis.

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Severe active juvenile idiopathic arthritis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term "biological medicine".

Treatment cycles:

From 1 December 2023, a patient receiving PBS-subsidised biological medicine is considered to be in a treatment cycle where they may switch to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements, within a single treatment cycle, a patient may:

(i) continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy; and

(ii) fail to respond or to sustain a response to each PBS-subsidised biological medicine once only. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Where treatment has resulted in an inadequate response on 3 occasions a treatment cycle is considered to have been completed and there must be a 12-month break in PBS-subsidy from all biological medicines with the PBS indication 'severe active juvenile idiopathic arthritis' before starting a new treatment cycle.

The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine was prescribed to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who received PBS-subsidised biological medicine immediately prior to 1 December 2023 is considered to be in their first cycle as of 1 December 2023. A patient who has had a break in biological medicine treatment of at least 12 months immediately prior to making a new application, on or after 1 December 2023, will commence a new treatment cycle under the Initial 3 treatment restriction.

Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle and where a break in therapy of less than 12 months has occurred a further course of treatment may be commenced within the same treatment cycle.

Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle and where a break in therapy of more than 12 months has occurred a new treatment cycle must be commenced.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Prescribing under the correct 'Treatment Phase' listing for the authority application:

(1) Initial treatment.

Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for 'severe active juvenile idiopathic arthritis'.

(2) Continuing treatment.

Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to precede initial treatment. An authority application for continuing treatment is not to be made on the same day as initial treatment.

(3) Changing therapy.

Apply under the 'Initial 2' treatment listing. The indices of disease severity (joint count) or the prior non-biological medicine therapy requirements will not need to be restated, except if the patient has had a break in therapy of more than 12 months who would then need to requalify under the initial 3 restrictions with respect to the indices of disease severity.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.

However, they cannot change to a particular biological medicine if it has failed to provide the patient with an adequate response within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany the initial 2 authority application.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the joint count provided with the first authority application for a biological medicine. However, prescribers may provide a new baseline measurement any time that an initial treatment authority application is provided within a treatment cycle and the eligibility for continuing treatment should be assessed according to the revised baseline measurement.

(5) Recommencement of treatment after a 12-month break in PBS-subsidised therapy.

Apply under the 'Initial 3' treatment listing.

(6) Withdrawal of treatment after sustained remission.

Withdrawal of treatment with biological medicine should be considered in a patient who has achieved and sustained complete remission of disease for 12 months. An assessment of demonstration of response to the current treatment should be conducted at the time treatment is ceased and the results retained in the patient's records. These results must be provided to Services Australia if subsequent authority applications are required.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)

17707

Severe active juvenile idiopathic arthritis

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

An adequate response to treatment is defined as:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 10 active joints; or

(b) a reduction in the number of the following active joints, from at least 2, by at least 50%: elbow, wrist, knee, ankle, shoulder, and hip; or

(c) an improvement from baseline by at least 50% in the signs and symptoms attributable to active arthritis affecting the cervical spine or temporomandibular joint; or

(d) at least a 50% reduction from baseline on the frequency of oral or intra-articular corticosteroids use to control flares of disease associated with active arthritis; or

(e) an improvement from baseline by at least 50% in the signs and symptoms attributable to active arthritis affecting joint(s) with erosive disease.

The assessment of response to treatment must be documented in the patient's medical records.

Determination of whether a response has been demonstrated to initial and subsequent courses of treatment will be based on the baseline measurement of joint count provided with the initial treatment application.

The assessment of the patient's response to the most recent course of biological medicine must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed that most recent course of treatment in this treatment cycle.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

tofacitinib 5 mg tablet, 56

13737B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	0.00	1,145.05	25.00	Xeljanz [PF]

TOFACITINIB

Note PBS AUTHORITY APPLICATIONS FOR SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) subsidy of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to all PBS benefits with the specific PBS indication of: 'severe active rheumatoid arthritis'.

Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

Only one biological medicine is to be PBS-subsidised at any one time for rheumatoid arthritis.

Upon 5 inadequate responses to biological medicines with the specific PBS indication of 'severe active rheumatoid arthritis', further subsidy is to cease. Where a particular biological medicine has provided an inadequate response, it must not be subsidised again.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

(1) Selecting the correct 'Treatment phase' listing to apply under

Initiating subsidy:

(i) Apply through 'Initial 1 treatment' where a patient has received no prior PBS-subsidised biological medicine treatment; or

(ii) Apply through 'Initial 2 treatment' where one of the following occurs: (a) PBS-subsidised treatment has at least been initiated through any Initial 1 listing, but the prescribed biological medicine is changing, (b) there has been a break in biological medicine of less than 24 months, but resumption of treatment is with the same biological medicine last prescribed, (c) there has been a break in biological medicine of less than 24 months and resumption of treatment is with a different biological medicine to that last prescribed, (d) treatment with rituximab has occurred within the past 24 months and is the most recent therapy prescribed leading up to this authority application, irrespective of the length in time elapsed between the 2 non-rituximab bDMARDs administered before and after rituximab.

Initial 2 does not require markers of inflammation/joint count to be re-established - those recorded in the first Initial 1 application can remain as baseline measures. Prerequisite DMARD treatments need not be re-proven to be inadequate.

The prescribed biological medicine may be changed at any time, regardless of whether the current prescribed biological medicine has been obtained through Initial treatment or Continuing treatment. However, the change in biological medicine cannot be back to the same biological medicine where that medicine has provided an inadequate response.

(iii) Apply through 'Initial 3 treatment' where treatment is recommencing following a break in PBS-subsidised therapy of at least 24 months. Initial 3 requires current markers of inflammation/joint count to be re-established. Prerequisite DMARD treatments need not be re-proven to be inadequate. PBS-subsidised therapy in this instance can include rituximab where prescribed as the most recent treatment - the 24 month break in therapy is from the second dose of the prior rituximab course.

Response assessment to any course of PBS-subsidised biological therapy must follow a minimum of 12 weeks of therapy. Applications made on the same day for Initial treatment and Continuing treatment clearly do reflect this requirement.

Where a response assessment is not conducted with a 'Continuing treatment' application, the biological medicine will be assumed to have failed, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. Authority applications for patients who experienced adverse reaction necessitating permanent treatment withdrawal should be submitted through 'Initial 2 treatment' or 'Initial 3 treatment'. Indicate where the adverse reaction has occurred in the authority application.

Continuing subsidy:

Apply under a 'Continuing treatment' phase listing only where treatment has initiated through an 'Initial treatment' listing and measures of disease control (i.e. ESR/CRP/joint count) demonstrate response following at least 12 weeks of treatment. Continuing treatment should never precede Initial treatment where the same biological medicine is being prescribed.

The description of 'Continuing treatment' means 'Continuing treatment of severe rheumatoid arthritis with the same biological medicine'. Where treatment of severe rheumatoid arthritis is continuing with a different biological medicine, 'Continuing treatment' is not to be interpreted as meaning 'Continuing treatment of severe rheumatoid arthritis with a different biological medicine' - see 'Initial 2 treatment' where continuing treatment is with a different biological medicine.

'Continuing treatment' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Where continuing treatment is divided into 'First continuing' and 'Subsequent continuing', the next authority application following immediately after any 'Initial treatment' authority application is to be through 'First continuing'. Following this, the next authority application is to occur under the 'Subsequent continuing' treatment phase. Assuming the drug continues to provide an adequate response, 'Subsequent continuing' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Balance of Supply listings:

Maximum quantities and the number of repeats stated in a PBS-listing are values that prescribers may seek up to, but are not obligated to prescribe. From time to time, there may be particular reasons why a prescriber may elect not to request the full maximum quantity listed, or, the full number of repeat prescriptions. Where this occurs, the intent of Balance of Supply treatment phase listings is to circumvent the need for another written-only authority application to be completed, as a written-only authority application may not be practical in terms of providing timely access to continued treatment.

Apply under a 'Balance of Supply' treatment phase (where available) when either the full maximum quantity or repeat prescriptions available under a particular treatment phase, was not requested and where the biological medicine has had insufficient time to demonstrate an adequate response. Where the preceding supply has been adequate to provide at least 12 weeks of treatment and has resulted in an adequate response, it may be more practical to access further treatment under 'Continuing treatment'.

(2) Baseline measurements to determine response.

Determination of response to treatment must be based on baseline measurements of the joint count, ESR and/or CRP provided with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements demonstrating elevation of both joint count and markers of inflammation any time that an initial treatment authority application is provided and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.

Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.

Applications under the Initial 3 treatment restriction for recommencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

16725

Severe active rheumatoid arthritis

Treatment Phase: First continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

14507

Severe active rheumatoid arthritis

Treatment Phase: First continuing treatment - balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

tofacitinib 5 mg tablet, 56

10511F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	0.00	1,145.05	25.00	Xeljanz [PF]

TOFACITINIB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE PSORIATIC ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) listed for adult patients with severe psoriatic arthritis.

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Severe Psoriatic Arthritis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

A patient is eligible for PBS-subsidised treatment with only 1 of the biological medicines at any one time.

Under these arrangements, within a single treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib or ustekinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe psoriatic arthritis.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or,

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or,

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following

a minimum of 12 weeks of therapy and no later than the 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements. An authority application must be made under the 'Initial 2' treatment phase.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.

However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response to the PBS-subsidised treatment.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment restriction according to the criteria of the relevant restriction and index of disease severity. The application must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

11978

Severe psoriatic arthritis

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

11886

Severe psoriatic arthritis

Treatment Phase: Continuing treatment - balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

tofacitinib 5 mg tablet, 56

11675L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	0.00	1,145.05	25.00	Xeljanz [PF]

TOFACITINIB

Note TREATMENT OF ADULT PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits for the indication of moderate to severe ulcerative colitis (MSUC). Patients are eligible for one PBS-subsidised drug treatment indicated for MSUC at any one time.

Where the term 'biological medicine' appears in this note and restrictions, it refers to any PBS benefit indicated for MSUC.

Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

From 1 July 2021, under the PBS, all adult patients will be able to commence a treatment cycle where they may trial PBS-subsidised biological medicine without having to experience a disease flare when swapping to one of the alternate agents. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised biological medicine treatment prior to 1 July 2021 is considered to have started their first cycle as of 1 July 2021. Within the same treatment cycle, the same biological medicine cannot be trialled twice. Where 3 biological medicines have failed to provide the patient with an adequate response a treatment cycle is considered complete. There must be a 5-year break in PBS-subsidised therapy before starting the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for Initial treatment with a PBS-subsidised biological medicine under the new treatment cycle.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Selecting the correct treatment phase listing when applying for authority approval:

(1) Initial treatment.

Apply under an Initial 1 treatment listing where the patient has never received a biological medicine.

(2) Continuing treatment.

Under no circumstance is Continuing treatment to precede Initial treatment. An authority application for Continuing treatment is not to be made on the same day as Initial treatment.

(3) Changing therapy.

Apply under an Initial 2 treatment listing. The indices of disease severity (i.e. Mayo clinic score or partial Mayo clinic score), or the prior corticosteroid therapy and immunosuppressive therapy will not need to be restated. A patient may trial an alternate biological medicine treatment at any time, regardless of whether they are receiving therapy (initial or continuing) at the time of the application. However, they cannot change to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this Initial 2 treatment authority application.

(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under an Initial 3 treatment listing. Prior corticosteroid and immunosuppressive therapies need not be re-trialled.

(5) Balance of supply.

Where the full number of repeat prescriptions have not been requested under any initial or continuing listing, apply for the balance of the supply of the repeats under any treatment phase listing containing the words "balance of supply".

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

11883

Moderate to severe ulcerative colitis

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated or sustained an adequate response to treatment by having a partial Mayo clinic score less than or equal to 2, with no subscore greater than 1 while receiving treatment with this drug.

Population criteria:

- Patient must be aged 18 years or older.

Patients who have failed to maintain a partial Mayo clinic score less than or equal to 2, with no subscore greater than 1 with continuing treatment with this drug, will not be eligible to receive further PBS-subsidised treatment with this drug.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

At the time of the authority application, medical practitioners should request sufficient quantity for up to 24 weeks of treatment under this restriction.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note If a dose increase from tofacitinib 5mg twice daily to tofacitinib 10mg twice daily is required, tofacitinib 10mg may be authorised under the Balance of supply restriction to complete up to 24 weeks continuing treatment.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority Required

12976

Moderate to severe ulcerative colitis

Treatment Phase: Continuing treatment - balance of supply

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the continuing treatment restriction to complete 24 weeks treatment, **AND**

- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

Note If a dose increase from tofacitinib 5mg twice daily to tofacitinib 10mg twice daily is required, tofacitinib 10mg may be authorised under this restriction to complete up to 24 weeks continuing treatment.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

tofacitinib 5 mg tablet, 56

12557X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	0.00	1,145.05	25.00	Xeljanz [PF]

tofacitinib 10 mg tablet, 56

12589N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	0.00	1,889.76	25.00	Xeljanz [PF]

TOFACITINIB

Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed for adult patients with the indication of ankylosing spondylitis (AS).

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Ankylosing spondylitis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

Treatment cycles:

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who has been receiving PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab and secukinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Where treatment has resulted in an inadequate response on 3 occasions a treatment cycle is considered to have been completed and there must be a 5-year break in PBS subsidy from all medicines with the PBS indication: 'Ankylosing spondylitis' before starting a new treatment cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle and where a break in therapy of less than 5 years has occurred, a further course of treatment may be commenced within the same treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Prescribing under the correct 'Treatment phase' listing for the authority application:

(1) Initial treatment.

Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for ankylosing spondylitis.

(2) Continuing treatment.

Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to proceed initial treatment. An authority application for continuing treatment is not to be made on the same day as initial treatment.

(3) Changing therapy.

Apply under the 'Initial 2' treatment listing. Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to prior NSAID therapy and exercise program requirements. Where a patient is changing from a biosimilar medicine the prescriber must submit baseline indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI). A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot change to a particular biological medicine if it has failed to provide the patient with an adequate response within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this initial 2 treatment authority application.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological medicine. To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under the 'Initial 3' treatment listing. Prior NSAID and exercise therapies need not be re-trialled.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

14692

Ankylosing spondylitis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An adequate response is defined as an improvement from baseline of at least 2 units (on a scale of 0-10) in the BASDAI score combined with at least 1 of the following:

(a) an ESR measurement no greater than 25 mm per hour; or

(b) a CRP measurement no greater than 10 mg per L; or

(c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and used to assess all future responses to treatment.

The assessment of response to treatment must be documented in the patient's medical records.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

9431

Ankylosing spondylitis

Treatment Phase: Continuing treatment - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the Continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

tofacitinib 5 mg tablet, 56

13345J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	0.00	1,145.05	25.00	Xeljanz [PF]

TOFACITINIB

Note PBS AUTHORITY APPLICATIONS FOR SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) subsidy of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to all PBS benefits with the specific PBS indication of: 'severe active rheumatoid arthritis'.

Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

Only one biological medicine is to be PBS-subsidised at any one time for rheumatoid arthritis.

Upon 5 inadequate responses to biological medicines with the specific PBS indication of 'severe active rheumatoid arthritis', further subsidy is to cease. Where a particular biological medicine has provided an inadequate response, it must not be subsidised again.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

(1) Selecting the correct 'Treatment phase' listing to apply under

Initiating subsidy:

(i) Apply through 'Initial 1 treatment' where a patient has received no prior PBS-subsidised biological medicine treatment; or

(ii) Apply through 'Initial 2 treatment' where one of the following occurs: (a) PBS-subsidised treatment has at least been initiated through any Initial 1 listing, but the prescribed biological medicine is changing, (b) there has been a break in biological medicine of less than 24 months, but resumption of treatment is with the same biological medicine last prescribed, (c) there has been a break in biological medicine of less than 24 months and resumption of treatment is with a different biological medicine to that last prescribed, (d) treatment with rituximab has occurred within the past 24 months and is the most recent therapy prescribed leading up to this authority application, irrespective of the length in time elapsed between the 2 non-rituximab bDMARDs administered before and after rituximab.

Initial 2 does not require markers of inflammation/joint count to be re-established - those recorded in the first Initial 1 application can remain as baseline measures. Prerequisite DMARD treatments need not be re-proven to be inadequate.

The prescribed biological medicine may be changed at any time, regardless of whether the current prescribed biological medicine has been obtained through Initial treatment or Continuing treatment. However, the change in biological medicine cannot be back to the same biological medicine where that medicine has provided an inadequate response.

(iii) Apply through 'Initial 3 treatment' where treatment is recommencing following a break in PBS-subsidised therapy of at least 24 months. Initial 3 requires current markers of inflammation/joint count to be re-established. Prerequisite DMARD treatments need not be re-proven to be inadequate. PBS-subsidised therapy in this instance can include rituximab where prescribed as the most recent treatment - the 24 month break in therapy is from the second dose of the prior rituximab course.

Response assessment to any course of PBS-subsidised biological therapy must follow a minimum of 12 weeks of therapy. Applications made on the same day for Initial treatment and Continuing treatment clearly do reflect this requirement.

Where a response assessment is not conducted with a 'Continuing treatment' application, the biological medicine will be assumed to have failed, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. Authority applications for patients who experienced adverse reaction necessitating permanent treatment withdrawal should be submitted through 'Initial 2 treatment' or 'Initial 3 treatment'. Indicate where the adverse reaction has occurred in the authority application.

Continuing subsidy:

Apply under a 'Continuing treatment' phase listing only where treatment has initiated through an 'Initial treatment' listing and measures of disease control (i.e. ESR/CRP/joint count) demonstrate response following at least 12 weeks of treatment. Continuing treatment should never precede Initial treatment where the same biological medicine is being prescribed.

The description of 'Continuing treatment' means 'Continuing treatment of severe rheumatoid arthritis with the same biological medicine'. Where treatment of severe rheumatoid arthritis is continuing with a different biological medicine, 'Continuing treatment' is not to be interpreted as meaning 'Continuing treatment of severe rheumatoid arthritis with a different biological medicine' - see 'Initial 2 treatment' where continuing treatment is with a different biological medicine.

'Continuing treatment' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Where continuing treatment is divided into 'First continuing' and 'Subsequent continuing', the next authority application following immediately after any 'Initial treatment' authority application is to be through 'First continuing'. Following this, the next authority application is to occur under the 'Subsequent continuing' treatment phase. Assuming the drug continues to provide an adequate response, 'Subsequent continuing' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Balance of Supply listings:

Maximum quantities and the number of repeats stated in a PBS-listing are values that prescribers may seek up to, but are not obligated to prescribe. From time to time, there may be particular reasons why a prescriber may elect not to request the full maximum quantity listed, or, the full number of repeat prescriptions. Where this occurs, the intent of Balance of Supply treatment phase listings is to circumvent the need for another written-only authority application to be completed, as a written-only authority application may not be practical in terms of providing timely access to continued treatment.

Apply under a 'Balance of Supply' treatment phase (where available) when either the full maximum quantity or repeat prescriptions available under a particular treatment phase, was not requested and where the biological medicine has had insufficient time to demonstrate an adequate response. Where the preceding supply has been adequate to provide at least 12 weeks of treatment and has resulted in an adequate response, it may be more practical to access further treatment under 'Continuing treatment'.

(2) Baseline measurements to determine response.

Determination of response to treatment must be based on baseline measurements of the joint count, ESR and/or CRP provided with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements demonstrating elevation of both joint count and markers of inflammation any time that an initial treatment authority application is provided and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.

Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.

Applications under the Initial 3 treatment restriction for recommencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

18534

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with disease modifying anti-rheumatic drugs (DMARDs) which must include at least 3 months continuous treatment with at least 2 DMARDs, one of which must be methotrexate at a dose of at least 20 mg weekly plus one of the following: (i) hydroxychloroquine at a dose of at least 200 mg daily; (ii) leflunomide at a dose of at least 10 mg daily; (iii) sulfasalazine at a dose of at least 2 g daily; **OR**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with DMARDs which, if methotrexate is contraindicated according to the Therapeutic Goods Administration (TGA)-approved Product Information/cannot be tolerated at a 20 mg weekly dose, must include at least 3 months continuous treatment with at least 2 of the following DMARDs: (i) hydroxychloroquine at a dose of at least 200 mg daily; (ii) leflunomide at a dose of at least 10 mg daily; (iii) sulfasalazine at a dose of at least 2 g daily; **OR**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 3 months of continuous treatment with a DMARD where 2 of: (i) hydroxychloroquine, (ii) leflunomide, (iii) sulfasalazine, are contraindicated according to the relevant TGA-approved Product Information/cannot be tolerated at the doses specified above in addition to having a contraindication or intolerance to methotrexate: the remaining tolerated DMARD must be trialled at a minimum dose as mentioned above; **OR**
- Patient must have a contraindication/severe intolerance to each of: (i) methotrexate, (ii) hydroxychloroquine, (iii) leflunomide, (iv) sulfasalazine; in such cases, provide details for each of the contraindications/severe intolerances claimed in the authority application, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

If methotrexate is contraindicated according to the TGA-approved product information or cannot be tolerated at a 20 mg weekly dose, the application must include details of the contraindication or intolerance including severity to methotrexate. The maximum tolerated dose of methotrexate must be documented in the application, if applicable.

The application must include details of the DMARDs trialled, their doses and duration of treatment, and all relevant contraindications and/or intolerances including severity.

The requirement to trial at least 2 DMARDs for periods of at least 3 months each can be met using single agents sequentially or by using one or more combinations of DMARDs, however the time on treatment must be at least 6 months.

If the requirement to trial 6 months of intensive DMARD therapy with at least 2 DMARDs cannot be met because of contraindications and/or intolerances of a severity necessitating permanent treatment withdrawal to all of the DMARDs specified above, details of the contraindication or intolerance including severity and dose for each DMARD must be provided in the authority application.

The following criteria indicate failure to achieve an adequate response to DMARD treatment and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour and/or a C-reactive protein (CRP) level greater than 15 mg per L; AND either

(a) a total active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The joint count and ESR and/or CRP must be determined at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. All measures must be no more than 4 weeks old at the time of initial application.

If the requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18562

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition; **OR**
- Patient must have received prior PBS-subsidised treatment with a biological medicine under the paediatric Severe active juvenile idiopathic arthritis/Systemic juvenile idiopathic arthritis indication, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed/ceased to respond to PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Patients who have received PBS-subsidised treatment for paediatric Severe active juvenile idiopathic arthritis or Systemic juvenile idiopathic arthritis where the condition has progressed to Rheumatoid arthritis may receive treatment through this restriction using existing baseline scores.

Where a patient is changing from a biosimilar medicine for the treatment of this condition, the prescriber must provide baseline disease severity indicators with this application, in addition to the response assessment outlined below.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

An application for a patient who is either changing treatment from another biological medicine to this drug or recommencing therapy with this drug after a treatment break of less than 24 months, must be accompanied with details of the evidence of a response to the patient's most recent course of PBS-subsidised biological medicine, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

A patient who has demonstrated a response to a course of rituximab must have a PBS-subsidised biological therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18604

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 24 months or more from the most recent PBS-subsidised biological medicine for this condition, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed/ceased to respond to PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; **OR**
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either: (a) a total active joint count of at least 20 active (swollen and tender) joints; (b) at least 4 active major joints, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Major joints are defined as (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count and ESR and/or CRP must be no more than 4 weeks old at the time of initial application.

If the requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18584

Severe active rheumatoid arthritis

Treatment Phase: Balance of supply - Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months) to complete 16 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

tofacitinib 5 mg tablet, 56

10517M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	0.00	1,145.05	25.00	Xeljanz [PF]

TOFACITINIB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE PSORIATIC ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) listed for adult patients with severe psoriatic arthritis.

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Severe Psoriatic Arthritis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

A patient is eligible for PBS-subsidised treatment with only 1 of the biological medicines at any one time.

Under these arrangements, within a single treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib or ustekinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe psoriatic arthritis.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or,

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or,

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than the 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements. An authority application must be made under the 'Initial 2' treatment phase.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.

However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response to the PBS-subsidised treatment.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent

continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment restriction according to the criteria of the relevant restriction and index of disease severity. The application must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

11944

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response to methotrexate at a dose of at least 20 mg weekly for a minimum period of 3 months, **AND**
- Patient must have failed to achieve an adequate response to sulfasalazine at a dose of at least 2 g per day for a minimum period of 3 months; **OR**
- Patient must have failed to achieve an adequate response to leflunomide at a dose of up to 20 mg daily for a minimum period of 3 months, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Where treatment with methotrexate, sulfasalazine or leflunomide is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.

Where intolerance to treatment with methotrexate, sulfasalazine or leflunomide developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

The following initiation criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; and

either

(a) an active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority Required

16392

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority Required

11956

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have had a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; **OR**
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either (a) a total active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active major joints, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Major joints are defined as (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count and ESR and/or CRP must be no more than 4 weeks old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

9064

Severe psoriatic arthritis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; **OR**

- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

tofacitinib 5 mg tablet, 56

11690G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	3	0.00	1,145.05	25.00	Xeljanz [PF]

TOFACITINIB

Note TREATMENT OF ADULT PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits for the indication of moderate to severe ulcerative colitis (MSUC). Patients are eligible for one PBS-subsidised drug treatment indicated for MSUC at any one time.

Where the term 'biological medicine' appears in this note and restrictions, it refers to any PBS benefit indicated for MSUC.

Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

From 1 July 2021, under the PBS, all adult patients will be able to commence a treatment cycle where they may trial PBS-subsidised biological medicine without having to experience a disease flare when swapping to one of the alternate agents. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised biological medicine treatment prior to 1 July 2021 is considered to have started their first cycle as of 1 July 2021. Within the same treatment cycle, the same biological medicine cannot be trialled twice. Where 3 biological medicines have failed to provide the patient with an adequate response a treatment cycle is considered complete. There must be a 5-year break in PBS-subsidised therapy before starting the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for Initial treatment with a PBS-subsidised biological medicine under the new treatment cycle.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Selecting the correct treatment phase listing when applying for authority approval:

(1) Initial treatment.

Apply under an Initial 1 treatment listing where the patient has never received a biological medicine.

(2) Continuing treatment.

Under no circumstance is Continuing treatment to precede Initial treatment. An authority application for Continuing treatment is not to be made on the same day as Initial treatment.

(3) Changing therapy.

Apply under an Initial 2 treatment listing. The indices of disease severity (i.e. Mayo clinic score or partial Mayo clinic score), or the prior corticosteroid therapy and immunosuppressive therapy will not need to be restated. A patient may trial an alternate biological medicine treatment at any time, regardless of whether they are receiving therapy (initial or continuing) at the time of the application. However, they cannot change to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this Initial 2 treatment authority application.

(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under an Initial 3 treatment listing. Prior corticosteroid and immunosuppressive therapies need not be re-trialled.

(5) Balance of supply.

Where the full number of repeat prescriptions have not been requested under any initial or continuing listing, apply for the balance of the supply of the repeats under any treatment phase listing containing the words "balance of supply".

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

11940

Moderate to severe ulcerative colitis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; **OR**

- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have failed to achieve an adequate response to a 5-aminosalicylate oral preparation in a standard dose for induction of remission for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal, **AND**
- Patient must have failed to achieve an adequate response to azathioprine at a dose of at least 2 mg per kg daily for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal; **OR**
- Patient must have failed to achieve an adequate response to 6-mercaptopurine at a dose of at least 1 mg per kg daily for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal; **OR**
- Patient must have failed to achieve an adequate response to a tapered course of oral steroids, starting at a dose of at least 40 mg prednisolone (or equivalent), over a 6 week period or have intolerance necessitating permanent treatment withdrawal, and followed by a failure to achieve an adequate response to 3 or more consecutive months of treatment of an appropriately dosed thiopurine agent, **AND**
- Patient must have a Mayo clinic score greater than or equal to 6; **OR**
- Patient must have a partial Mayo clinic score greater than or equal to 6, provided the rectal bleeding and stool frequency subscores are both greater than or equal to 2 (endoscopy subscore is not required for a partial Mayo clinic score).

Population criteria:

- Patient must be aged 18 years or older.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice), which includes:

(i) the completed current Mayo clinic or partial Mayo clinic calculation sheet including the date of assessment of the patient's condition; and

(ii) details of prior systemic drug therapy [dosage, date of commencement and duration of therapy].

All tests and assessments should be performed preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior conventional treatment.

The most recent Mayo clinic or partial Mayo clinic score must be no more than 4 weeks old at the time of application.

An assessment of a patient's response to this initial course of treatment must be conducted between 8 and 16 weeks of therapy.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

If treatment with any of the above-mentioned drugs is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.

If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, details of this toxicity must be provided at the time of application.

A maximum of 16 weeks of treatment with this drug will be approved under this criterion.

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

11915

Moderate to severe ulcerative colitis

Treatment Phase: Initial treatment - Initial 2 (change or re-commencement of treatment after a break in biological medicine of less than 5 years)

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**

- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle.

Population criteria:

- Patient must be aged 18 years or older.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice), which includes:

(i) the completed current Mayo clinic or partial Mayo clinic calculation sheet including the date of assessment of the patient's condition if relevant; and

(ii) the details of prior biological medicine treatment including the details of date and duration of treatment.

An assessment of a patient's response to this initial course of treatment must be conducted between 8 and 16 weeks of therapy.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient who fails to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the initial 3 treatment restriction.

A maximum of 16 weeks of treatment with this drug will be approved under this criterion.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

11975

Moderate to severe ulcerative colitis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have had a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- Patient must have a Mayo clinic score greater than or equal to 6; **OR**
- Patient must have a partial Mayo clinic score greater than or equal to 6, provided the rectal bleeding and stool frequency subscores are both greater than or equal to 2 (endoscopy subscore is not required for a partial Mayo clinic score).

Population criteria:

- Patient must be aged 18 years or older.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice), which includes:

(i) the completed current Mayo clinic or partial Mayo clinic calculation sheet including the date of assessment of the patient's condition; and

(ii) the details of prior biological medicine treatment including the details of date and duration of treatment.

The most recent Mayo clinic or partial Mayo clinic score must be no more than 4 weeks old at the time of application.

An assessment of a patient's response to this initial course of treatment must be conducted between 8 and 16 weeks of therapy.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A maximum of 16 weeks of treatment with this drug will be approved under this criterion.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

11976

Moderate to severe ulcerative colitis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

tofacitinib 5 mg tablet, 56

12556W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	0.00	1,145.05	25.00	Xeljanz [PF]

tofacitinib 10 mg tablet, 56

12588M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	0.00	1,889.76	25.00	Xeljanz [PF]

TOFACITINIB

Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed for adult patients with the indication of ankylosing spondylitis (AS).

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Ankylosing spondylitis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

Treatment cycles:

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who has been receiving PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab and secukinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Where treatment has resulted in an inadequate response on 3 occasions a treatment cycle is considered to have been completed and there must be a 5-year break in PBS subsidy from all medicines with the PBS indication: 'Ankylosing spondylitis' before starting a new treatment cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle and where a break in therapy of less than 5 years has occurred, a further course of treatment may be commenced within the same treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Prescribing under the correct 'Treatment phase' listing for the authority application:

(1) Initial treatment.

Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for ankylosing spondylitis.

(2) Continuing treatment.

Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to proceed initial treatment. An authority application for continuing treatment is not to be made on the same day as initial treatment.

(3) Changing therapy.

Apply under the 'Initial 2' treatment listing. Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to prior NSAID therapy and exercise program requirements. Where a patient is changing from a biosimilar medicine the prescriber must submit baseline indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI). A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot change to a particular biological medicine if it has failed to provide the patient with an adequate response within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this initial 2 treatment authority application.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological medicine. To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under the 'Initial 3' treatment listing. Prior NSAID and exercise therapies need not be re-trialled.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

14670

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Clinical criteria:

- The condition must be either radiologically (plain X-ray) confirmed: (i) Grade II bilateral sacroiliitis; (ii) Grade III unilateral sacroiliitis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have at least 2 of the following: (i) low back pain and stiffness for 3 or more months that is relieved by exercise but not by rest; (ii) limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by a score of at least 1 on each of the lumbar flexion and lumbar side flexion measurements of the Bath Ankylosing Spondylitis Metrology Index (BASMI); (iii) limitation of chest expansion relative to normal values for age and gender, **AND**
- Patient must have failed to achieve an adequate response following treatment with at least 2 non-steroidal anti-inflammatory drugs (NSAIDs), whilst completing an appropriate exercise program, for a total period of 3 months, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The application must include details of the NSAIDs trialled, their doses and duration of treatment.

If the NSAID dose is less than the maximum recommended dose in the relevant TGA-approved Product Information, the application must include the reason a higher dose cannot be used.

If treatment with NSAIDs is contraindicated according to the relevant TGA-approved Product Information, the application must provide details of the contraindication.

If intolerance to NSAID treatment develops during the relevant period of use which is of a severity to necessitate permanent treatment withdrawal, the application must provide details of the nature and severity of this intolerance.

The following criteria indicate failure to achieve an adequate response and must be demonstrated at the time of the initial application:

(a) a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 4 on a 0-10 scale; and

(b) an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 10 mg per L.

The baseline BASDAI score and ESR or CRP level must be determined at the completion of the 3 month NSAID and exercise trial, but prior to ceasing NSAID treatment. All measurements must be no more than 4 weeks old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reason this criterion cannot be satisfied.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The following must be provided at the time of application and documented in the patient's medical records:

(i) details (name of the radiology report provider, date of the radiology report and unique identifying number/code that links report to the individual patient) of the radiological report confirming Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis; and

(ii) a baseline BASDAI score; and

(iii) a completed Exercise Program Self Certification Form included in the supporting information form; and

(iv) baseline ESR and/or CRP level.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Details of the toxicities, including severity, which will be accepted for the purposes of administering this restriction can be found on the Services Australia website at www.servicesaustralia.gov.au

Note For details on the appropriate minimum exercise program that will be accepted for the purposes of administering this restriction, please refer to the Services Australia website at www.servicesaustralia.gov.au

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

14655

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed/ceased to respond to PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for a patient who is either changing treatment from another biological medicine to this drug or recommencing therapy with this drug after a treatment break of less than 5 years, must be accompanied with details of the evidence of a response to the patient's most recent course of PBS-subsidised biological medicine within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks

from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a patient is changing from PBS-subsidised treatment with a biosimilar medicine for this condition, the prescriber must submit baseline disease severity indicators with this application, in addition to the response assessment outlined below.

An adequate response is defined as an improvement from baseline of at least 2 units (on a scale of 0-10) in the BASDAI score combined with at least 1 of the following:

(a) an ESR measurement no greater than 25 mm per hour; or

(b) a CRP measurement no greater than 10 mg per L; or

(c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and used to assess all future responses to treatment.

The assessment of response to treatment must be documented in the patient's medical records.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

14662

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of at least 5 years from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must be either radiologically (plain X-ray) confirmed: (i) Grade II bilateral sacroiliitis; (ii) Grade III unilateral sacroiliitis, **AND**
- Patient must have at least 2 of the following: (i) low back pain and stiffness for 3 or more months that is relieved by exercise but not by rest; (ii) limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by a score of at least 1 on each of the lumbar flexion and lumbar side flexion measurements of the Bath Ankylosing Spondylitis Metrology Index (BASMI); (iii) limitation of chest expansion relative to normal values for age and gender, **AND**
- Patient must have a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 4 on a 0-10 scale that is no more than 4 weeks old at the time of application, **AND**
- Patient must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour that is no more than 4 weeks old at the time of application; **OR**
- Patient must have a C-reactive protein (CRP) level greater than 10 mg per L that is no more than 4 weeks old at the time of application; **OR**
- Patient must have a clinical reason as to why demonstration of an elevated ESR or CRP cannot be met and the application must state the reason, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The following must be provided at the time of application and documented in the patient's medical records:

(i) details (name of the radiology report provider, date of the radiology report and unique identifying number/code that links report to the individual patient) of the radiological report confirming Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis; and

(ii) a baseline BASDAI score; and

(iii) a baseline ESR and/or CRP level.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

12174

Ankylosing spondylitis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

tofacitinib 5 mg tablet, 56

13349N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	0.00	1,145.05	25.00	Xeljanz [PF]

TOFACITINIB

Note TREATMENT OF PATIENTS WITH SEVERE ACTIVE JUVENILE IDIOPATHIC ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed with the indication of severe active juvenile idiopathic arthritis.

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Severe active juvenile idiopathic arthritis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term "biological medicine".

Treatment cycles:

From 1 December 2023, a patient receiving PBS-subsidised biological medicine is considered to be in a treatment cycle where they may switch to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements, within a single treatment cycle, a patient may:

(i) continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy; and

(ii) fail to respond or to sustain a response to each PBS-subsidised biological medicine once only. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Where treatment has resulted in an inadequate response on 3 occasions a treatment cycle is considered to have been completed and there must be a 12-month break in PBS-subsidy from all biological medicines with the PBS indication 'severe active juvenile idiopathic arthritis' before starting a new treatment cycle.

The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine was prescribed to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who received PBS-subsidised biological medicine immediately prior to 1 December 2023 is considered to be in their first cycle as of 1 December 2023. A patient who has had a break in biological medicine treatment of at least 12 months immediately prior to making a new application, on or after 1 December 2023, will commence a new treatment cycle under the Initial 3 treatment restriction.

Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle and where a break in therapy of less than 12 months has occurred a further course of treatment may be commenced within the same treatment cycle.

Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle and where a break in therapy of more than 12 months has occurred a new treatment cycle must be commenced.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Prescribing under the correct 'Treatment Phase' listing for the authority application:

(1) Initial treatment.

Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for 'severe active juvenile idiopathic arthritis'.

(2) Continuing treatment.

Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to precede initial treatment. An authority application for continuing treatment is not to be made on the same day as initial treatment.

(3) Changing therapy.

Apply under the 'Initial 2' treatment listing. The indices of disease severity (joint count) or the prior non-biological medicine therapy requirements will not need to be restated, except if the patient has had a break in therapy of more than 12 months who would then need to requalify under the initial 3 restrictions with respect to the indices of disease severity.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.

However, they cannot change to a particular biological medicine if it has failed to provide the patient with an adequate response within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany the initial 2 authority application.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the joint count provided with the first authority application for a biological medicine. However, prescribers may provide a new baseline measurement any time that an initial treatment authority application is provided within a treatment cycle and the eligibility for continuing treatment should be assessed according to the revised baseline measurement.

(5) Recommencement of treatment after a 12-month break in PBS-subsidised therapy.

Apply under the 'Initial 3' treatment listing.

(6) Withdrawal of treatment after sustained remission.

Withdrawal of treatment with biological medicine should be considered in a patient who has achieved and sustained complete remission of disease for 12 months. An assessment of demonstration of response to the current treatment should be conducted at the time treatment is ceased and the results retained in the patient's records. These results must be provided to Services Australia if subsequent authority applications are required.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

17745

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a paediatric rheumatologist; **OR**
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have demonstrated severe intolerance of, or toxicity due to, methotrexate; **OR**
- Patient must have demonstrated failure to achieve an adequate response to 1 or more of the following treatment regimens: (i) oral or parenteral methotrexate at a dose of at least 15 mg per square metre weekly, alone or in combination with oral or intra-articular corticosteroids, for a minimum of 3 months; (ii) oral or parenteral methotrexate at a dose of 20 mg weekly, alone or in combination with oral or intra-articular corticosteroids, for a minimum of 3 months; (iii) oral methotrexate at a dose of at least 10 mg per square metre weekly together with at least 1 other disease modifying anti-rheumatic drug (DMARD), alone or in combination with corticosteroids, for a minimum of 3 months, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be under 18 years of age.

Severe intolerance to methotrexate is defined as intractable nausea and vomiting and general malaise unresponsive to manoeuvres, including reducing or omitting concomitant non-steroidal anti-inflammatory drugs (NSAIDs) on the day of methotrexate administration, use of folic acid supplementation, or administering the dose of methotrexate in 2 divided doses over 24 hours.

Toxicity due to methotrexate is defined as evidence of hepatotoxicity with repeated elevations of transaminases, bone marrow suppression temporally related to methotrexate use, pneumonitis, or serious sepsis.

If treatment with methotrexate alone or in combination with another DMARD is contraindicated according to the relevant TGA-approved Product Information, details must be documented in the patient's medical records.

If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, details of this toxicity must be documented in the patient's medical records.

The following criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

(a) an active joint count of at least 10 active (swollen and tender) joints; or

(b) an active joint count of at least 2, affecting the following joints: elbow, wrist, knee, ankle, shoulder, and hip; or

(c) active arthritis affecting the cervical spine or temporomandibular joint; or

(d) at least 2 separate episodes of oral or intra-articular corticosteroids use within 12 months to control flares of disease; or

(e) development/worsening of erosive disease due to active arthritis.

The assessment of response to prior treatment must be documented in the patient's medical records.

The joint count assessment must be performed preferably whilst still on DMARD treatment, but no longer than 4 weeks following cessation of the most recent prior treatment.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) the date of assessment of severe active juvenile idiopathic arthritis; and

(b) details of prior treatment including dose and duration of treatment.

The assessment of the patient's response to the initial course of treatment must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment in this treatment cycle.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Use of alternative DMARDs in children is dependent on approval by the Therapeutic Goods Administration as age restrictions may apply.

Authority Required

17737

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 12 months)

Treatment criteria:

- Must be treated by a paediatric rheumatologist; **OR**
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

An adequate response to treatment is defined as:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 10 active joints; or

(b) a reduction in the number of the following active joints, from at least 2, by at least 50%: elbow, wrist, knee, ankle, shoulder, and hip; or

(c) an improvement from baseline by at least 50% in the signs and symptoms attributable to active arthritis affecting the cervical spine or temporomandibular joint; or

(d) at least a 50% reduction from baseline on the frequency of oral or intra-articular corticosteroids use to control flares of disease associated with active arthritis; or

(e) an improvement from baseline by at least 50% in the signs and symptoms attributable to active arthritis affecting joint(s) with erosive disease.

The assessment of response to treatment must be documented in the patient's medical records.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to change or recommence therapy with this drug, must be accompanied by details of the evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

The assessment of the patient's response to the most recent course of biological medicine must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed that most recent course of treatment in this treatment cycle.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient who fails to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

Authority Required

17746

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 12 months)

Treatment criteria:

- Must be treated by a paediatric rheumatologist; **OR**
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have had a break in treatment of 12 months or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must have either: (a) a total active joint count of at least 10 active (swollen and tender) joints; (b) at least 2 active major joints; (c) active arthritis affecting the cervical spine or temporomandibular joint; (d) at least 2 separate episodes of oral or intra-articular corticosteroids use within 12 months to control flares of disease; (e) development/worsening of erosive disease due to active arthritis, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Active major joints are defined as: elbow, wrist, knee, ankle, shoulder, and hip.

All measurements must be no more than 4 weeks old at the time of this application and must be documented in the patient's medical records.

Where the baseline active joint count is based on total active joints (i.e. more than 10 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of active major joints, the response must be demonstrated on the total number of active major joints.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) the date of assessment of severe active juvenile idiopathic arthritis; and

(b) the date of the last continuing prescription.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to recommence therapy with this drug, must be accompanied by details of the evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

The assessment of the patient's response to the most recent course of biological medicine must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed that most recent course of treatment in this treatment cycle.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Authority Required

12120

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 12 months) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 12 months) - balance of supply

Treatment criteria:

- Must be treated by a paediatric rheumatologist; **OR**
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; **OR**

- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 12 months) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 12 months) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

tofacitinib 1 mg/mL oral liquid, 240 mL

13770R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	3	0.00	1,145.05	25.00	Xeljanz [PF]

TOFACITINIB

Note TREATMENT OF PATIENTS WITH SEVERE ACTIVE JUVENILE IDIOPATHIC ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed with the indication of severe active juvenile idiopathic arthritis.

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Severe active juvenile idiopathic arthritis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term "biological medicine".

Treatment cycles:

From 1 December 2023, a patient receiving PBS-subsidised biological medicine is considered to be in a treatment cycle where they may switch to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements, within a single treatment cycle, a patient may:

(i) continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy; and

(ii) fail to respond or to sustain a response to each PBS-subsidised biological medicine once only. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Where treatment has resulted in an inadequate response on 3 occasions a treatment cycle is considered to have been completed and there must be a 12-month break in PBS-subsidy from all biological medicines with the PBS indication 'severe active juvenile idiopathic arthritis' before starting a new treatment cycle.

The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine was prescribed to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who received PBS-subsidised biological medicine immediately prior to 1 December 2023 is considered to be in their first cycle as of 1 December 2023. A patient who has had a break in biological medicine treatment of at least 12 months immediately prior to making a new application, on or after 1 December 2023, will commence a new treatment cycle under the Initial 3 treatment restriction.

Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle and where a break in therapy of less than 12 months has occurred a further course of treatment may be commenced within the same treatment cycle.

Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle and where a break in therapy of more than 12 months has occurred a new treatment cycle must be commenced.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Prescribing under the correct 'Treatment Phase' listing for the authority application:

(1) Initial treatment.

Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for 'severe active juvenile idiopathic arthritis'.

(2) Continuing treatment.

Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to precede initial treatment. An authority application for continuing treatment is not to be made on the same day as initial treatment.

(3) Changing therapy.

Apply under the 'Initial 2' treatment listing. The indices of disease severity (joint count) or the prior non-biological medicine therapy requirements will not need to be restated, except if the patient has had a break in therapy of more than 12 months who would then need to requalify under the initial 3 restrictions with respect to the indices of disease severity.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.

However, they cannot change to a particular biological medicine if it has failed to provide the patient with an adequate response within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany the initial 2 authority application.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the joint count provided with the first authority application for a biological medicine. However, prescribers

may provide a new baseline measurement any time that an initial treatment authority application is provided within a treatment cycle and the eligibility for continuing treatment should be assessed according to the revised baseline measurement.

(5) Recommencement of treatment after a 12-month break in PBS-subsidised therapy.

Apply under the 'Initial 3' treatment listing.

(6) Withdrawal of treatment after sustained remission.

Withdrawal of treatment with biological medicine should be considered in a patient who has achieved and sustained complete remission of disease for 12 months. An assessment of demonstration of response to the current treatment should be conducted at the time treatment is ceased and the results retained in the patient's records. These results must be provided to Services Australia if subsequent authority applications are required.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

17745

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a paediatric rheumatologist; **OR**
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have demonstrated severe intolerance of, or toxicity due to, methotrexate; **OR**
- Patient must have demonstrated failure to achieve an adequate response to 1 or more of the following treatment regimens: (i) oral or parenteral methotrexate at a dose of at least 15 mg per square metre weekly, alone or in combination with oral or intra-articular corticosteroids, for a minimum of 3 months; (ii) oral or parenteral methotrexate at a dose of 20 mg weekly, alone or in combination with oral or intra-articular corticosteroids, for a minimum of 3 months; (iii) oral methotrexate at a dose of at least 10 mg per square metre weekly together with at least 1 other disease modifying anti-rheumatic drug (DMARD), alone or in combination with corticosteroids, for a minimum of 3 months, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be under 18 years of age.

Severe intolerance to methotrexate is defined as intractable nausea and vomiting and general malaise unresponsive to manoeuvres, including reducing or omitting concomitant non-steroidal anti-inflammatory drugs (NSAIDs) on the day of methotrexate administration, use of folic acid supplementation, or administering the dose of methotrexate in 2 divided doses over 24 hours.

Toxicity due to methotrexate is defined as evidence of hepatotoxicity with repeated elevations of transaminases, bone marrow suppression temporally related to methotrexate use, pneumonitis, or serious sepsis.

If treatment with methotrexate alone or in combination with another DMARD is contraindicated according to the relevant TGA-approved Product Information, details must be documented in the patient's medical records.

If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, details of this toxicity must be documented in the patient's medical records.

The following criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

(a) an active joint count of at least 10 active (swollen and tender) joints; or

(b) an active joint count of at least 2, affecting the following joints: elbow, wrist, knee, ankle, shoulder, and hip; or

(c) active arthritis affecting the cervical spine or temporomandibular joint; or

(d) at least 2 separate episodes of oral or intra-articular corticosteroids use within 12 months to control flares of disease; or

(e) development/worsening of erosive disease due to active arthritis.

The assessment of response to prior treatment must be documented in the patient's medical records.

The joint count assessment must be performed preferably whilst still on DMARD treatment, but no longer than 4 weeks following cessation of the most recent prior treatment.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) the date of assessment of severe active juvenile idiopathic arthritis; and

(b) details of prior treatment including dose and duration of treatment.

The assessment of the patient's response to the initial course of treatment must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment in this treatment cycle.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Use of alternative DMARDs in children is dependent on approval by the Therapeutic Goods Administration as age restrictions may apply.

Authority Required

17737

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 12 months)

Treatment criteria:

- Must be treated by a paediatric rheumatologist; **OR**
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

An adequate response to treatment is defined as:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 10 active joints; or

(b) a reduction in the number of the following active joints, from at least 2, by at least 50%: elbow, wrist, knee, ankle, shoulder, and hip; or

(c) an improvement from baseline by at least 50% in the signs and symptoms attributable to active arthritis affecting the cervical spine or temporomandibular joint; or

(d) at least a 50% reduction from baseline on the frequency of oral or intra-articular corticosteroids use to control flares of disease associated with active arthritis; or

(e) an improvement from baseline by at least 50% in the signs and symptoms attributable to active arthritis affecting joint(s) with erosive disease.

The assessment of response to treatment must be documented in the patient's medical records.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to change or recommence therapy with this drug, must be accompanied by details of the evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

The assessment of the patient's response to the most recent course of biological medicine must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed that most recent course of treatment in this treatment cycle.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient who fails to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

Authority Required

17746

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 12 months)

Treatment criteria:

- Must be treated by a paediatric rheumatologist; **OR**
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have had a break in treatment of 12 months or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must have either: (a) a total active joint count of at least 10 active (swollen and tender) joints; (b) at least 2 active major joints; (c) active arthritis affecting the cervical spine or temporomandibular joint; (d) at least 2 separate episodes of oral or intra-articular corticosteroids use within 12 months to control flares of disease; (e) development/worsening of erosive disease due to active arthritis, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Active major joints are defined as: elbow, wrist, knee, ankle, shoulder, and hip.

All measurements must be no more than 4 weeks old at the time of this application and must be documented in the patient's medical records.

Where the baseline active joint count is based on total active joints (i.e. more than 10 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of active major joints, the response must be demonstrated on the total number of active major joints.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) the date of assessment of severe active juvenile idiopathic arthritis; and

(b) the date of the last continuing prescription.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to recommence therapy with this drug, must be accompanied by details of the evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

The assessment of the patient's response to the most recent course of biological medicine must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed that most recent course of treatment in this treatment cycle.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Authority Required

12120

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 12 months) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 12 months) - balance of supply

Treatment criteria:

- Must be treated by a paediatric rheumatologist; **OR**
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 12 months) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 12 months) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

tofacitinib 5 mg tablet, 56

13755Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	0.00	1,145.05	25.00	Xeljanz [PF]

UPADACITINIB

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note The Eczema Area and Severity Index (EASI) referenced in this restriction is that described in the following literature publications:

Chalmers JR et al. Report from the third international consensus meeting to harmonise core outcome measures for atopic eczema/dermatitis clinical trials (HOME). *British Journal of Dermatology* 2014 December;171(6):1318-25.

Schmitt J et al. HOME initiative collaborators. The Harmonising Outcome Measures for Eczema (HOME) statement to assess clinical signs of atopic eczema in trials. *The Journal of Allergy and Clinical Immunology* 2014 October;134(4):800-7

Note Instructions on the use of the Dermatology Life Quality Index and copyright details can be found here:

https://www.cardiff.ac.uk/medicine/resources/quality-of-life-questionnaires/dermatology-life-quality-index

Note The Physician's Global Assessment (5-point scale) referenced in this restriction is that described in the following literature publication:

Fatumura M et al. *Journal of the American Academy of Dermatology* 2016; 64(2): 288-94

The overall appearance of dermatitis lesions is rated as 4 (severe) if the lesions are best described as featuring: deep/dark red erythema, with marked and extensive induration/papulation; excoriation and oozing/crusting are present.

Note Dose changes subsequent to this authority application, whether they occur during an initial treatment or continuing treatment phase, may occur under the 'Dose change' treatment phase listing.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

12499

Chronic severe atopic dermatitis

Treatment Phase: Initial treatment with this drug of the whole body

Clinical criteria:

- Patient must have a Physicians Global Assessment (PGA) (5-point scale) baseline score of at least 4 as evidence of severe disease despite treatment with daily topical therapy (corticosteroid of medium to high potency/calcineurin inhibitor), for at least 28 days, **AND**
- Patient must have an Eczema Area and Severity Index (EASI) baseline score of at least 20 despite treatment with daily topical therapy (corticosteroid of medium to high potency/calcineurin inhibitor), for at least 28 days, **AND**

- Patient must have an age appropriate Dermatology Life Quality Index (DLQI) baseline score (of any value) measured following treatment with daily topical therapy (corticosteroid of medium to high potency/calcineurin inhibitor), for at least 28 days, **AND**
- The condition must have had lesions for at least 6 months from the time of the initial diagnosis of chronic severe atopic dermatitis affecting either of: (i) the whole body, (ii) face/hands, **AND**
- Patient must not have experienced an inadequate response to this therapy.

Treatment criteria:

- Must be treated by a dermatologist; **OR**
- Must be treated by a clinical immunologist, **AND**
- Patient must be undergoing treatment with this drug as the sole PBS-subsidised therapy with this PBS indication (combination with oral corticosteroids is permitted as these are not listed with the PBS indication: chronic severe atopic dermatitis).

Population criteria:

- Patient must be 12 years of age or older.

State each of the qualifying (i) PGA, (ii) EASI and (iii) DLQI scores in the authority application.

Acceptable scores can be:

(a) current scores; or

(b) past scores, including those previously quoted in a PBS authority application for another drug listed for this indication.

The EASI and DLQI baseline measurements are to form the basis of determining if an adequate response to treatment has been achieved under the Continuing treatment restriction. In addition to stating them in this authority application, document them in the patient's medical records.

Document the details of the medium to high potency topical corticosteroids (or calcineurin inhibitors) initially trialled in the patient's medical records.

Authority Required

12508

Chronic severe atopic dermatitis

Treatment Phase: Initial treatment with this drug of the face and/or hands

Clinical criteria:

- The condition must have at least 2 of the following Eczema Area and Severity Index (EASI) symptom sub-scores for erythema, oedema/papulation, excoriation, lichenification rated as severe despite treatment with daily topical therapy (corticosteroid of medium to high potency/calcineurin inhibitor), for at least 28 days; **OR**
- The condition must have affected at least 30% of the face/hands surface area despite treatment with daily topical therapy (corticosteroid of medium to high potency/calcineurin inhibitor), for at least 28 days, **AND**
- Patient must have an age appropriate Dermatology Life Quality Index (DLQI) baseline score (of any value) measured following treatment with daily topical therapy (corticosteroid of medium to high potency/calcineurin inhibitor), for at least 28 days, **AND**
- The condition must have had lesions for at least 6 months from the time of the initial diagnosis of chronic severe atopic dermatitis affecting either of: (i) the whole body, (ii) face/hands, **AND**
- Patient must not have experienced an inadequate response to this therapy.

Treatment criteria:

- Must be treated by a dermatologist; **OR**
- Must be treated by a clinical immunologist, **AND**
- Patient must be undergoing treatment with this drug as the sole PBS-subsidised therapy with this PBS indication (combination with oral corticosteroids is permitted as these are not listed with the PBS indication: chronic severe atopic dermatitis).

Population criteria:

- Patient must be 12 years of age or older.

State each of the 4 Eczema Area and Severity Index (EASI) symptom sub-score ratings (0 = none, 1 = mild, 2 = moderate, 3 = severe) for:

(i) erythema,

(ii) oedema/papulation,

(iii) excoriation,

(iv) lichenification

Acceptable scores can be:

(a) current scores; or

(b) past scores, including those previously quoted in a PBS authority application for another drug listed for this indication.

State the percentage face/hand surface area affected by the condition (must be at least 30%) where EASI symptom sub-scores are not provided. This percentage surface area can also be stated in addition to the EASI symptom sub-scores.

The EASI/percentage surface area and DLQI baseline measurements are to form the basis of determining if an adequate response to treatment has been achieved under the Continuing treatment restriction. In addition to stating them in this authority application, document them in the patient's medical records.

Document the details of the medium to high potency topical corticosteroids (or calcineurin inhibitors) initially trialled are in the patient's medical records.

upadacitinib 15 mg modified release tablet, 28

12828E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	4	0.00	1,203.55	25.00	Rinvoq [VE]

upadacitinib 30 mg modified release tablet, 28

12836N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	4	0.00	1,983.58	25.00	Rinvoq [VE]

UPADACITINIB

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note The Eczema Area and Severity Index (EASI) referenced in this restriction is that described in the following literature publications:

Chalmers JR et al. Report from the third international consensus meeting to harmonise core outcome measures for atopic eczema/dermatitis clinical trials (HOME). *British Journal of Dermatology* 2014 December;171(6):1318-25.

Schmitt J et al. HOME initiative collaborators. The Harmonising Outcome Measures for Eczema (HOME) statement to assess clinical signs of atopic eczema in trials. *The Journal of Allergy and Clinical Immunology* 2014 October;134(4):800-7

Note Instructions on the use of the Dermatology Life Quality Index and copyright details can be found here:

https://www.cardiff.ac.uk/medicine/resources/quality-of-life-questionnaires/dermatology-life-quality-index

Note The Physician's Global Assessment (5-point scale) referenced in this restriction is that described in the following literature publication:

Fatumura M et al. *Journal of the American Academy of Dermatology* 2016; 64(2): 288-94

The overall appearance of dermatitis lesions is rated as 4 (severe) if the lesions are best described as featuring: deep/dark red erythema, with marked and extensive induration/papulation; excoriation and oozing/crusting are present.

Note Dose changes subsequent to this authority application, whether they occur during an initial treatment or continuing treatment phase, may occur under the 'Dose change' treatment phase listing.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

12493

Chronic severe atopic dermatitis

Treatment Phase: Continuing or resuming treatment with this drug of the whole body

Clinical criteria:

- Patient must have received PBS-subsidised treatment with this therapy for the treatment of chronic severe atopic dermatitis affecting the whole body, **AND**
- Patient must have achieved an adequate response prior to this first continuing treatment authority application; **OR**
- Patient must have maintained an adequate response to their most recent supply of this therapy for this PBS indication if this is any Continuing treatment authority application other than the first; **OR**
- Patient must have temporarily ceased treatment for reasons other than lack of response (e.g. family planning, vaccination with live vaccines, adverse-effect investigation), thereby being unable to achieve/maintain an adequate response immediately prior to this authority application.

Treatment criteria:

- Must be treated by a dermatologist; **OR**
- Must be treated by a clinical immunologist, **AND**
- Patient must be undergoing treatment with this drug as the sole PBS-subsidised therapy with this PBS indication (combination with oral corticosteroids is permitted as these are not listed with the PBS indication: chronic severe atopic dermatitis).

For the purposes of this restriction, an adequate response to treatment is defined as:

(a) An improvement/maintenance in the Eczema Area and Severity Index (EASI) score of at least 50% compared to baseline; and

(b) An improvement/maintenance in Dermatology Life Quality Index (DLQI) score of at least 4 points compared to baseline

Where an initial baseline (post-topical corticosteroid, pre-biological medicine) DLQI score was not measured for a patient who had commenced treatment through a clinical trial, early access program or through private, non-PBS-subsidised supply, an absence of worsening in the current DLQI score compared to that measured at the time of the 'Grandfather listing' authority application will suffice as an adequate response for requirement (b) above.

State each of the current EASI and DLQI scores for this authority application.

Authority Required

12494

Chronic severe atopic dermatitis

Treatment Phase: Continuing or resuming treatment with this drug of the face and/or hands

Clinical criteria:

- Patient must have received PBS-subsidised treatment with this therapy for the treatment of chronic severe atopic dermatitis affecting the face/hands, **AND**
- Patient must have achieved an adequate response prior to this first continuing treatment authority application; **OR**

- Patient must have maintained an adequate response to their most recent supply of this therapy for this PBS indication if this is any Continuing treatment authority application other than the first; **OR**
- Patient must have temporarily ceased treatment for reasons other than lack of response (e.g. family planning, vaccination with live vaccines, adverse-effect investigation), thereby being unable to achieve/maintain an adequate response immediately prior to this authority application.

Treatment criteria:

- Must be treated by a dermatologist; **OR**
- Must be treated by a clinical immunologist, **AND**
- Patient must be undergoing treatment with this drug as the sole PBS-subsidised therapy with this PBS indication (combination with oral corticosteroids is permitted as these are not listed with the PBS indication: chronic severe atopic dermatitis).

For the purposes of this restriction, an adequate response to treatment of the face/hands is defined as:

(a) (i) A rating of either mild (1) to none (0) on at least 3 of the assessments of erythema, oedema/papulation, excoriation and lichenification mentioned in the Eczema Area and Severity Index (EASI); or

(ii) At least a 75% reduction in the skin area affected by this condition compared to baseline; and

(b) An improvement in Dermatology Life Quality Index (DLQI) score of at least 4 points compared to baseline

Where an initial baseline (post-topical corticosteroid, pre-biological medicine) DLQI score was not measured for a patient who had commenced treatment through a clinical trial, early access program or through private, non-PBS-subsidised supply, an absence of worsening in the current DLQI score compared to that measured at the time of the 'Grandfather listing' authority application will suffice as an adequate response for requirement (b) above.

Document each qualifying response measure in the patient's medical records for PBS compliance auditing purposes

upadacitinib 15 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12831H	1	5	0.00	1,203.55	25.00	Rinvoq [VE]

upadacitinib 30 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12829F	1	5	0.00	1,983.58	25.00	Rinvoq [VE]

UPADACITINIB

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

12504

Chronic severe atopic dermatitis

Treatment Phase: Dose change (increasing up to the 30 mg dose, or, decreasing back down to the 15 mg dose) - whole body, or, face/hands

Treatment criteria:

- Patient must not be undergoing each of: (i) commencing treatment through this treatment phase listing, (ii) treatment accessed through this treatment phase on more than 2 consecutive occasions, **AND**
- Patient must be undergoing existing PBS-subsidised treatment with this therapy where each of the following is true: (i) there is a change in daily dose, (ii) any remaining PBS repeat prescriptions for the strength that the patient is changing from, is marked as 'cancelled', **AND**
- Must be treated by a dermatologist; **OR**
- Must be treated by a clinical immunologist, **AND**
- Patient must be undergoing treatment with this drug as the sole PBS-subsidised therapy with this PBS indication (combination with oral corticosteroids is permitted as these are not listed with the PBS indication: chronic severe atopic dermatitis).

upadacitinib 15 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12835M	1	3	0.00	1,203.55	25.00	Rinvoq [VE]

upadacitinib 30 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12827D	1	3	0.00	1,983.58	25.00	Rinvoq [VE]

UPADACITINIB

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

13959

Moderate to severe ulcerative colitis

Treatment Phase: Dose modification

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)], **AND**
- Patient must be undergoing existing PBS-subsidised treatment with this therapy.

Note Any further authority applications occurring immediately after access through this dose modification listing are not to occur through any of the following Treatment phase listings: (i) Balance of Supply, (ii) Initial Treatment.

Note Dose modification

Where the drug's Product Information indicates variable dosing regimens based on the individual's response/tolerance, apply under this listing to continue treatment with the new strength. Mark any remaining repeat prescriptions for the discontinued strength with the word 'cancelled'. This treatment phase listing recognises that a patient's optimal dose may not always be immediately apparent at the time of treatment initiation and therefore does not require confirmation of an objective, adequate response to the preceding supply of drug.

upadacitinib 15 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13256Q	1	1	0.00	1,203.55	25.00	Rinvoq [VE]

upadacitinib 30 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13265E	1	1	0.00	1,983.58	25.00	Rinvoq [VE]

UPADACITINIB

Note SEVERE CROHN DISEASE - TREATMENT PHASES AND CYCLES

The following information applies to the prescribing of targeted therapies under the Pharmaceutical Benefits Scheme (PBS) for benefits with a stated indication of: 'Severe Crohn disease'. For PBS administration, the term targeted therapy includes biological and targeted synthetic disease modifying anti-rheumatic drugs.

A patient is eligible for PBS-subsidised treatment with only one targeted therapy at any one time.

Treatment cycle:

A treatment cycle begins when an authority application is approved under an Initial 1, Initial 2 patients who are accessing PBS-subsidised treatment for the first time, Initial 3 or transitioning from non-PBS-subsidised therapy that was commenced as a paediatric patient type restriction. Treatment must not continue with the same targeted therapy if it has not provided an adequate response as defined in the continuing treatment phase. A patient may trial different targeted therapies within a cycle; however, if all available targeted therapies have been trialled and have not provided an adequate response, the treatment cycle ends and a 12-month PBS exclusion period applies.

The 12-month break is measured from the date of the last PBS approval for a targeted therapy in the most recent cycle to the date of first initial treatment application under the next treatment cycle.

If a new targeted therapy with a different pharmacological mechanism of action becomes available on the PBS during a 12-month break, a patient may be prescribed the newly listed targeted therapy through the Initial 2 treatment phase, if they have never received that medicine previously. If the newly listed targeted therapy does not provide an adequate response, the treatment cycle ends and the 12-month break recommences. This will not be considered a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Treatment phases:

Initial 1 - use when the patient has never received a targeted therapy for this indication.

Baseline disease activity and inadequate response to conventional therapies must be demonstrated.

Initial 2 - use when an alternative targeted therapy is being prescribed for this indication, or when the patient has previously been treated with this targeted therapy and treatment is resuming after a break of less than 12 months.

Baseline disease activity and inadequate response to conventional therapies do not need to be re-demonstrated; however, an assessment of response to the preceding supply must be provided if a response has been demonstrated.

Initial 3 - use when treatment is resuming after an absence of PBS subsidy for at least 12 months.

Baseline disease activity must be demonstrated; however, a re-trial of conventional therapies is not required.

Transitioning from non-PBS supply commenced as a paediatric patient - use when the patient is receiving non-PBS-subsidised treatment with a targeted therapy for this condition and has been initiated on treatment on the same targeted therapy as a paediatric patient (prior to 18 years of age) via non-PBS pathways (e.g. compassionate access or public hospital individual patient use program).

Continuing treatment - use when patient has demonstrated an adequate response to the preceding supply and/or when the dose is being increased. Continuing treatment authority scripts must not be written on the same day as Initial treatment authority applications.

Balance of supply - use when the full amount of the preceding supply was not provided. This phase provides the remaining quantity that could have been obtained under the preceding authority approval or where additional time is required for an adequate response to be demonstrated.

Recency of assessments:

Where possible, all related assessment documentation (including Crohn Disease Activity Index calculations, pathology tests and diagnostic imaging studies) should be within 4 weeks of the date of authority application but no longer than 4 weeks following cessation of the most recent treatment.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

18896

Severe Crohn disease

Treatment Phase: Extended induction period (optional) from weeks 12 to 24

Clinical criteria:

- Patient must must have experienced an inadequate therapeutic benefit following the initial 12-week induction period.

Treatment criteria:

- Must be treated by a gastroenterologist; **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

Population criteria:

- Patient must be at least 18 years of age.

upadacitinib 30 mg modified release tablet, 28

13762H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	2	0.00	1,983.58	25.00	Rinvoq [VE]

UPADACITINIB

Note PBS AUTHORITY APPLICATIONS FOR SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) subsidy of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to all PBS benefits with the specific PBS indication of: 'severe active rheumatoid arthritis'.

Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

Only one biological medicine is to be PBS-subsidised at any one time for rheumatoid arthritis.

Upon 5 inadequate responses to biological medicines with the specific PBS indication of 'severe active rheumatoid arthritis', further subsidy is to cease. Where a particular biological medicine has provided an inadequate response, it must not be subsidised again.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

(1) Selecting the correct 'Treatment phase' listing to apply under

Initiating subsidy:

(i) Apply through 'Initial 1 treatment' where a patient has received no prior PBS-subsidised biological medicine treatment; or

(ii) Apply through 'Initial 2 treatment' where one of the following occurs: (a) PBS-subsidised treatment has at least been initiated through any Initial 1 listing, but the prescribed biological medicine is changing, (b) there has been a break in biological medicine of less than 24 months, but resumption of treatment is with the same biological medicine last prescribed, (c) there has been a break in biological medicine of less than 24 months and resumption of treatment is with a different biological medicine to that last prescribed, (d) treatment with rituximab has occurred within the past 24 months and is the most recent therapy prescribed leading up to this authority application, irrespective of the length in time elapsed between the 2 non-rituximab bDMARDs administered before and after rituximab.

Initial 2 does not require markers of inflammation/joint count to be re-established - those recorded in the first Initial 1 application can remain as baseline measures. Prerequisite DMARD treatments need not be re-proven to be inadequate.

The prescribed biological medicine may be changed at any time, regardless of whether the current prescribed biological medicine has been obtained through Initial treatment or Continuing treatment. However, the change in biological medicine cannot be back to the same biological medicine where that medicine has provided an inadequate response.

(iii) Apply through 'Initial 3 treatment' where treatment is recommencing following a break in PBS-subsidised therapy of at least 24 months. Initial 3 requires current markers of inflammation/joint count to be re-established. Prerequisite DMARD treatments need not be re-proven to be inadequate. PBS-subsidised therapy in this instance can include rituximab where prescribed as the most recent treatment - the 24 month break in therapy is from the second dose of the prior rituximab course.

Response assessment to any course of PBS-subsidised biological therapy must follow a minimum of 12 weeks of therapy. Applications made on the same day for Initial treatment and Continuing treatment clearly do reflect this requirement.

Where a response assessment is not conducted with a 'Continuing treatment' application, the biological medicine will be assumed to have failed, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. Authority applications for patients who experienced adverse reaction necessitating permanent treatment withdrawal should be submitted through 'Initial 2 treatment' or 'Initial 3 treatment'. Indicate where the adverse reaction has occurred in the authority application.

Continuing subsidy:

Apply under a 'Continuing treatment' phase listing only where treatment has initiated through an 'Initial treatment' listing and measures of disease control (i.e. ESR/CRP/joint count) demonstrate response following at least 12 weeks of treatment. Continuing treatment should never precede Initial treatment where the same biological medicine is being prescribed.

The description of 'Continuing treatment' means 'Continuing treatment of severe rheumatoid arthritis with the same biological medicine'. Where treatment of severe rheumatoid arthritis is continuing with a different biological medicine, 'Continuing treatment' is not to be interpreted as meaning 'Continuing treatment of severe rheumatoid arthritis with a different biological medicine' - see 'Initial 2 treatment' where continuing treatment is with a different biological medicine.

'Continuing treatment' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Where continuing treatment is divided into 'First continuing' and 'Subsequent continuing', the next authority application following immediately after any 'Initial treatment' authority application is to be through 'First continuing'. Following this, the next authority application is to occur under the 'Subsequent continuing' treatment phase. Assuming the drug continues to provide an adequate response, 'Subsequent continuing' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Balance of Supply listings:

Maximum quantities and the number of repeats stated in a PBS-listing are values that prescribers may seek up to, but are not obligated to prescribe. From time to time, there may be particular reasons why a prescriber may elect not to request the full maximum quantity listed, or, the full number of repeat prescriptions. Where this occurs, the intent of Balance of Supply treatment phase listings is to circumvent the need for another written-only authority application to be completed, as a written-only authority application may not be practical in terms of providing timely access to continued treatment.

Apply under a 'Balance of Supply' treatment phase (where available) when either the full maximum quantity or repeat prescriptions available under a particular treatment phase, was not requested and where the biological medicine has had insufficient time to demonstrate an adequate response. Where the preceding supply has been adequate to provide at least 12 weeks of treatment and has resulted in an adequate response, it may be more practical to access further treatment under 'Continuing treatment'.

(2) Baseline measurements to determine response.

Determination of response to treatment must be based on baseline measurements of the joint count, ESR and/or CRP provided with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements demonstrating elevation of both joint count and markers of inflammation any time that an initial treatment authority application is provided and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.

Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.

Applications under the Initial 3 treatment restriction for recommencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)

14499

Severe active rheumatoid arthritis

Treatment Phase: Subsequent continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition under the First continuing treatment restriction; **OR**
- Patient must have received this drug under this treatment phase as their most recent course of PBS-subsidised biological medicine, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The assessment of response to treatment must be documented in the patient's medical records and must be no more than 4 weeks old at the time of the authority application.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

upadacitinib 15 mg modified release tablet, 28

14125K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	0.00	1,203.55	25.00	Rinvoq [VE]

UPADACITINIB

Note PBS AUTHORITY APPLICATIONS FOR SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) subsidy of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to all PBS benefits with the specific PBS indication of: 'severe active rheumatoid arthritis'.

Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

Only one biological medicine is to be PBS-subsidised at any one time for rheumatoid arthritis.

Upon 5 inadequate responses to biological medicines with the specific PBS indication of 'severe active rheumatoid arthritis', further subsidy is to cease. Where a particular biological medicine has provided an inadequate response, it must not be subsidised again.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

(1) Selecting the correct 'Treatment phase' listing to apply under

Initiating subsidy:

(i) Apply through 'Initial 1 treatment' where a patient has received no prior PBS-subsidised biological medicine treatment; or

(ii) Apply through 'Initial 2 treatment' where one of the following occurs: (a) PBS-subsidised treatment has at least been initiated through any Initial 1 listing, but the prescribed biological medicine is changing, (b) there has been a break in biological medicine of less than 24 months, but resumption of treatment is with the same biological medicine last prescribed, (c) there has been a break in biological medicine of less than 24 months and resumption of treatment is with a different biological medicine to that last prescribed, (d) treatment with rituximab has occurred within the past 24 months and is the most recent therapy prescribed leading up to this authority application, irrespective of the length in time elapsed between the 2 non-rituximab bDMARDs administered before and after rituximab.

Initial 2 does not require markers of inflammation/joint count to be re-established - those recorded in the first Initial 1 application can remain as baseline measures. Prerequisite DMARD treatments need not be re-proven to be inadequate.

The prescribed biological medicine may be changed at any time, regardless of whether the current prescribed biological medicine has been obtained through Initial treatment or Continuing treatment. However, the change in biological medicine cannot be back to the same biological medicine where that medicine has provided an inadequate response.

(iii) Apply through 'Initial 3 treatment' where treatment is recommencing following a break in PBS-subsidised therapy of at least 24 months. Initial 3 requires current markers of inflammation/joint count to be re-established. Prerequisite DMARD treatments need not be re-proven to be inadequate. PBS-subsidised therapy in this instance can include rituximab where prescribed as the most recent treatment - the 24 month break in therapy is from the second dose of the prior rituximab course.

Response assessment to any course of PBS-subsidised biological therapy must follow a minimum of 12 weeks of therapy. Applications made on the same day for Initial treatment and Continuing treatment clearly do reflect this requirement.

Where a response assessment is not conducted with a 'Continuing treatment' application, the biological medicine will be assumed to have failed, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. Authority applications for patients who experienced adverse reaction necessitating permanent treatment withdrawal should be submitted through 'Initial 2 treatment' or 'Initial 3 treatment'. Indicate where the adverse reaction has occurred in the authority application.

Continuing subsidy:

Apply under a 'Continuing treatment' phase listing only where treatment has initiated through an 'Initial treatment' listing and measures of disease control (i.e. ESR/CRP/joint count) demonstrate response following at least 12 weeks of treatment. Continuing treatment should never precede Initial treatment where the same biological medicine is being prescribed.

The description of 'Continuing treatment' means 'Continuing treatment of severe rheumatoid arthritis with the same biological medicine'. Where treatment of severe rheumatoid arthritis is continuing with a different biological medicine, 'Continuing treatment' is not to be interpreted as meaning 'Continuing treatment of severe rheumatoid arthritis with a different biological medicine' - see 'Initial 2 treatment' where continuing treatment is with a different biological medicine.

'Continuing treatment' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Where continuing treatment is divided into 'First continuing' and 'Subsequent continuing', the next authority application following immediately after any 'Initial treatment' authority application is to be through 'First continuing'. Following this, the next authority application is to occur under the 'Subsequent continuing' treatment phase. Assuming the drug continues to provide an adequate response, 'Subsequent continuing' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Balance of Supply listings:

Maximum quantities and the number of repeats stated in a PBS-listing are values that prescribers may seek up to, but are not obligated to prescribe. From time to time, there may be particular reasons why a prescriber may elect not to request the full maximum quantity listed, or, the full number of repeat prescriptions. Where this occurs, the intent of Balance of Supply treatment phase listings is to circumvent the need for another written-only authority application to be completed, as a written-only authority application may not be practical in terms of providing timely access to continued treatment.

Apply under a 'Balance of Supply' treatment phase (where available) when either the full maximum quantity or repeat prescriptions available under a particular treatment phase, was not requested and where the biological medicine has had insufficient time to demonstrate an adequate response. Where the preceding supply has been adequate to provide at least 12 weeks of treatment and has resulted in an adequate response, it may be more practical to access further treatment under 'Continuing treatment'.

(2) Baseline measurements to determine response.

Determination of response to treatment must be based on baseline measurements of the joint count, ESR and/or CRP provided with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements demonstrating elevation of both joint count and markers of inflammation any time that an initial treatment authority application is provided and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.

Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.

Applications under the Initial 3 treatment restriction for recommencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

18671

Severe active rheumatoid arthritis

Treatment Phase: First continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18691

Severe active rheumatoid arthritis

Treatment Phase: Balance of supply - first continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

upadacitinib 15 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11979L	1	5	0.00	1,203.55	25.00	Rinvoq [VE]

UPADACITINIB

Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed for adult patients with the indication of ankylosing spondylitis (AS).

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Ankylosing spondylitis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

Treatment cycles:

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who has been receiving PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab and secukinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Where treatment has resulted in an inadequate response on 3 occasions a treatment cycle is considered to have been completed and there must be a 5-year break in PBS subsidy from all medicines with the PBS indication: 'Ankylosing spondylitis' before starting a new treatment cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle and where a break in therapy of less than 5 years has occurred, a further course of treatment may be commenced within the same treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Prescribing under the correct 'Treatment phase' listing for the authority application:

(1) Initial treatment.

Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for ankylosing spondylitis.

(2) Continuing treatment.

Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to proceed initial treatment. An authority application for continuing treatment is not to be made on the same day as initial treatment.

(3) Changing therapy.

Apply under the 'Initial 2' treatment listing. Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to prior NSAID therapy and exercise program requirements. Where a patient is changing from a biosimilar medicine the prescriber must submit baseline indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI). A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot change to a particular biological medicine if it has failed to provide the patient with an adequate response within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this initial 2 treatment authority application.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological medicine. To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under the 'Initial 3' treatment listing. Prior NSAID and exercise therapies need not be re-trialled.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

14692

Ankylosing spondylitis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An adequate response is defined as an improvement from baseline of at least 2 units (on a scale of 0-10) in the BASDAI score combined with at least 1 of the following:

(a) an ESR measurement no greater than 25 mm per hour; or

(b) a CRP measurement no greater than 10 mg per L; or

(c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and used to assess all future responses to treatment.

The assessment of response to treatment must be documented in the patient's medical records.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

9431

Ankylosing spondylitis

Treatment Phase: Continuing treatment - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the Continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

upadacitinib 15 mg modified release tablet, 28

12621G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	0.00	1,203.55	25.00	Rinvoq [VE]

UPADACITINIB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE PSORIATIC ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) listed for adult patients with severe psoriatic arthritis.

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Severe Psoriatic Arthritis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

A patient is eligible for PBS-subsidised treatment with only 1 of the biological medicines at any one time.

Under these arrangements, within a single treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib or ustekinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe psoriatic arthritis.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or,

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or,

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than the 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements. An authority application must be made under the 'Initial 2' treatment phase.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.

However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response to the PBS-subsidised treatment.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment restriction according to the criteria of the relevant restriction and index of disease severity. The application must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

11978

Severe psoriatic arthritis

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

11886

Severe psoriatic arthritis

Treatment Phase: Continuing treatment - balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

upadacitinib 15 mg modified release tablet, 28

12648Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	0.00	1,203.55	25.00	Rinvoq [VE]

UPADACITINIB

Note TREATMENT OF ADULT PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits for the indication of moderate to severe ulcerative colitis (MSUC). Patients are eligible for one PBS-subsidised drug treatment indicated for MSUC at any one time.

Where the term 'biological medicine' appears in this note and restrictions, it refers to any PBS benefit indicated for MSUC.

Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

From 1 July 2021, under the PBS, all adult patients will be able to commence a treatment cycle where they may trial PBS-subsidised biological medicine without having to experience a disease flare when swapping to one of the alternate agents. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised biological medicine treatment prior to 1 July 2021 is considered to have started their first cycle as of 1 July 2021. Within the same treatment cycle, the same biological medicine cannot be trialled twice. Where 3 biological medicines have failed to provide the patient with an adequate response a treatment cycle is considered complete. There must be a 5-year break in PBS-subsidised therapy before starting the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for Initial treatment with a PBS-subsidised biological medicine under the new treatment cycle.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Selecting the correct treatment phase listing when applying for authority approval:

(1) Initial treatment.

Apply under an Initial 1 treatment listing where the patient has never received a biological medicine.

(2) Continuing treatment.

Under no circumstance is Continuing treatment to precede Initial treatment. An authority application for Continuing treatment is not to be made on the same day as Initial treatment.

(3) Changing therapy.

Apply under an Initial 2 treatment listing. The indices of disease severity (i.e. Mayo clinic score or partial Mayo clinic score), or the prior corticosteroid therapy and immunosuppressive therapy will not need to be restated. A patient may trial an alternate biological medicine treatment at any time, regardless of whether they are receiving therapy (initial or continuing) at the time of the application. However, they cannot change to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this Initial 2 treatment authority application.

(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under an Initial 3 treatment listing. Prior corticosteroid and immunosuppressive therapies need not be re-trialled.

(5) Balance of supply.

Where the full number of repeat prescriptions have not been requested under any initial or continuing listing, apply for the balance of the supply of the repeats under any treatment phase listing containing the words "balance of supply".

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

14011

Moderate to severe ulcerative colitis

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated or sustained an adequate response to treatment by having a partial Mayo clinic score less than or equal to 2, with no subscore greater than 1 while receiving treatment with this drug.

Population criteria:

- Patient must be at least 18 years of age.

Patients who have failed to maintain a partial Mayo clinic score less than or equal to 2, with no subscore greater than 1 with continuing treatment with this drug, will not be eligible to receive further PBS-subsidised treatment with this drug.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

At the time of the authority application, medical practitioners should request sufficient quantity for up to 24 weeks of treatment under this restriction.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note If a dose strength change is required, see 'Dose modification' treatment phase to continue treatment at a new dose strength.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority Required

13958

Moderate to severe ulcerative colitis

Treatment Phase: Continuing treatment - balance of supply

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- The treatment must have been prescribed most recently through the Continuing treatment phase in a quantity which did not seek the full number available in regards to any of: (i) the quantity per dispensing, (ii) repeat prescriptions, **AND**
- The treatment must provide no more than the balance of 24 weeks treatment.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

upadacitinib 15 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13250J	1	5	0.00	1,203.55	25.00	Rinvoq [VE]

upadacitinib 30 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13249H	1	5	0.00	1,983.58	25.00	Rinvoq [VE]

UPADACITINIB

Note PATIENTS WITH NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS - TREATMENT CYCLES AND TREATMENT PHASES

Where the term 'biological medicine' appears in notes and restrictions, it refers to pharmaceutical benefits listed specifically for the indication of: non-radiographic axial spondyloarthritis. Some listed pharmaceutical benefits are technically not biological medicines (e.g. Janus-kinase inhibitors), but for practical purposes, have been included under the broad term of 'biological medicine'.

A patient is eligible for PBS-subsidised treatment with only 1 biological medicine at any one time.

Treatment cycles:

A treatment cycle commences when the authority application for first PBS-subsidised biological medicine is approved for a given patient under the 'Initial 1' treatment phase. The treatment cycle continues until a fourth biological medicine fails to provide the patient with an adequate response. A new treatment cycle begins each time PBS subsidy is obtained through the 'Initial 3' treatment phase.

Within a treatment cycle, the same PBS-subsidised biological medicine must not be subsidised more than once where it has failed to provide the patient with an adequate response on any occasion that a response assessment is conducted.

Once biological medicines have failed to provide a patient with an adequate response 4 times (once with any biological medicine) within the same treatment cycle, the treatment cycle has been completed and the patient must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A serious adverse reaction requiring permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a completed treatment attempt.

Where there have been fewer than 4 inadequate responses with biological medicine therapy in a treatment cycle and there has been a break in therapy of less than 5 years, the patient may continue treatment within the same treatment cycle.

A patient who has had a break in therapy of more than 5 years may commence a new treatment cycle with up to 4 treatment attempts.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Treatment phases:

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) no prior PBS-subsidised biological medicine treatment has been prescribed - apply through the 'Initial 1 - New patient' treatment phase

(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy, but is prescribed an alternate biological medicine - apply through the 'Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years' [further details are under 'Changing the prescribed biological medicine' below]; or

(iii) a patient is recommencing treatment following a break in PBS-subsidised therapy of less than 5 years - apply through the 'Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years' treatment phase (note

that where there is both a change and recommencement after less than 5 years occurring simultaneously, Initial 2 is the correct treatment phase to apply through); or

(iv) a patient is recommencing treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years - apply through the 'Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years' treatment phase.

A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy.

(2) Continuing treatment.

For continuing PBS subsidy of biological medicine it is recommended that a patient be reviewed the month prior to when the continuing dose is due to ensure uninterrupted biological medicine supply.

Continuing PBS subsidy is available in quantities/repeats that provide up to 24 weeks of continuing treatment where an adequate response to the immediately preceding supply of treatment has been experienced.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be conducted no later than 4 weeks from the cessation of that treatment course. Where a response assessment is not conducted within the required timeframe, the treatment will be deemed to have failed to provide an adequate response, unless the patient has experienced a serious adverse reaction requiring permanent treatment withdrawal.

(3) Changing the prescribed biological medicine.

Once initial treatment with the first PBS-subsidised biological medicine is approved, an alternate biological medicine may be prescribed within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. the C-reactive protein (CRP) level and the BASDAI score), or the prior NSAID therapy and exercise program requirements. An authority application must be made under the 'Initial 2' treatment phase and must indicate the response to the preceding biological medicine in terms of whether the response was adequate or not. The prescription for the discontinued biological medicine must be marked as cancelled by the prescriber.

(4) Baseline measurements to determine response.

A response to treatment is based on the baseline BASDAI score and CRP level documented in the patient's medical records.

For a patient untreated with biological medicines, the BASDAI score used to determine baseline disease severity must be measured while the patient is receiving NSAID therapy and completing their exercise program.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications.

Prescribers may provide new baseline measurements any time that an 'Initial treatment' authority application is submitted and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A second or subsequent course of treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must occur through the Initial 3 treatment restriction. The same clinical criteria and indices of disease severity (i.e. the C-reactive protein (CRP) levels and the BASDAI) as for the Initial 1 (New patient) restriction will need to be met, but a re-trial of NSAID therapy and exercise therapy is not required.

(6) Balance of Supply

Where the full number of repeat prescriptions have not been requested under any initial or continuing listing, apply for the balance of the supply of the repeats under any treatment phase listing containing the words 'balance of supply'.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

15140

Non-radiographic axial spondyloarthritis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug for this condition, **AND**
- The treatment must not exceed a maximum of 24 weeks with this drug per authorised course under this restriction.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of non-radiographic axial spondyloarthritis.

An adequate response to therapy with this biological medicine is defined as a reduction from baseline in the Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) score by 2 or more units (on a scale of 0-10) and 1 of the following:

(a) a CRP measurement no greater than 10 mg per L; or

(b) a CRP measurement reduced by at least 20% from baseline.

If the requirement to demonstrate an elevated CRP level could not be met under an initial treatment restriction, a reduction in the BASDAI score from baseline will suffice for the purposes of administering this continuing treatment restriction.

The patient remains eligible to receive continuing treatment with the same biological medicine in courses of up to 24 weeks providing they continue to sustain an adequate response. It is recommended that a patient be reviewed in the month prior to completing their current course of treatment.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority Required

10434

Non-radiographic axial spondyloarthritis

Treatment Phase: Continuing treatment - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the Continuing treatment restriction to complete 24 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of non-radiographic axial spondyloarthritis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

upadacitinib 15 mg modified release tablet, 28

13343G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	0.00	1,203.55	25.00	Rinvoq [VE]

UPADACITINIB

Note SEVERE CROHN DISEASE - TREATMENT PHASES AND CYCLES

The following information applies to the prescribing of targeted therapies under the Pharmaceutical Benefits Scheme (PBS) for benefits with a stated indication of: 'Severe Crohn disease'. For PBS administration, the term targeted therapy includes biological and targeted synthetic disease modifying anti-rheumatic drugs.

A patient is eligible for PBS-subsidised treatment with only one targeted therapy at any one time.

Treatment cycle:

A treatment cycle begins when an authority application is approved under an Initial 1, Initial 2 patients who are accessing PBS-subsidised treatment for the first time, Initial 3 or transitioning from non-PBS-subsidised therapy that was commenced as a paediatric patient type restriction. Treatment must not continue with the same targeted therapy if it has not provided an adequate response as defined in the continuing treatment phase. A patient may trial different targeted therapies within a cycle; however, if all available targeted therapies have been trialled and have not provided an adequate response, the treatment cycle ends and a 12-month PBS exclusion period applies.

The 12-month break is measured from the date of the last PBS approval for a targeted therapy in the most recent cycle to the date of first initial treatment application under the next treatment cycle.

If a new targeted therapy with a different pharmacological mechanism of action becomes available on the PBS during a 12-month break, a patient may be prescribed the newly listed targeted therapy through the Initial 2 treatment phase, if they have never received that medicine previously. If the newly listed targeted therapy does not provide an adequate response, the treatment cycle ends and the 12-month break recommences. This will not be considered a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Treatment phases:

Initial 1 - use when the patient has never received a targeted therapy for this indication.

Baseline disease activity and inadequate response to conventional therapies must be demonstrated.

Initial 2 - use when an alternative targeted therapy is being prescribed for this indication, or when the patient has previously been treated with this targeted therapy and treatment is resuming after a break of less than 12 months.

Baseline disease activity and inadequate response to conventional therapies do not need to be re-demonstrated; however, an assessment of response to the preceding supply must be provided if a response has been demonstrated.

Initial 3 - use when treatment is resuming after an absence of PBS subsidy for at least 12 months.

Baseline disease activity must be demonstrated; however, a re-trial of conventional therapies is not required.

Transitioning from non-PBS supply commenced as a paediatric patient - use when the patient is receiving non-PBS-subsidised treatment with a targeted therapy for this condition and has been initiated on treatment on the same targeted therapy as a paediatric patient (prior to 18 years of age) via non-PBS pathways (e.g. compassionate access or public hospital individual patient use program).

Continuing treatment - use when patient has demonstrated an adequate response to the preceding supply and/or when the dose is being increased. Continuing treatment authority scripts must not be written on the same day as Initial treatment authority applications.

Balance of supply - use when the full amount of the preceding supply was not provided. This phase provides the remaining quantity that could have been obtained under the preceding authority approval or where additional time is required for an adequate response to be demonstrated.

Recency of assessments:

Where possible, all related assessment documentation (including Crohn Disease Activity Index calculations, pathology tests and diagnostic imaging studies) should be within 4 weeks of the date of authority application but no longer than 4 weeks following cessation of the most recent treatment.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

18809

Severe Crohn disease

Treatment Phase: Transitioning from non-PBS-subsidised therapy that was commenced as a paediatric patient

Clinical criteria:

- Patient must be receiving treatment with this drug for this condition where treatment was initiated as a paediatric patient via non-PBS pathways (e.g. compassionate access or public hospital individual patient use program), **AND**
- Patient must have met the paediatric PBS eligibility criteria for initial treatment with a targeted therapy treatment for this condition, **AND**
- Patient must have previously received this drug for this condition and demonstrated/maintained an adequate clinical response, **AND**
- Patient must have an adequate response to this drug defined as a reduction in Crohn Disease Activity Index (CDAI) Score to a level no greater than 150 if assessed by CDAI or if affected by extensive small intestine disease; **OR**
- Patient must have an adequate response to this drug defined as (a) an improvement of intestinal inflammation as demonstrated by: (i) blood: normalisation of the platelet count, or an erythrocyte sedimentation rate (ESR) level no greater than 25 mm per hour, or a C-reactive protein (CRP) level no greater than 15 mg per L; or (ii) faeces: normalisation of lactoferrin or calprotectin level; or (iii) evidence of mucosal healing, as demonstrated by diagnostic imaging findings, compared to the baseline assessment; or (b) reversal of high faecal output state; or (c) avoidance of the need for surgery or total parenteral nutrition (TPN), if affected by short gut syndrome, extensive small intestine or is an ostomy patient.

Treatment criteria:

- Must be treated by a gastroenterologist; **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

Population criteria:

- Patient must be at least 18 years of age.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) if applicable, current CDAI score and the date of assessment; and

(b) if applicable, details (date, unique identifying number/code or provider number) of the pathology or diagnostic imaging test(s) or details of intestinal inflammation marker/s used to assess response to therapy for patients with short gut syndrome, extensive small intestine disease or an ostomy; and

(c) if applicable, the date of the most recent clinical assessment.

A patient who does not demonstrate a response to treatment will not be eligible for further PBS-subsidised treatment with this drug for this condition within the same treatment cycle. The patient will be considered not to have responded to treatment if a response assessment is not completed. A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised targeted therapy was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Where an inadequate number of repeats are requested at the time of the application to complete a course of 24 weeks treatment, authority approvals for sufficient repeats to complete 24 weeks of treatment may be requested through the Balance of supply treatment phase PBS restriction. Under no circumstances will approvals be granted for treatment that would otherwise extend treatment beyond 24 weeks.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

A patient may only qualify for PBS-subsidised treatment under this restriction once. For continuing PBS-subsidised treatment, patients must qualify under the Continuing treatment criteria.

Authority Required

18810

Severe Crohn disease

Treatment Phase: Continuing (maintenance) treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised targeted therapy treatment for this condition, **AND**
- Patient must have an adequate response to this drug defined as a reduction in Crohn Disease Activity Index (CDAI) Score to a level no greater than 150 if assessed by CDAI or if affected by extensive small intestine disease; **OR**
- Patient must have an adequate response to this drug defined as (a) an improvement of intestinal inflammation as demonstrated by: (i) blood: normalisation of the platelet count, or an erythrocyte sedimentation rate (ESR) level no greater than 25 mm per hour, or a C-reactive protein (CRP) level no greater than 15 mg per L; or (ii) faeces: normalisation of lactoferrin or calprotectin level; or (iii) evidence of mucosal healing, as demonstrated by diagnostic imaging findings, compared to the baseline assessment; or (b) reversal of high faecal output state; or (c) avoidance of the need for surgery or total parenteral nutrition (TPN), if affected by short gut syndrome, extensive small intestine or is an ostomy patient; **OR**
- The condition must have not met the improvements specified above due to the prescribed dose being too low - this authority application seeks higher dosing.

Treatment criteria:

- Must be treated by a gastroenterologist; **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

Population criteria:

- Patient must be at least 18 years of age.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) if applicable, current CDAI score and the date of assessment; and

(b) if applicable, details (date, unique identifying number/code or provider number) of the pathology or diagnostic imaging test(s) or details of intestinal inflammation marker/s used to assess response to therapy for patients with short gut syndrome, extensive small intestine disease or an ostomy; and

(c) the date of the most recent clinical assessment.

A patient who does not demonstrate a response to treatment will not be eligible for further PBS-subsidised treatment with this drug for this condition within the same treatment cycle. The patient will be considered not to have responded to treatment if a response assessment is not completed. A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised targeted therapy was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

Where fewer than 5 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment with this drug may be requested through the balance of supply restriction.

Authority Required

18897

Severe Crohn disease

Treatment Phase: Balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Continuing (maintenance) treatment or Transitioning from non-PBS-subsidised therapy that was commenced as a paediatric patient restriction to complete 24 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks therapy available under Continuing treatment or Transitioning from non-PBS-subsidised therapy that was commenced as a paediatric patient treatment.

Treatment criteria:

- Must be treated by a gastroenterologist; **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

upadacitinib 30 mg modified release tablet, 28

13746L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	0.00	1,983.58	25.00	Rinvoq [VE]

UPADACITINIB

Note SEVERE CROHN DISEASE - TREATMENT PHASES AND CYCLES

The following information applies to the prescribing of targeted therapies under the Pharmaceutical Benefits Scheme (PBS) for benefits with a stated indication of: 'Severe Crohn disease'. For PBS administration, the term targeted therapy includes biological and targeted synthetic disease modifying anti-rheumatic drugs.

A patient is eligible for PBS-subsidised treatment with only one targeted therapy at any one time.

Treatment cycle:

A treatment cycle begins when an authority application is approved under an Initial 1, Initial 2 patients who are accessing PBS-subsidised treatment for the first time, Initial 3 or transitioning from non-PBS-subsidised therapy that was commenced as a paediatric patient type restriction. Treatment must not continue with the same targeted therapy if it has not provided an adequate response as defined in the continuing treatment phase. A patient may trial different targeted therapies within a cycle; however, if all available targeted therapies have been trialled and have not provided an adequate response, the treatment cycle ends and a 12-month PBS exclusion period applies.

The 12-month break is measured from the date of the last PBS approval for a targeted therapy in the most recent cycle to the date of first initial treatment application under the next treatment cycle.

If a new targeted therapy with a different pharmacological mechanism of action becomes available on the PBS during a 12-month break, a patient may be prescribed the newly listed targeted therapy through the Initial 2 treatment phase, if they have never received that medicine previously. If the newly listed targeted therapy does not provide an adequate response, the treatment cycle ends and the 12-month break recommences. This will not be considered a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Treatment phases:

Initial 1 - use when the patient has never received a targeted therapy for this indication.

Baseline disease activity and inadequate response to conventional therapies must be demonstrated.

Initial 2 - use when an alternative targeted therapy is being prescribed for this indication, or when the patient has previously been treated with this targeted therapy and treatment is resuming after a break of less than 12 months.

Baseline disease activity and inadequate response to conventional therapies do not need to be re-demonstrated; however, an assessment of response to the preceding supply must be provided if a response has been demonstrated.

Initial 3 - use when treatment is resuming after an absence of PBS subsidy for at least 12 months.

Baseline disease activity must be demonstrated; however, a re-trial of conventional therapies is not required.

Transitioning from non-PBS supply commenced as a paediatric patient - use when the patient is receiving non-PBS-subsidised treatment with a targeted therapy for this condition and has been initiated on treatment on the same targeted therapy as a paediatric patient (prior to 18 years of age) via non-PBS pathways (e.g. compassionate access or public hospital individual patient use program).

Continuing treatment - use when patient has demonstrated an adequate response to the preceding supply and/or when the dose is being increased. Continuing treatment authority scripts must not be written on the same day as Initial treatment authority applications.

Balance of supply - use when the full amount of the preceding supply was not provided. This phase provides the remaining quantity that could have been obtained under the preceding authority approval or where additional time is required for an adequate response to be demonstrated.

Recency of assessments:

Where possible, all related assessment documentation (including Crohn Disease Activity Index calculations, pathology tests and diagnostic imaging studies) should be within 4 weeks of the date of authority application but no longer than 4 weeks following cessation of the most recent treatment.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

18809

Severe Crohn disease

Treatment Phase: Transitioning from non-PBS-subsidised therapy that was commenced as a paediatric patient

Clinical criteria:

- Patient must be receiving treatment with this drug for this condition where treatment was initiated as a paediatric patient via non-PBS pathways (e.g. compassionate access or public hospital individual patient use program), **AND**
- Patient must have met the paediatric PBS eligibility criteria for initial treatment with a targeted therapy treatment for this condition, **AND**
- Patient must have previously received this drug for this condition and demonstrated/maintained an adequate clinical response, **AND**
- Patient must have an adequate response to this drug defined as a reduction in Crohn Disease Activity Index (CDAI) Score to a level no greater than 150 if assessed by CDAI or if affected by extensive small intestine disease; **OR**
- Patient must have an adequate response to this drug defined as (a) an improvement of intestinal inflammation as demonstrated by: (i) blood: normalisation of the platelet count, or an erythrocyte sedimentation rate (ESR) level no greater than 25 mm per hour, or a C-reactive protein (CRP) level no greater than 15 mg per L; or (ii) faeces: normalisation of lactoferrin or calprotectin level; or (iii) evidence of mucosal healing, as demonstrated by diagnostic imaging findings, compared to the baseline assessment; or (b) reversal of high faecal output state; or (c) avoidance of the need for surgery or total parenteral nutrition (TPN), if affected by short gut syndrome, extensive small intestine or is an ostomy patient.

Treatment criteria:

- Must be treated by a gastroenterologist; **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

Population criteria:

- Patient must be at least 18 years of age.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) if applicable, current CDAI score and the date of assessment; and

(b) if applicable, details (date, unique identifying number/code or provider number) of the pathology or diagnostic imaging test(s) or details of intestinal inflammation marker/s used to assess response to therapy for patients with short gut syndrome, extensive small intestine disease or an ostomy; and

(c) if applicable, the date of the most recent clinical assessment.

A patient who does not demonstrate a response to treatment will not be eligible for further PBS-subsidised treatment with this drug for this condition within the same treatment cycle. The patient will be considered not to have responded to treatment if a response assessment is not completed. A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised targeted therapy was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Where an inadequate number of repeats are requested at the time of the application to complete a course of 24 weeks treatment, authority approvals for sufficient repeats to complete 24 weeks of treatment may be requested through the Balance of supply treatment phase PBS restriction. Under no circumstances will approvals be granted for treatment that would otherwise extend treatment beyond 24 weeks.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

A patient may only qualify for PBS-subsidised treatment under this restriction once. For continuing PBS-subsidised treatment, patients must qualify under the Continuing treatment criteria.

Authority Required

18811

Severe Crohn disease

Treatment Phase: Continuing (maintenance) treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised targeted therapy treatment for this condition, **AND**
- Patient must have an adequate response to this drug defined as a reduction in Crohn Disease Activity Index (CDAI) Score to a level no greater than 150 if assessed by CDAI or if affected by extensive small intestine disease; **OR**
- Patient must have an adequate response to this drug defined as (a) an improvement of intestinal inflammation as demonstrated by: (i) blood: normalisation of the platelet count, or an erythrocyte sedimentation rate (ESR) level no greater than 25 mm per hour, or a C-reactive protein (CRP) level no greater than 15 mg per L; or (ii) faeces: normalisation of lactoferrin or calprotectin level; or (iii) evidence of mucosal healing, as demonstrated by diagnostic imaging findings, compared to the baseline assessment; or (b) reversal of high faecal output state; or (c) avoidance of the need for surgery or total parenteral nutrition (TPN), if affected by short gut syndrome, extensive small intestine or is an ostomy patient.

Treatment criteria:

- Must be treated by a gastroenterologist; **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

Population criteria:

- Patient must be at least 18 years of age.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) if applicable, current CDAI score and the date of assessment; and

(b) if applicable, details (date, unique identifying number/code or provider number) of the pathology or diagnostic imaging test(s) or details of intestinal inflammation marker/s used to assess response to therapy for patients with short gut syndrome, extensive small intestine disease or an ostomy; and

(c) the date of the most recent clinical assessment.

A patient who does not demonstrate a response to treatment will not be eligible for further PBS-subsidised treatment with this drug for this condition within the same treatment cycle. The patient will be considered not to have responded to treatment if a response assessment is not completed. A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised targeted therapy was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

Where fewer than 5 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment with this drug may be requested through the balance of supply restriction.

Authority Required

18897

Severe Crohn disease

Treatment Phase: Balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Continuing (maintenance) treatment or Transitioning from non-PBS-subsidised therapy that was commenced as a paediatric patient restriction to complete 24 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks therapy available under Continuing treatment or Transitioning from non-PBS-subsidised therapy that was commenced as a paediatric patient treatment.

Treatment criteria:

- Must be treated by a gastroenterologist; **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

upadacitinib 15 mg modified release tablet, 28

13768P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	0.00	1,203.55	25.00	Rinvoq [VE]

UPADACITINIB

Note PBS AUTHORITY APPLICATIONS FOR SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) subsidy of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to all PBS benefits with the specific PBS indication of: 'severe active rheumatoid arthritis'.

Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

Only one biological medicine is to be PBS-subsidised at any one time for rheumatoid arthritis.

Upon 5 inadequate responses to biological medicines with the specific PBS indication of 'severe active rheumatoid arthritis', further subsidy is to cease. Where a particular biological medicine has provided an inadequate response, it must not be subsidised again.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

(1) Selecting the correct 'Treatment phase' listing to apply under

Initiating subsidy:

(i) Apply through 'Initial 1 treatment' where a patient has received no prior PBS-subsidised biological medicine treatment; or

(ii) Apply through 'Initial 2 treatment' where one of the following occurs: (a) PBS-subsidised treatment has at least been initiated through any Initial 1 listing, but the prescribed biological medicine is changing, (b) there has been a break in biological medicine of less than 24 months, but resumption of treatment is with the same biological medicine last prescribed, (c) there has been a break in biological medicine of less than 24 months and resumption of treatment is with a different biological medicine to that last prescribed, (d) treatment with rituximab has occurred within the past 24 months and is the most recent therapy prescribed leading up to this authority application, irrespective of the length in time elapsed between the 2 non-rituximab bDMARDs administered before and after rituximab.

Initial 2 does not require markers of inflammation/joint count to be re-established - those recorded in the first Initial 1 application can remain as baseline measures. Prerequisite DMARD treatments need not be re-proven to be inadequate.

The prescribed biological medicine may be changed at any time, regardless of whether the current prescribed biological medicine has been obtained through Initial treatment or Continuing treatment. However, the change in biological medicine cannot be back to the same biological medicine where that medicine has provided an inadequate response.

(iii) Apply through 'Initial 3 treatment' where treatment is recommencing following a break in PBS-subsidised therapy of at least 24 months. Initial 3 requires current markers of inflammation/joint count to be re-established. Prerequisite DMARD treatments need not be re-proven to be inadequate. PBS-subsidised therapy in this instance can include rituximab where prescribed as the most recent treatment - the 24 month break in therapy is from the second dose of the prior rituximab course.

Response assessment to any course of PBS-subsidised biological therapy must follow a minimum of 12 weeks of therapy. Applications made on the same day for Initial treatment and Continuing treatment clearly do reflect this requirement.

Where a response assessment is not conducted with a 'Continuing treatment' application, the biological medicine will be assumed to have failed, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. Authority applications for patients who experienced adverse reaction necessitating permanent treatment withdrawal should be submitted through 'Initial 2 treatment' or 'Initial 3 treatment'. Indicate where the adverse reaction has occurred in the authority application.

Continuing subsidy:

Apply under a 'Continuing treatment' phase listing only where treatment has initiated through an 'Initial treatment' listing and measures of disease control (i.e. ESR/CRP/joint count) demonstrate response following at least 12 weeks of treatment. Continuing treatment should never precede Initial treatment where the same biological medicine is being prescribed.

The description of 'Continuing treatment' means 'Continuing treatment of severe rheumatoid arthritis with the same biological medicine'. Where treatment of severe rheumatoid arthritis is continuing with a different biological medicine, 'Continuing treatment' is not to be interpreted as meaning 'Continuing treatment of severe rheumatoid arthritis with a different biological medicine' - see 'Initial 2 treatment' where continuing treatment is with a different biological medicine.

'Continuing treatment' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Where continuing treatment is divided into 'First continuing' and 'Subsequent continuing', the next authority application following immediately after any 'Initial treatment' authority application is to be through 'First continuing'. Following this, the next authority application is to occur under the 'Subsequent continuing' treatment phase. Assuming the drug continues to provide an adequate response, 'Subsequent continuing' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Balance of Supply listings:

Maximum quantities and the number of repeats stated in a PBS-listing are values that prescribers may seek up to, but are not obligated to prescribe. From time to time, there may be particular reasons why a prescriber may elect not to request the full maximum quantity listed, or, the full number of repeat prescriptions. Where this occurs, the intent of Balance of Supply treatment phase listings is to circumvent the need for another written-only authority application to be completed, as a written-only authority application may not be practical in terms of providing timely access to continued treatment.

Apply under a 'Balance of Supply' treatment phase (where available) when either the full maximum quantity or repeat prescriptions available under a particular treatment phase, was not requested and where the biological medicine has had insufficient time to demonstrate an adequate response. Where the preceding supply has been adequate to provide at least 12 weeks of treatment and has resulted in an adequate response, it may be more practical to access further treatment under 'Continuing treatment'.

(2) Baseline measurements to determine response.

Determination of response to treatment must be based on baseline measurements of the joint count, ESR and/or CRP provided with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements demonstrating elevation of both joint count and markers of inflammation any time that an initial treatment authority application is provided and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.

Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.

Applications under the Initial 3 treatment restriction for recommencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

18534

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with disease modifying anti-rheumatic drugs (DMARDs) which must include at least 3 months continuous treatment with at least 2 DMARDs, one of which must be methotrexate at a dose of at least 20 mg weekly plus one of the following: (i) hydroxychloroquine at a dose of at least 200 mg daily; (ii) leflunomide at a dose of at least 10 mg daily; (iii) sulfasalazine at a dose of at least 2 g daily; **OR**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with DMARDs which, if methotrexate is contraindicated according to the Therapeutic Goods Administration (TGA)-approved Product Information/cannot be tolerated at a 20 mg weekly dose, must include at least 3 months continuous treatment with at least 2 of the following DMARDs: (i) hydroxychloroquine at a dose of at least 200 mg daily; (ii) leflunomide at a dose of at least 10 mg daily; (iii) sulfasalazine at a dose of at least 2 g daily; **OR**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 3 months of continuous treatment with a DMARD where 2 of: (i) hydroxychloroquine, (ii) leflunomide, (iii) sulfasalazine, are contraindicated according to the relevant TGA-approved Product Information/cannot be tolerated at the doses specified above in addition to having a contraindication or intolerance to methotrexate: the remaining tolerated DMARD must be trialled at a minimum dose as mentioned above; **OR**
- Patient must have a contraindication/severe intolerance to each of: (i) methotrexate, (ii) hydroxychloroquine, (iii) leflunomide, (iv) sulfasalazine; in such cases, provide details for each of the contraindications/severe intolerances claimed in the authority application, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

If methotrexate is contraindicated according to the TGA-approved product information or cannot be tolerated at a 20 mg weekly dose, the application must include details of the contraindication or intolerance including severity to methotrexate. The maximum tolerated dose of methotrexate must be documented in the application, if applicable.

The application must include details of the DMARDs trialled, their doses and duration of treatment, and all relevant contraindications and/or intolerances including severity.

The requirement to trial at least 2 DMARDs for periods of at least 3 months each can be met using single agents sequentially or by using one or more combinations of DMARDs, however the time on treatment must be at least 6 months.

If the requirement to trial 6 months of intensive DMARD therapy with at least 2 DMARDs cannot be met because of contraindications and/or intolerances of a severity necessitating permanent treatment withdrawal to all of the DMARDs specified above, details of the contraindication or intolerance including severity and dose for each DMARD must be provided in the authority application.

The following criteria indicate failure to achieve an adequate response to DMARD treatment and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour and/or a C-reactive protein (CRP) level greater than 15 mg per L; AND either

(a) a total active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The joint count and ESR and/or CRP must be determined at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. All measures must be no more than 4 weeks old at the time of initial application.

If the requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18562

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition; **OR**
- Patient must have received prior PBS-subsidised treatment with a biological medicine under the paediatric Severe active juvenile idiopathic arthritis/Systemic juvenile idiopathic arthritis indication, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed/ceased to respond to PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Patients who have received PBS-subsidised treatment for paediatric Severe active juvenile idiopathic arthritis or Systemic juvenile idiopathic arthritis where the condition has progressed to Rheumatoid arthritis may receive treatment through this restriction using existing baseline scores.

Where a patient is changing from a biosimilar medicine for the treatment of this condition, the prescriber must provide baseline disease severity indicators with this application, in addition to the response assessment outlined below.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

An application for a patient who is either changing treatment from another biological medicine to this drug or recommencing therapy with this drug after a treatment break of less than 24 months, must be accompanied with details of the evidence of a response to the patient's most recent course of PBS-subsidised biological medicine, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

A patient who has demonstrated a response to a course of rituximab must have a PBS-subsidised biological therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18604

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 24 months or more from the most recent PBS-subsidised biological medicine for this condition, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed/ceased to respond to PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; **OR**
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either: (a) a total active joint count of at least 20 active (swollen and tender) joints; (b) at least 4 active major joints, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Major joints are defined as (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count and ESR and/or CRP must be no more than 4 weeks old at the time of initial application.

If the requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18584

Severe active rheumatoid arthritis

Treatment Phase: Balance of supply - Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months) to complete 16 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

upadacitinib 15 mg modified release tablet, 28

11989B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	0.00	1,203.55	25.00	Rinvoq [VE]

UPADACITINIB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE PSORIATIC ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) listed for adult patients with severe psoriatic arthritis.

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Severe Psoriatic Arthritis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

A patient is eligible for PBS-subsidised treatment with only 1 of the biological medicines at any one time.

Under these arrangements, within a single treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib or ustekinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe psoriatic arthritis.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or,

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or,

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than the 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements. An authority application must be made under the 'Initial 2' treatment phase.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.

However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response to the PBS-subsidised treatment.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment restriction according to the criteria of the relevant restriction and index of disease severity. The application must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

11944

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response to methotrexate at a dose of at least 20 mg weekly for a minimum period of 3 months, **AND**
- Patient must have failed to achieve an adequate response to sulfasalazine at a dose of at least 2 g per day for a minimum period of 3 months; **OR**
- Patient must have failed to achieve an adequate response to leflunomide at a dose of up to 20 mg daily for a minimum period of 3 months, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Where treatment with methotrexate, sulfasalazine or leflunomide is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.

Where intolerance to treatment with methotrexate, sulfasalazine or leflunomide developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

The following initiation criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; and

either

(a) an active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

16392

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

11956

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have had a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; **OR**
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either (a) a total active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active major joints, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Major joints are defined as (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count and ESR and/or CRP must be no more than 4 weeks old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

9064

Severe psoriatic arthritis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; **OR**

- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

upadacitinib 15 mg modified release tablet, 28

12624K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	0.00	1,203.55	25.00	Rinvoq [VE]

UPADACITINIB

Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed for adult patients with the indication of ankylosing spondylitis (AS).

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Ankylosing spondylitis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

Treatment cycles:

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who has been receiving PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab and secukinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Where treatment has resulted in an inadequate response on 3 occasions a treatment cycle is considered to have been completed and there must be a 5-year break in PBS subsidy from all medicines with the PBS indication: 'Ankylosing spondylitis' before starting a new treatment cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle and where a break in therapy of less than 5 years has occurred, a further course of treatment may be commenced within the same treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Prescribing under the correct 'Treatment phase' listing for the authority application:

(1) Initial treatment.

Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for ankylosing spondylitis.

(2) Continuing treatment.

Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to proceed initial treatment. An authority application for continuing treatment is not to be made on the same day as initial treatment.

(3) Changing therapy.

Apply under the 'Initial 2' treatment listing. Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to prior NSAID therapy and exercise program requirements. Where a patient is changing from a biosimilar medicine the prescriber must submit baseline indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI). A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot change to a particular biological medicine if it has failed to provide the patient with an adequate response within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this initial 2 treatment authority application.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological medicine. To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under the 'Initial 3' treatment listing. Prior NSAID and exercise therapies need not be re-trialled.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

14670

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Clinical criteria:

- The condition must be either radiologically (plain X-ray) confirmed: (i) Grade II bilateral sacroiliitis; (ii) Grade III unilateral sacroiliitis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have at least 2 of the following: (i) low back pain and stiffness for 3 or more months that is relieved by exercise but not by rest; (ii) limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by a score of at least 1 on each of the lumbar flexion and lumbar side flexion measurements of the Bath Ankylosing Spondylitis Metrology Index (BASMI); (iii) limitation of chest expansion relative to normal values for age and gender, **AND**
- Patient must have failed to achieve an adequate response following treatment with at least 2 non-steroidal anti-inflammatory drugs (NSAIDs), whilst completing an appropriate exercise program, for a total period of 3 months, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The application must include details of the NSAIDs trialled, their doses and duration of treatment.

If the NSAID dose is less than the maximum recommended dose in the relevant TGA-approved Product Information, the application must include the reason a higher dose cannot be used.

If treatment with NSAIDs is contraindicated according to the relevant TGA-approved Product Information, the application must provide details of the contraindication.

If intolerance to NSAID treatment develops during the relevant period of use which is of a severity to necessitate permanent treatment withdrawal, the application must provide details of the nature and severity of this intolerance.

The following criteria indicate failure to achieve an adequate response and must be demonstrated at the time of the initial application:

(a) a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 4 on a 0-10 scale; and

(b) an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 10 mg per L.

The baseline BASDAI score and ESR or CRP level must be determined at the completion of the 3 month NSAID and exercise trial, but prior to ceasing NSAID treatment. All measurements must be no more than 4 weeks old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reason this criterion cannot be satisfied.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The following must be provided at the time of application and documented in the patient's medical records:

(i) details (name of the radiology report provider, date of the radiology report and unique identifying number/code that links report to the individual patient) of the radiological report confirming Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis; and

(ii) a baseline BASDAI score; and

(iii) a completed Exercise Program Self Certification Form included in the supporting information form; and

(iv) baseline ESR and/or CRP level.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Details of the toxicities, including severity, which will be accepted for the purposes of administering this restriction can be found on the Services Australia website at www.servicesaustralia.gov.au

Note For details on the appropriate minimum exercise program that will be accepted for the purposes of administering this restriction, please refer to the Services Australia website at www.servicesaustralia.gov.au

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority Required

14655

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed/ceased to respond to PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for a patient who is either changing treatment from another biological medicine to this drug or recommencing therapy with this drug after a treatment break of less than 5 years, must be accompanied with details of the evidence of a response to the patient's most recent course of PBS-subsidised biological medicine within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a patient is changing from PBS-subsidised treatment with a biosimilar medicine for this condition, the prescriber must submit baseline disease severity indicators with this application, in addition to the response assessment outlined below.

An adequate response is defined as an improvement from baseline of at least 2 units (on a scale of 0-10) in the BASDAI score combined with at least 1 of the following:

(a) an ESR measurement no greater than 25 mm per hour; or

(b) a CRP measurement no greater than 10 mg per L; or

(c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and used to assess all future responses to treatment.

The assessment of response to treatment must be documented in the patient's medical records.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority Required

14662

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of at least 5 years from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must be either radiologically (plain X-ray) confirmed: (i) Grade II bilateral sacroiliitis; (ii) Grade III unilateral sacroiliitis, **AND**
- Patient must have at least 2 of the following: (i) low back pain and stiffness for 3 or more months that is relieved by exercise but not by rest; (ii) limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by a score of at least 1 on each of the lumbar flexion and lumbar side flexion measurements of the Bath Ankylosing Spondylitis Metrology Index (BASMI); (iii) limitation of chest expansion relative to normal values for age and gender, **AND**
- Patient must have a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 4 on a 0-10 scale that is no more than 4 weeks old at the time of application, **AND**
- Patient must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour that is no more than 4 weeks old at the time of application; **OR**
- Patient must have a C-reactive protein (CRP) level greater than 10 mg per L that is no more than 4 weeks old at the time of application; **OR**
- Patient must have a clinical reason as to why demonstration of an elevated ESR or CRP cannot be met and the application must state the reason, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The following must be provided at the time of application and documented in the patient's medical records:

(i) details (name of the radiology report provider, date of the radiology report and unique identifying number/code that links report to the individual patient) of the radiological report confirming Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis; and

(ii) a baseline BASDAI score; and

(iii) a baseline ESR and/or CRP level.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

12174

Ankylosing spondylitis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; **OR**

- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

upadacitinib 15 mg modified release tablet, 28

12625L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	0.00	1,203.55	25.00	Rinvoq [VE]

UPADACITINIB

Note TREATMENT OF ADULT PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits for the indication of moderate to severe ulcerative colitis (MSUC). Patients are eligible for one PBS-subsidised drug treatment indicated for MSUC at any one time.

Where the term 'biological medicine' appears in this note and restrictions, it refers to any PBS benefit indicated for MSUC.

Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

From 1 July 2021, under the PBS, all adult patients will be able to commence a treatment cycle where they may trial PBS-subsidised biological medicine without having to experience a disease flare when swapping to one of the alternate agents. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised biological medicine treatment prior to 1 July 2021 is considered to have started their first cycle as of 1 July 2021. Within the same treatment cycle, the same biological medicine cannot be trialled twice. Where 3 biological medicines have failed to provide the patient with an adequate response a treatment cycle is considered complete. There must be a 5-year break in PBS-subsidised therapy before starting the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for Initial treatment with a PBS-subsidised biological medicine under the new treatment cycle.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Selecting the correct treatment phase listing when applying for authority approval:

(1) Initial treatment.

Apply under an Initial 1 treatment listing where the patient has never received a biological medicine.

(2) Continuing treatment.

Under no circumstance is Continuing treatment to precede Initial treatment. An authority application for Continuing treatment is not to be made on the same day as Initial treatment.

(3) Changing therapy.

Apply under an Initial 2 treatment listing. The indices of disease severity (i.e. Mayo clinic score or partial Mayo clinic score), or the prior corticosteroid therapy and immunosuppressive therapy will not need to be restated. A patient may trial an alternate biological medicine treatment at any time, regardless of whether they are receiving therapy (initial or continuing) at the time of the application. However, they cannot change to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this Initial 2 treatment authority application.

(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under an Initial 3 treatment listing. Prior corticosteroid and immunosuppressive therapies need not be re-trialled.

(5) Balance of supply.

Where the full number of repeat prescriptions have not been requested under any initial or continuing listing, apply for the balance of the supply of the repeats under any treatment phase listing containing the words "balance of supply".

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

13999

Moderate to severe ulcerative colitis

Treatment Phase: Initial treatment - Initial 1 (new patient - untreated with biological medicine)

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; **OR**

- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have failed to achieve an adequate response to a 5-aminosalicylate oral preparation in a standard dose for induction of remission for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal, **AND**
- Patient must have failed to achieve an adequate response to azathioprine at a dose of at least 2 mg per kg daily for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal; **OR**
- Patient must have failed to achieve an adequate response to 6-mercaptopurine at a dose of at least 1 mg per kg daily for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal; **OR**
- Patient must have failed to achieve an adequate response to a tapered course of oral steroids, starting at a dose of at least 40 mg prednisolone (or equivalent), over a 6 week period or have intolerance necessitating permanent treatment withdrawal, and followed by a failure to achieve an adequate response to 3 or more consecutive months of treatment of an appropriately dosed thiopurine agent, **AND**
- Patient must have a Mayo clinic score greater than or equal to 6; **OR**
- Patient must have a partial Mayo clinic score greater than or equal to 6, provided the rectal bleeding and stool frequency subscores are both greater than or equal to 2 (endoscopy subscore is not required for a partial Mayo clinic score).

Population criteria:

- Patient must be at least 18 years of age.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice), which includes:

(i) the completed current Mayo clinic or partial Mayo clinic calculation sheet including the date of assessment of the patient's condition; and

(ii) details of prior systemic drug therapy [dosage, date of commencement and duration of therapy].

All tests and assessments should be performed preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior conventional treatment.

The most recent Mayo clinic or partial Mayo clinic score must be no more than 4 weeks old at the time of application.

An assessment of a patient's response to this initial course of treatment must be conducted between 8 and 16 weeks of therapy.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

If treatment with any of the above-mentioned drugs is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.

If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, details of this toxicity must be provided at the time of application.

A maximum of 16 weeks of treatment with this drug will be approved under this criterion.

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

14014

Moderate to severe ulcerative colitis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**

- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle.

Population criteria:

- Patient must be at least 18 years of age.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice), which includes:

(i) the completed current Mayo clinic or partial Mayo clinic calculation sheet including the date of assessment of the patient's condition if relevant; and

(ii) the details of prior biological medicine treatment including the details of date and duration of treatment.

An assessment of a patient's response to this initial course of treatment must be conducted between 8 and 16 weeks of therapy.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient who fails to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the initial 3 treatment restriction.

A maximum of 16 weeks of treatment with this drug will be approved under this criterion.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

13990

Moderate to severe ulcerative colitis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have had a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- Patient must have a Mayo clinic score greater than or equal to 6; **OR**
- Patient must have a partial Mayo clinic score greater than or equal to 6, provided the rectal bleeding and stool frequency subscores are both greater than or equal to 2 (endoscopy subscore is not required for a partial Mayo clinic score).

Population criteria:

- Patient must be at least 18 years of age.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice), which includes:

(i) the completed current Mayo clinic or partial Mayo clinic calculation sheet including the date of assessment of the patient's condition; and

(ii) the details of prior biological medicine treatment including the details of date and duration of treatment.

The most recent Mayo clinic or partial Mayo clinic score must be no more than 4 weeks old at the time of application.

An assessment of a patient's response to this initial course of treatment must be conducted between 8 and 16 weeks of therapy.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A maximum of 16 weeks of treatment with this drug will be approved under this criterion.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

11976

Moderate to severe ulcerative colitis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

upadacitinib 45 mg modified release tablet, 28

13262B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	0.00	2,608.01	25.00	Rinvoq [VE]

UPADACITINIB

Note PATIENTS WITH NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS - TREATMENT CYCLES AND TREATMENT PHASES

Where the term 'biological medicine' appears in notes and restrictions, it refers to pharmaceutical benefits listed specifically for the indication of: non-radiographic axial spondyloarthritis. Some listed pharmaceutical benefits are technically not biological medicines (e.g. Janus-kinase inhibitors), but for practical purposes, have been included under the broad term of 'biological medicine'.

A patient is eligible for PBS-subsidised treatment with only 1 biological medicine at any one time.

Treatment cycles:

A treatment cycle commences when the authority application for first PBS-subsidised biological medicine is approved for a given patient under the 'Initial 1' treatment phase. The treatment cycle continues until a fourth biological medicine fails to provide the patient with an adequate response. A new treatment cycle begins each time PBS subsidy is obtained through the 'Initial 3' treatment phase.

Within a treatment cycle, the same PBS-subsidised biological medicine must not be subsidised more than once where it has failed to provide the patient with an adequate response on any occasion that a response assessment is conducted.

Once biological medicines have failed to provide a patient with an adequate response 4 times (once with any biological medicine) within the same treatment cycle, the treatment cycle has been completed and the patient must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A serious adverse reaction requiring permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a completed treatment attempt.

Where there have been fewer than 4 inadequate responses with biological medicine therapy in a treatment cycle and there has been a break in therapy of less than 5 years, the patient may continue treatment within the same treatment cycle.

A patient who has had a break in therapy of more than 5 years may commence a new treatment cycle with up to 4 treatment attempts.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Treatment phases:

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) no prior PBS-subsidised biological medicine treatment has been prescribed - apply through the 'Initial 1 - New patient' treatment phase

(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy, but is prescribed an alternate biological medicine - apply through the 'Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years' [further details are under 'Changing the prescribed biological medicine' below]; or

(iii) a patient is recommencing treatment following a break in PBS-subsidised therapy of less than 5 years - apply through the 'Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years' treatment phase (note that where there is both a change and recommencement after less than 5 years occurring simultaneously, Initial 2 is the correct treatment phase to apply through); or

(iv) a patient is recommencing treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years - apply through the 'Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years' treatment phase.

A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy.

(2) Continuing treatment.

For continuing PBS subsidy of biological medicine it is recommended that a patient be reviewed the month prior to when the continuing dose is due to ensure uninterrupted biological medicine supply.

Continuing PBS subsidy is available in quantities/repeats that provide up to 24 weeks of continuing treatment where an adequate response to the immediately preceding supply of treatment has been experienced.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be conducted no later than 4 weeks from the cessation of that treatment course. Where a response assessment is not conducted within the required timeframe, the treatment will be deemed to have failed to provide an adequate response, unless the patient has experienced a serious adverse reaction requiring permanent treatment withdrawal.

(3) Changing the prescribed biological medicine.

Once initial treatment with the first PBS-subsidised biological medicine is approved, an alternate biological medicine may be prescribed within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. the C-reactive protein (CRP) level and the BASDAI score), or the prior NSAID therapy and exercise program requirements. An authority application must be made under the 'Initial 2' treatment phase and must indicate the response to the preceding biological medicine in terms of whether the response was adequate or not. The prescription for the discontinued biological medicine must be marked as cancelled by the prescriber.

(4) Baseline measurements to determine response.

A response to treatment is based on the baseline BASDAI score and CRP level documented in the patient's medical records.

For a patient untreated with biological medicines, the BASDAI score used to determine baseline disease severity must be measured while the patient is receiving NSAID therapy and completing their exercise program.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications.

Prescribers may provide new baseline measurements any time that an 'Initial treatment' authority application is submitted and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A second or subsequent course of treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must occur through the Initial 3 treatment restriction. The same clinical criteria and indices of disease severity (i.e. the C-reactive protein (CRP) levels and the BASDAI) as for the Initial 1 (New patient) restriction will need to be met, but a re-trial of NSAID therapy and exercise therapy is not required.

(6) Balance of Supply

Where the full number of repeat prescriptions have not been requested under any initial or continuing listing, apply for the balance of the supply of the repeats under any treatment phase listing containing the words 'balance of supply'.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

18249

Non-radiographic axial spondyloarthritis

Treatment Phase: Initial treatment - Initial 1 (New patient)

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have had chronic lower back pain and stiffness for 3 or more months that is relieved by exercise but not rest, **AND**

- Patient must have failed to achieve an adequate response following treatment with at least 2 non-steroidal anti-inflammatory drugs (NSAIDs), whilst completing an appropriate exercise program, for a total period of 3 months, **AND**
- Patient must have one or more of the following: (a) enthesitis (heel); (b) uveitis; (c) dactylitis; (d) psoriasis; (e) inflammatory bowel disease; or (f) positive for Human Leukocyte Antigen B27 (HLA-B27), **AND**
- The condition must not be radiographically evidenced on plain x-ray of Grade II bilateral sacroiliitis or Grade III or IV unilateral sacroiliitis, **AND**
- The condition must be non-radiographic axial spondyloarthritis, as defined by Assessment of Spondyloarthritis International Society (ASAS) criteria, **AND**
- The condition must be sacroiliitis with active inflammation and/or oedema on non-contrast Magnetic Resonance Imaging (MRI), **AND**
- The condition must have presence of Bone Marrow Oedema (BMO) depicted as a hyperintense signal on a Short Tau Inversion Recovery (STIR) image (or equivalent), **AND**
- The condition must have BMO depicted as a hypointense signal on a T1 weighted image (without gadolinium), **AND**
- The treatment must not exceed a maximum of 16 weeks with this drug under this restriction.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of non-radiographic axial spondyloarthritis.

The application must include details of the NSAIDs trialled, their doses and duration of treatment.

If the NSAID dose is less than the maximum recommended dose in the relevant TGA-approved Product Information, the application must include the reason a higher dose cannot be used.

If treatment with NSAIDs is contraindicated according to the relevant TGA-approved Product Information, the application must provide details of the contraindication.

If intolerance to NSAID treatment develops during the relevant period of use which is of a severity to necessitate permanent treatment withdrawal, the application must provide details of the nature and severity of this intolerance.

The following criteria indicate failure to achieve an adequate response to NSAIDs and must be demonstrated at the time of the initial application:

(a) a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) score of at least 4 on a 0-10 scale; and

(b) C-reactive protein (CRP) level greater than 10 mg per L.

The baseline BASDAI score and CRP level must be determined at the completion of the 3-month NSAID and exercise trial, but prior to ceasing NSAID treatment. All measures must be no more than 4 weeks old at the time of initial application.

If the requirement to demonstrate an elevated CRP level could not be met, the reason must be stated in the application. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

The assessment of the patient's response to the initial course of treatment must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment in this treatment cycle.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The baseline BASDAI score and CRP level must also be documented in the patient's medical records.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

15149

Non-radiographic axial spondyloarthritis

Treatment Phase: Initial treatment - Initial 2 (Change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- The condition must not have responded inadequately to biological medicine on 4 occasions within the same treatment cycle, **AND**
- Patient must not have failed PBS-subsidised therapy with this biological medicine for this PBS indication more than once in the current treatment cycle, **AND**
- The treatment must not exceed a maximum of 16 weeks with this drug under this restriction.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of non-radiographic axial spondyloarthritis.

An application for Initial 2 treatment must indicate whether the patient has demonstrated an adequate response (an absence of treatment failure), failed or experienced an intolerance to the most recent supply of biological medicine treatment.

A new baseline Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) score and C-reactive protein (CRP) level may be provided at the time of this application.

An adequate response to therapy with this biological medicine is defined as a reduction from baseline in the Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) score by 2 or more units (on a scale of 0-10) and 1 of the following:

(a) a CRP measurement no greater than 10 mg per L; or

(b) a CRP measurement reduced by at least 20% from baseline.

The assessment of the patient's response to the most recent supply of biological medicine must be conducted following a minimum of 12 weeks of treatment.

BASDAI scores and CRP levels must be documented in the patient's medical records.

The assessment of the patient's response to the initial course of treatment must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment in this treatment cycle.

The following must be provided at the time of application and documented in the patient's medical records:

(a) the BASDAI score; and

(b) the C-reactive protein (CRP) level.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority Required

15150

Non-radiographic axial spondyloarthritis

Treatment Phase: Initial treatment - Initial 3 (Recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have had chronic lower back pain and stiffness for 3 or more months that is relieved by exercise but not rest, **AND**
- Patient must have had a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- Patient must have one or more of the following: (a) enthesitis (heel); (b) uveitis; (c) dactylitis; (d) psoriasis; (e) inflammatory bowel disease; or (f) positive for Human Leukocyte Antigen B27 (HLA-B27), **AND**
- The condition must not be radiographically evidenced on plain x-ray of Grade II bilateral sacroiliitis or Grade III or IV unilateral sacroiliitis, **AND**
- The condition must be non-radiographic axial spondyloarthritis, as defined by Assessment of Spondyloarthritis International Society (ASAS) criteria, **AND**
- The condition must be sacroiliitis with active inflammation and/or oedema on non-contrast Magnetic Resonance Imaging (MRI), **AND**
- The condition must have presence of Bone Marrow Oedema (BMO) depicted as a hyperintense signal on a Short Tau Inversion Recovery (STIR) image (or equivalent), **AND**
- The condition must have BMO depicted as a hypointense signal on a T1 weighted image (without gadolinium), **AND**
- The treatment must not exceed a maximum of 16 weeks with this drug under this restriction.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of non-radiographic axial spondyloarthritis.

The following must be provided at the time of application and documented in the patient's medical records:

(a) a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) score of at least 4 on a 0-10 scale; and

(b) C-reactive protein (CRP) level greater than 10 mg per L.

The BASDAI score and CRP level must be no more than 4 weeks old at the time of this application.

If the requirement to demonstrate an elevated CRP level could not be met, the reason must be stated in the application. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

The assessment of the patient's response to the initial course of treatment must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment in this treatment cycle.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority Required

14217

Non-radiographic axial spondyloarthritis

Treatment Phase: Initial 1 (New patient), Initial 2 (Change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (Recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; **OR**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment.

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a clinical immunologist with expertise in the management of non-radiographic axial spondyloarthritis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

upadacitinib 15 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13350P	1	3	0.00	1,203.55	25.00	Rinvoq [VE]

UPADACITINIB

Note SEVERE CROHN DISEASE - TREATMENT PHASES AND CYCLES

The following information applies to the prescribing of targeted therapies under the Pharmaceutical Benefits Scheme (PBS) for benefits with a stated indication of: 'Severe Crohn disease'. For PBS administration, the term targeted therapy includes biological and targeted synthetic disease modifying anti-rheumatic drugs.

A patient is eligible for PBS-subsidised treatment with only one targeted therapy at any one time.

Treatment cycle:

A treatment cycle begins when an authority application is approved under an Initial 1, Initial 2 patients who are accessing PBS-subsidised treatment for the first time, Initial 3 or transitioning from non-PBS-subsidised therapy that was commenced as a paediatric patient type restriction. Treatment must not continue with the same targeted therapy if it has not provided an adequate response as defined in the continuing treatment phase. A patient may trial different targeted therapies within a cycle; however, if all available targeted therapies have been trialled and have not provided an adequate response, the treatment cycle ends and a 12-month PBS exclusion period applies.

The 12-month break is measured from the date of the last PBS approval for a targeted therapy in the most recent cycle to the date of first initial treatment application under the next treatment cycle.

If a new targeted therapy with a different pharmacological mechanism of action becomes available on the PBS during a 12-month break, a patient may be prescribed the newly listed targeted therapy through the Initial 2 treatment phase, if they have never received that medicine previously. If the newly listed targeted therapy does not provide an adequate response, the treatment cycle ends and the 12-month break recommences. This will not be considered a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Treatment phases:

Initial 1 - use when the patient has never received a targeted therapy for this indication.

Baseline disease activity and inadequate response to conventional therapies must be demonstrated.

Initial 2 - use when an alternative targeted therapy is being prescribed for this indication, or when the patient has previously been treated with this targeted therapy and treatment is resuming after a break of less than 12 months.

Baseline disease activity and inadequate response to conventional therapies do not need to be re-demonstrated; however, an assessment of response to the preceding supply must be provided if a response has been demonstrated.

Initial 3 - use when treatment is resuming after an absence of PBS subsidy for at least 12 months.

Baseline disease activity must be demonstrated; however, a re-trial of conventional therapies is not required.

Transitioning from non-PBS supply commenced as a paediatric patient - use when the patient is receiving non-PBS-subsidised treatment with a targeted therapy for this condition and has been initiated on treatment on the same targeted therapy as a paediatric patient (prior to 18 years of age) via non-PBS pathways (e.g. compassionate access or public hospital individual patient use program).

Continuing treatment - use when patient has demonstrated an adequate response to the preceding supply and/or when the dose is being increased. Continuing treatment authority scripts must not be written on the same day as Initial treatment authority applications.

Balance of supply - use when the full amount of the preceding supply was not provided. This phase provides the remaining quantity that could have been obtained under the preceding authority approval or where additional time is required for an adequate response to be demonstrated.

Recency of assessments:

Where possible, all related assessment documentation (including Crohn Disease Activity Index calculations, pathology tests and diagnostic imaging studies) should be within 4 weeks of the date of authority application but no longer than 4 weeks following cessation of the most recent treatment.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

18817

Severe Crohn disease

Treatment Phase: Initial 1 (induction treatment covering the first 12 weeks in a patient untreated with targeted therapy)

Clinical criteria:

- Patient must have confirmed severe Crohn disease, defined by standard clinical, endoscopic and/or imaging features, including histological evidence, with the diagnosis confirmed by a gastroenterologist or a consultant physician, **AND**
- Patient must not have achieved an adequate response to a tapered course of steroids, starting at a dose of at least 40 mg prednisolone (or equivalent), over a 6 week period, **AND**
- Patient must not have achieved an adequate response to prior treatment with a thiopurine at a clinically optimised dose for 3 or more consecutive months; **OR**
- Patient must not have achieved an adequate response to methotrexate at a dose of at least 15 mg weekly for 3 or more consecutive months, **AND**
- Patient must have a Crohn Disease Activity Index (CDAI) Score greater than or equal to 300 as evidence of not achieving an adequate response to prior systemic therapy; **OR**
- Patient must have short gut syndrome with diagnostic imaging or surgical evidence, or have had an ileostomy or colostomy; and must have evidence of intestinal inflammation; and must have evidence of not achieving an adequate response to prior systemic therapy as specified below; **OR**
- Patient must have extensive intestinal inflammation affecting more than 50 cm of the small intestine as evidenced by radiological imaging; and must have a Crohn Disease Activity Index (CDAI) Score greater than or equal to 220; and must have evidence of not achieving an adequate response to prior systemic therapy as specified below.

Treatment criteria:

- Must be treated by a gastroenterologist; **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

Population criteria:

- Patient must be at least 18 years of age.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) details of prior systemic drug therapy [dosage, date of commencement and duration of therapy]; and

(b) if applicable, details (date, unique identifying number/code or provider number) of the pathology or diagnostic imaging test(s) nominated as the response criteria; and

(c) if applicable, details of intestinal inflammation marker/s; and

(d) if applicable, the CDAI score and the date of assessment; and

(e) the date of the most recent clinical assessment.

Evidence of not achieving an adequate response to prior therapy must include at least one of the following:

(a) patient must have evidence of intestinal inflammation;

(b) patient must be assessed clinically as being in a high faecal output state;

(c) patient must be assessed clinically as requiring surgery or total parenteral nutrition (TPN) as the next therapeutic option, in the absence of this drug, if affected by short gut syndrome, extensive small intestine disease or is an ostomy patient.

Evidence of intestinal inflammation includes:

(i) blood: higher than normal platelet count, or, an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour, or, a C-reactive protein (CRP) level greater than 15 mg per L; or

(ii) faeces: higher than normal lactoferrin or calprotectin level; or

(iii) diagnostic imaging: demonstration of increased uptake of intravenous contrast with thickening of the bowel wall or mesenteric lymphadenopathy or fat streaking in the mesentery.

Where fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 12 weeks of treatment with upadacitinib may be requested under the Balance of supply restriction.

If treatment with any of the specified prior conventional drugs is contraindicated according to the relevant contraindications or precautions in the TGA-approved Product Information, please provide details at the time of application. Patients must attempt to trial alternate conventional therapies that are not contraindicated.

If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, details of this toxicity must be provided at the time of application.

Any one of the baseline criteria may be used to determine response to an initial course of treatment and eligibility for continued therapy, according to the criteria included in the continuing treatment restriction. However, the same criterion must be used for any subsequent determination of response to treatment, for the purpose of eligibility for continuing PBS-subsidised therapy.

A patient who does not demonstrate a response to treatment will not be eligible for further PBS-subsidised treatment with this drug for this condition within the same treatment cycle. The patient will be considered not to have responded to treatment if a response assessment is not completed. A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as treatment failure.

Authority Required

18845

Severe Crohn disease

Treatment Phase: Initial 2 (change or recommencement of treatment after a break in targeted therapy of less than 12 months)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a targeted therapy for this condition in this treatment cycle; **OR**
- Patient must have been eligible for prior PBS-subsidised treatment with a targeted therapy for this condition in this treatment cycle, **AND**
- Patient must have either: (i) not previously received this drug for this condition in the current treatment cycle, (ii) previously received this drug and demonstrated/maintained an adequate clinical response.

Treatment criteria:

- Must be treated by a gastroenterologist; **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

Population criteria:

- Patient must be at least 18 years of age.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) if applicable, the CDAI score and the date of assessment; and

(b) if applicable, details (date, unique identifying number/code or provider number) of the pathology or diagnostic imaging test(s) used to assess response to therapy for patients with short gut syndrome, extensive small intestine disease or an ostomy; and

(c) if applicable, the date of the most recent clinical assessment; and

(d) details of the most recent targeted therapy in the current treatment cycle, including the date and duration of treatment.

If a patient was eligible for prior PBS-subsidised treatment with a targeted therapy for this condition but did not receive PBS-subsidised treatment at the time, the application must provide a declaration that the patient met all 'Initial 1' eligibility requirements when targeted therapy treatment commenced. The following information must also be provided at the time of application:

(a) the baseline CDAI score and the date of assessment; and/or

(b) details (date, unique identifying number/code or provider number) of the pathology or diagnostic imaging test(s) used to assess response to therapy for patients with short gut syndrome, extensive small intestine disease or an ostomy.

Where fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 12 weeks of treatment with upadacitinib may be requested under the Balance of supply restriction.

A patient who does not demonstrate a response to treatment will not be eligible for further PBS-subsidised treatment with this drug for this condition within the same treatment cycle. The patient will be considered not to have responded to treatment if a response assessment is not completed. A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised targeted therapy was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Authority Required

18765

Severe Crohn disease

Treatment Phase: Initial 3 (recommencement of treatment after a break in targeted therapy of more than 12 months)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a targeted therapy for this condition, **AND**
- Patient must have had a break in treatment of 12 months or more from the most recently approved PBS-subsidised targeted therapy for this condition, **AND**
- Patient must have confirmed severe Crohn disease, defined by standard clinical, endoscopic and/or imaging features, including histological evidence, with the diagnosis confirmed by a gastroenterologist or a consultant physician, **AND**
- Patient must have a Crohn Disease Activity Index (CDAI) Score of greater than or equal to 300 while off treatment with targeted therapy; **OR**
- Patient must have a documented history of intestinal inflammation and have diagnostic imaging or surgical evidence of short gut syndrome if affected by the syndrome or has an ileostomy or colostomy; and evidence of flared disease while off treatment with targeted therapy; **OR**
- Patient must have a documented history and radiological evidence of intestinal inflammation if the patient has extensive small intestinal disease affecting more than 50 cm of the small intestine, together with a Crohn Disease Activity Index (CDAI) Score greater than or equal to 220; and evidence of flared disease while off treatment with targeted therapy.

Treatment criteria:

- Must be treated by a gastroenterologist; **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

Population criteria:

- Patient must be at least 18 years of age.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) if applicable, current CDAI score and the date of assessment; and

(b) if applicable, details (date, unique identifying number/code or provider number) of the pathology or diagnostic imaging test(s) or details of intestinal inflammation marker/s used to assess response to therapy for patients with short gut syndrome, extensive small intestine disease or an ostomy; and

(c) the date of the most recent clinical assessment.

Evidence of flared disease must include at least one of the following:

(a) patient must have evidence of intestinal inflammation;

(b) patient must be assessed clinically as being in a high faecal output state;

(c) patient must be assessed clinically as requiring surgery or total parenteral nutrition (TPN) as the next therapeutic option, in the absence of this drug, if affected by short gut syndrome, extensive small intestine disease or is an ostomy patient.

Evidence of intestinal inflammation includes:

(i) blood: higher than normal platelet count, or, an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour, or, a C-reactive protein (CRP) level greater than 15 mg per L; or

(ii) faeces: higher than normal lactoferrin or calprotectin level; or

(iii) diagnostic imaging: demonstration of increased uptake of intravenous contrast with thickening of the bowel wall or mesenteric lymphadenopathy or fat streaking in the mesentery.

Where fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 12 weeks of treatment with upadacitinib may be requested under the Balance of supply restriction.

Any one of the baseline criteria may be used to determine response to an initial course of treatment and eligibility for continued therapy, according to the criteria included in the continuing treatment restriction. However, the same criterion must be used for any subsequent determination of response to treatment, for the purpose of eligibility for continuing PBS-subsidised therapy.

A patient who does not demonstrate a response to treatment will not be eligible for further PBS-subsidised treatment with this drug for this condition within the same treatment cycle. The patient will be considered not to have responded to treatment if a response assessment is not completed. A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised targeted therapy was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Authority Required

18867

Severe Crohn disease

Treatment Phase: Balance of supply

Clinical criteria:

- Patient must have received insufficient treatment with this drug for this condition under any relevant initial or extended induction restriction (Initial 1, Initial 2, Initial 3, or Extended induction period (optional) treatment), **AND**
- The treatment must provide no more than the balance of up to 12 weeks therapy available under Initial 1, 2 or 3 treatment restriction or the Extended induction period (optional) from weeks 12 to 24 treatment restriction.

Treatment criteria:

- Must be treated by a gastroenterologist; **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

upadacitinib 30 mg modified release tablet, 28

15382N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	2	0.00	1,983.58	25.00	Rinvoq [VE]

upadacitinib 45 mg modified release tablet, 28

13771T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	2	0.00	2,608.01	25.00	Rinvoq [VE]

Monoclonal antibodies

OFATUMUMAB

Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)

16301

Multiple sclerosis

Treatment Phase: Continuing treatment

Clinical criteria:

- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis, **AND**
- The treatment must be the sole PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not show continuing progression of disability while on treatment with this drug, **AND**
- Patient must have demonstrated compliance with, and an ability to tolerate this therapy.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner in consultation with a specialist physician.

ofatumumab 20 mg/0.4 mL injection, 0.4 mL pen device

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12641H NP	1	5	0.00	2,231.82	25.00	Kesimpta [NV]

OFATUMUMAB

Note The intent of this listing is to provide doses at weeks 0, 1 and 2. For treatment at week 4 and beyond, see the 'Continuing treatment' listing.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)

16323

Multiple sclerosis

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by magnetic resonance imaging of the brain and/or spinal cord; **OR**
- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by accompanying written certification provided by a radiologist that a magnetic resonance imaging scan is contraindicated because of the risk of physical (not psychological) injury to the patient, **AND**
- The treatment must be the sole PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must have experienced at least 2 documented attacks of neurological dysfunction, believed to be due to multiple sclerosis, in the preceding 2 years of commencing a PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must be ambulatory (without assistance or support).

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner in consultation with a specialist physician.

Where applicable, the date of the magnetic resonance imaging scan must be recorded in the patient's medical records.

ofatumumab 20 mg/0.4 mL injection, 0.4 mL pen device

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12642J NP	3	0	0.00	*6,476.73	25.00	Kesimpta [NV]

VEDOLIZUMAB

Note TREATMENT OF ADULT PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits for the indication of moderate to severe ulcerative colitis (MSUC). Patients are eligible for one PBS-subsidised drug treatment indicated for MSUC at any one time.

Where the term 'biological medicine' appears in this note and restrictions, it refers to any PBS benefit indicated for MSUC.

Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

From 1 July 2021, under the PBS, all adult patients will be able to commence a treatment cycle where they may trial PBS-subsidised biological medicine without having to experience a disease flare when swapping to one of the alternate agents. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised biological medicine treatment prior to 1 July 2021 is considered to have started their first cycle as of 1 July 2021. Within the same treatment cycle, the same biological medicine cannot be trialled twice. Where 3 biological medicines have failed to provide the patient with an adequate response a treatment cycle is considered complete. There must be a 5-year break in PBS-subsidised therapy before starting the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for Initial treatment with a PBS-subsidised biological medicine under the new treatment cycle.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Selecting the correct treatment phase listing when applying for authority approval:

(1) Initial treatment.

Apply under an Initial 1 treatment listing where the patient has never received a biological medicine.

(2) Continuing treatment.

Under no circumstance is Continuing treatment to precede Initial treatment. An authority application for Continuing treatment is not to be made on the same day as Initial treatment.

(3) Changing therapy.

Apply under an Initial 2 treatment listing. The indices of disease severity (i.e. Mayo clinic score or partial Mayo clinic score), or the prior corticosteroid therapy and immunosuppressive therapy will not need to be restated. A patient may trial an alternate biological medicine treatment at any time, regardless of whether they are receiving therapy (initial or continuing) at the time of the application. However, they cannot change to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this Initial 2 treatment authority application.

(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under an Initial 3 treatment listing. Prior corticosteroid and immunosuppressive therapies need not be re-trialled.

(5) Balance of supply.

Where the full number of repeat prescriptions have not been requested under any initial or continuing listing, apply for the balance of the supply of the repeats under any treatment phase listing containing the words "balance of supply".

Note No increase in the maximum quantity or number of units may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

15944

Moderate to severe ulcerative colitis

Treatment Phase: Initial treatment with subcutaneous form

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have received at least 2 of the 3 initial intravenous infusions with this drug for this condition at weeks 0, 2 and 6 under Initial 1 (new patient); **OR**
- Patient must have received at least 2 of the 3 initial intravenous infusions with this drug for this condition at weeks 0, 2 and 6 under Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years); **OR**
- Patient must have received at least 2 of the 3 initial intravenous infusions with this drug for this condition at weeks 0, 2 and 6 under Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years); **OR**
- Patient must have a concurrent authority application for the intravenous infusion for this condition under either Initial 1 (new patient), Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years).

Population criteria:

- Patient must be at least 18 years of age.

Where two initial doses of vedolizumab (at weeks 0 and 2) are administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 6. The maximum listed quantity and 2 repeats should be requested to provide for weeks 6, 8, 10, 12, 14 and 16.

Where three initial doses of vedolizumab (at weeks 0, 2 and 6) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 14 (8 weeks after the third dose). A maximum quantity with no repeats should be requested to provide for weeks 14 and 16.

The authority application must be made in writing and must include:

(a) details of the proposed prescription(s); and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The assessment of the patient's response to the initial course of treatment must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment in this treatment cycle.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

vedolizumab 108 mg/0.68 mL injection, 2 x 0.68 mL pen devices

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12644L	1	0	0.00	1,663.81	25.00	Entyvio [TK]

VEDOLIZUMAB

Note SEVERE CROHN DISEASE - TREATMENT PHASES AND CYCLES

The following information applies to the prescribing of targeted therapies under the Pharmaceutical Benefits Scheme (PBS) for benefits with a stated indication of: 'Severe Crohn disease'. For PBS administration, the term targeted therapy includes biological and targeted synthetic disease modifying anti-rheumatic drugs.

A patient is eligible for PBS-subsidised treatment with only one targeted therapy at any one time.

Treatment cycle:

A treatment cycle begins when an authority application is approved under an Initial 1, Initial 2 patients who are accessing PBS-subsidised treatment for the first time, Initial 3 or transitioning from non-PBS-subsidised therapy that was commenced as a paediatric patient type restriction. Treatment must not continue with the same targeted therapy if it has not provided an adequate response as defined in the continuing treatment phase. A patient may trial different targeted therapies within a cycle; however, if all available targeted therapies have been trialled and have not provided an adequate response, the treatment cycle ends and a 12-month PBS exclusion period applies.

The 12-month break is measured from the date of the last PBS approval for a targeted therapy in the most recent cycle to the date of first initial treatment application under the next treatment cycle.

If a new targeted therapy with a different pharmacological mechanism of action becomes available on the PBS during a 12-month break, a patient may be prescribed the newly listed targeted therapy through the Initial 2 treatment phase, if they have never received that medicine previously. If the newly listed targeted therapy does not provide an adequate response, the treatment cycle ends and the 12-month break recommences. This will not be considered a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Treatment phases:

Initial 1 - use when the patient has never received a targeted therapy for this indication.

Baseline disease activity and inadequate response to conventional therapies must be demonstrated.

Initial 2 - use when an alternative targeted therapy is being prescribed for this indication, or when the patient has previously been treated with this targeted therapy and treatment is resuming after a break of less than 12 months.

Baseline disease activity and inadequate response to conventional therapies do not need to be re-demonstrated; however, an assessment of response to the preceding supply must be provided if a response has been demonstrated.

Initial 3 - use when treatment is resuming after an absence of PBS subsidy for at least 12 months.

Baseline disease activity must be demonstrated; however, a re-trial of conventional therapies is not required.

Transitioning from non-PBS supply commenced as a paediatric patient - use when the patient is receiving non-PBS-subsidised treatment with a targeted therapy for this condition and has been initiated on treatment on the same targeted therapy as a paediatric patient (prior to 18 years of age) via non-PBS pathways (e.g. compassionate access or public hospital individual patient use program).

Continuing treatment - use when patient has demonstrated an adequate response to the preceding supply and/or when the dose is being increased. Continuing treatment authority scripts must not be written on the same day as Initial treatment authority applications.

Balance of supply - use when the full amount of the preceding supply was not provided. This phase provides the remaining quantity that could have been obtained under the preceding authority approval or where additional time is required for an adequate response to be demonstrated.

Recency of assessments:

Where possible, all related assessment documentation (including Crohn Disease Activity Index calculations, pathology tests and diagnostic imaging studies) should be within 4 weeks of the date of authority application but no longer than 4 weeks following cessation of the most recent treatment.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

18877

Severe Crohn disease

Treatment Phase: Balance of supply

Clinical criteria:

- Patient must have received insufficient treatment with this drug for this condition under any relevant initial or continuing restriction (Initial 1, Initial 2, Initial 3, Continuing, or Transitioning from non-PBS-subsidised therapy that was commenced as a paediatric patient treatment) with the subcutaneous form, **AND**
- The treatment must provide no more than the balance of doses up to 14 to 16 weeks therapy available under either Initial 1, 2 or 3 treatment; **OR**
- The treatment must provide no more than the balance of up to 24 weeks therapy available under Continuing treatment or Transitioning from non-PBS-subsidised therapy that was commenced as a paediatric patient treatment.

Treatment criteria:

- Must be treated by a gastroenterologist; **OR**

- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

vedolizumab 108 mg/0.68 mL injection, 2 x 0.68 mL pen devices

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12620F	1	0	0.00	1,663.81	25.00	Entyvio [TK]

VEDOLIZUMAB

Note TREATMENT OF ADULT PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits for the indication of moderate to severe ulcerative colitis (MSUC). Patients are eligible for one PBS-subsidised drug treatment indicated for MSUC at any one time.

Where the term 'biological medicine' appears in this note and restrictions, it refers to any PBS benefit indicated for MSUC.

Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

From 1 July 2021, under the PBS, all adult patients will be able to commence a treatment cycle where they may trial PBS-subsidised biological medicine without having to experience a disease flare when swapping to one of the alternate agents. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised biological medicine treatment prior to 1 July 2021 is considered to have started their first cycle as of 1 July 2021. Within the same treatment cycle, the same biological medicine cannot be trialled twice. Where 3 biological medicines have failed to provide the patient with an adequate response a treatment cycle is considered complete. There must be a 5-year break in PBS-subsidised therapy before starting the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for Initial treatment with a PBS-subsidised biological medicine under the new treatment cycle.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Selecting the correct treatment phase listing when applying for authority approval:

(1) Initial treatment.

Apply under an Initial 1 treatment listing where the patient has never received a biological medicine.

(2) Continuing treatment.

Under no circumstance is Continuing treatment to precede Initial treatment. An authority application for Continuing treatment is not to be made on the same day as Initial treatment.

(3) Changing therapy.

Apply under an Initial 2 treatment listing. The indices of disease severity (i.e. Mayo clinic score or partial Mayo clinic score), or the prior corticosteroid therapy and immunosuppressive therapy will not need to be restated. A patient may trial an alternate biological medicine treatment at any time, regardless of whether they are receiving therapy (initial or continuing) at the time of the application. However, they cannot change to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this Initial 2 treatment authority application.

(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under an Initial 3 treatment listing. Prior corticosteroid and immunosuppressive therapies need not be re-trialled.

(5) Balance of supply.

Where the full number of repeat prescriptions have not been requested under any initial or continuing listing, apply for the balance of the supply of the repeats under any treatment phase listing containing the words "balance of supply".

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

15943

Moderate to severe ulcerative colitis

Treatment Phase: Continuing treatment with subcutaneous form or switching from intravenous form to subcutaneous form

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition; **OR**
- Patient must have received this drug in the intravenous form as their most recent course of PBS-subsidised biological medicine for this condition under the vedolizumab intravenous form continuing treatment restriction, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction, **AND**
- Patient must have demonstrated or sustained an adequate response to treatment by having a partial Mayo clinic score less than or equal to 2, with no subscore greater than 1 while receiving treatment with this drug; **OR**

- Patient must have demonstrated an adequate response to treatment with this drug in the intravenous form.

Population criteria:

- Patient must be at least 18 years of age.

Patients who have failed to maintain a partial Mayo clinic score less than or equal to 2, with no subscore greater than 1 with continuing treatment with this drug, will not be eligible to receive further PBS-subsidised treatment with this drug.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

At the time of the authority application, medical practitioners should request sufficient quantity for up to 24 weeks of treatment under this restriction.

Up to a maximum of 5 repeats will be authorised.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

vedolizumab 108 mg/0.68 mL injection, 2 x 0.68 mL pen devices

12639F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	0.00	1,663.81	25.00	Entyvio [TK]

VEDOLIZUMAB

Note TREATMENT OF ADULT PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits for the indication of moderate to severe ulcerative colitis (MSUC). Patients are eligible for one PBS-subsidised drug treatment indicated for MSUC at any one time.

Where the term 'biological medicine' appears in this note and restrictions, it refers to any PBS benefit indicated for MSUC.

Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

From 1 July 2021, under the PBS, all adult patients will be able to commence a treatment cycle where they may trial PBS-subsidised biological medicine without having to experience a disease flare when swapping to one of the alternate agents. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised biological medicine treatment prior to 1 July 2021 is considered to have started their first cycle as of 1 July 2021. Within the same treatment cycle, the same biological medicine cannot be trialled twice. Where 3 biological medicines have failed to provide the patient with an adequate response a treatment cycle is considered complete. There must be a 5-year break in PBS-subsidised therapy before starting the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for Initial treatment with a PBS-subsidised biological medicine under the new treatment cycle.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Selecting the correct treatment phase listing when applying for authority approval:

(1) Initial treatment.

Apply under an Initial 1 treatment listing where the patient has never received a biological medicine.

(2) Continuing treatment.

Under no circumstance is Continuing treatment to precede Initial treatment. An authority application for Continuing treatment is not to be made on the same day as Initial treatment.

(3) Changing therapy.

Apply under an Initial 2 treatment listing. The indices of disease severity (i.e. Mayo clinic score or partial Mayo clinic score), or the prior corticosteroid therapy and immunosuppressive therapy will not need to be restated. A patient may trial an alternate biological medicine treatment at any time, regardless of whether they are receiving therapy (initial or continuing) at the time of the application. However, they cannot change to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this Initial 2 treatment authority application.

(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under an Initial 3 treatment listing. Prior corticosteroid and immunosuppressive therapies need not be re-trialled.

(5) Balance of supply.

Where the full number of repeat prescriptions have not been requested under any initial or continuing listing, apply for the balance of the supply of the repeats under any treatment phase listing containing the words "balance of supply".

Note Special Pricing Arrangements apply.

Note No increase in the maximum quantity or number of units may be authorised.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority Required

13237

Moderate to severe ulcerative colitis

Treatment Phase: Balance of supply - subcutaneous form

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the Initial treatment with subcutaneous form to complete 14 to 16 weeks Initial treatment (intravenous and subcutaneous inclusive); **OR**
- Patient must have received insufficient therapy with this drug under the Continuing treatment to complete 24 weeks of treatment, **AND**
- The treatment must provide no more than the balance of doses up to 14 to 16 weeks therapy available under Initial treatment - subcutaneous form; **OR**
- The treatment must provide no more than the balance of up to 24 weeks therapy available under Continuing treatment - subcutaneous form.

vedolizumab 108 mg/0.68 mL injection, 2 x 0.68 mL pen devices

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12647P	1	0	0.00	1,663.81	25.00	Entyvio [TK]

VEDOLIZUMAB

Note SEVERE CROHN DISEASE - TREATMENT PHASES AND CYCLES

The following information applies to the prescribing of targeted therapies under the Pharmaceutical Benefits Scheme (PBS) for benefits with a stated indication of: 'Severe Crohn disease'. For PBS administration, the term targeted therapy includes biological and targeted synthetic disease modifying anti-rheumatic drugs.

A patient is eligible for PBS-subsidised treatment with only one targeted therapy at any one time.

Treatment cycle:

A treatment cycle begins when an authority application is approved under an Initial 1, Initial 2 patients who are accessing PBS-subsidised treatment for the first time, Initial 3 or transitioning from non-PBS-subsidised therapy that was commenced as a paediatric patient type restriction. Treatment must not continue with the same targeted therapy if it has not provided an adequate response as defined in the continuing treatment phase. A patient may trial different targeted therapies within a cycle; however, if all available targeted therapies have been trialled and have not provided an adequate response, the treatment cycle ends and a 12-month PBS exclusion period applies.

The 12-month break is measured from the date of the last PBS approval for a targeted therapy in the most recent cycle to the date of first initial treatment application under the next treatment cycle.

If a new targeted therapy with a different pharmacological mechanism of action becomes available on the PBS during a 12-month break, a patient may be prescribed the newly listed targeted therapy through the Initial 2 treatment phase, if they have never received that medicine previously. If the newly listed targeted therapy does not provide an adequate response, the treatment cycle ends and the 12-month break recommences. This will not be considered a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Treatment phases:

Initial 1 - use when the patient has never received a targeted therapy for this indication.

Baseline disease activity and inadequate response to conventional therapies must be demonstrated.

Initial 2 - use when an alternative targeted therapy is being prescribed for this indication, or when the patient has previously been treated with this targeted therapy and treatment is resuming after a break of less than 12 months.

Baseline disease activity and inadequate response to conventional therapies do not need to be re-demonstrated; however, an assessment of response to the preceding supply must be provided if a response has been demonstrated.

Initial 3 - use when treatment is resuming after an absence of PBS subsidy for at least 12 months.

Baseline disease activity must be demonstrated; however, a re-trial of conventional therapies is not required.

Transitioning from non-PBS supply commenced as a paediatric patient - use when the patient is receiving non-PBS-subsidised treatment with a targeted therapy for this condition and has been initiated on treatment on the same targeted therapy as a paediatric patient (prior to 18 years of age) via non-PBS pathways (e.g. compassionate access or public hospital individual patient use program).

Continuing treatment - use when patient has demonstrated an adequate response to the preceding supply and/or when the dose is being increased. Continuing treatment authority scripts must not be written on the same day as Initial treatment authority applications.

Balance of supply - use when the full amount of the preceding supply was not provided. This phase provides the remaining quantity that could have been obtained under the preceding authority approval or where additional time is required for an adequate response to be demonstrated.

Recency of assessments:

Where possible, all related assessment documentation (including Crohn Disease Activity Index calculations, pathology tests and diagnostic imaging studies) should be within 4 weeks of the date of authority application but no longer than 4 weeks following cessation of the most recent treatment.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

18879

Severe Crohn disease

Treatment Phase: Transitioning from non-PBS-subsidised therapy that was commenced as a paediatric patient

Clinical criteria:

- Patient must be receiving treatment with this drug for this condition where treatment was initiated as a paediatric patient via non-PBS pathways (e.g. compassionate access or public hospital individual patient use program), **AND**
- Patient must have met the paediatric PBS eligibility criteria for initial treatment with a targeted therapy treatment for this condition, **AND**
- Patient must have previously received this drug for this condition and demonstrated/maintained an adequate clinical response, **AND**
- Patient must have an adequate response to this drug defined as a reduction in Crohn Disease Activity Index (CDAI) Score to a level no greater than 150 if assessed by CDAI or if affected by extensive small intestine disease; **OR**
- Patient must have an adequate response to this drug defined as (a) an improvement of intestinal inflammation as demonstrated by: (i) blood: normalisation of the platelet count, or an erythrocyte sedimentation rate (ESR) level no greater than 25 mm per hour, or a C-reactive protein (CRP) level no greater than 15 mg per L; or (ii) faeces: normalisation of lactoferrin or calprotectin level; or (iii) evidence of mucosal healing, as demonstrated by diagnostic imaging findings, compared to the baseline assessment; or (b) reversal of high faecal output state; or (c) avoidance of the need for surgery or total parenteral nutrition (TPN), if affected by short gut syndrome, extensive small intestine or is an ostomy patient.

Treatment criteria:

- Must be treated by a gastroenterologist; **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

Population criteria:

- Patient must be at least 18 years of age.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) if applicable, current CDAI score and the date of assessment; and

(b) if applicable, details (date, unique identifying number/code or provider number) of the pathology or diagnostic imaging test(s) or details of intestinal inflammation marker/s used to assess response to therapy for patients with short gut syndrome, extensive small intestine disease or an ostomy; and

(c) if applicable, the date of the most recent clinical assessment.

A patient who does not demonstrate a response to treatment will not be eligible for further PBS-subsidised treatment with this drug for this condition within the same treatment cycle. The patient will be considered not to have responded to treatment if a response assessment is not completed. A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised targeted therapy was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

If fewer than 5 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete 24 weeks treatment may be requested through the Balance of supply treatment phase PBS restriction. Under no circumstances will approvals be granted for treatment that would otherwise extend beyond 24 weeks.

A patient may only qualify for PBS-subsidised treatment under this restriction once. For continuing PBS-subsidised treatment, patients must qualify under the Continuing treatment criteria.

Authority Required

18904

Severe Crohn disease

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received this drug (in any form) as their most recent course of PBS-subsidised targeted therapy treatment for this condition, **AND**

- Patient must have an adequate response to this drug defined as a reduction in Crohn Disease Activity Index (CDAI) Score to a level no greater than 150 if assessed by CDAI or if affected by extensive small intestine disease; **OR**
- Patient must have an adequate response to this drug defined as (a) an improvement of intestinal inflammation as demonstrated by: (i) blood: normalisation of the platelet count, or an erythrocyte sedimentation rate (ESR) level no greater than 25 mm per hour, or a C-reactive protein (CRP) level no greater than 15 mg per L; or (ii) faeces: normalisation of lactoferrin or calprotectin level; or (iii) evidence of mucosal healing, as demonstrated by diagnostic imaging findings, compared to the baseline assessment; or (b) reversal of high faecal output state; or (c) avoidance of the need for surgery or total parenteral nutrition (TPN), if affected by short gut syndrome, extensive small intestine or is an ostomy patient; **OR**
- Patient must have demonstrated an adequate response to treatment with this drug (in any form).

Treatment criteria:

- Must be treated by a gastroenterologist; **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

Population criteria:

- Patient must be at least 18 years of age.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) if applicable, current CDAI score and the date of assessment; and

(b) if applicable, details (date, unique identifying number/code or provider number) of the pathology or diagnostic imaging test(s) or details of intestinal inflammation marker/s used to assess response to therapy for patients with short gut syndrome, extensive small intestine disease or an ostomy; and

(c) the date of the most recent clinical assessment.

A patient who does not demonstrate a response to treatment will not be eligible for further PBS-subsidised treatment with this drug for this condition within the same treatment cycle. The patient will be considered not to have responded to treatment if a response assessment is not completed. A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised targeted therapy was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

At the time of the authority application, medical practitioners must request sufficient quantity for up to 24 weeks of treatment under this restriction.

If fewer than 5 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete 24 weeks treatment may be requested through the Balance of supply treatment phase PBS restriction. Under no circumstances will approvals be granted for treatment that would otherwise extend the continuing treatment period.

vedolizumab 108 mg/0.68 mL injection, 2 x 0.68 mL pen devices

12654B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	0.00	1,663.81	25.00	Entyvio [TK]

VEDOLIZUMAB

Note SEVERE CROHN DISEASE - TREATMENT PHASES AND CYCLES

The following information applies to the prescribing of targeted therapies under the Pharmaceutical Benefits Scheme (PBS) for benefits with a stated indication of: 'Severe Crohn disease'. For PBS administration, the term targeted therapy includes biological and targeted synthetic disease modifying anti-rheumatic drugs.

A patient is eligible for PBS-subsidised treatment with only one targeted therapy at any one time.

Treatment cycle:

A treatment cycle begins when an authority application is approved under an Initial 1, Initial 2 patients who are accessing PBS-subsidised treatment for the first time, Initial 3 or transitioning from non-PBS-subsidised therapy that was commenced as a paediatric patient type restriction. Treatment must not continue with the same targeted therapy if it has not provided an adequate response as defined in the continuing treatment phase. A patient may trial different targeted therapies within a cycle; however, if all available targeted therapies have been trialled and have not provided an adequate response, the treatment cycle ends and a 12-month PBS exclusion period applies.

The 12-month break is measured from the date of the last PBS approval for a targeted therapy in the most recent cycle to the date of first initial treatment application under the next treatment cycle.

If a new targeted therapy with a different pharmacological mechanism of action becomes available on the PBS during a 12-month break, a patient may be prescribed the newly listed targeted therapy through the Initial 2 treatment phase, if they have never received that medicine previously. If the newly listed targeted therapy does not provide an adequate response, the treatment cycle ends and the 12-month break recommences. This will not be considered a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Treatment phases:

Initial 1 - use when the patient has never received a targeted therapy for this indication.

Baseline disease activity and inadequate response to conventional therapies must be demonstrated.

Initial 2 - use when an alternative targeted therapy is being prescribed for this indication, or when the patient has previously been treated with this targeted therapy and treatment is resuming after a break of less than 12 months.

Baseline disease activity and inadequate response to conventional therapies do not need to be re-demonstrated; however, an assessment of response to the preceding supply must be provided if a response has been demonstrated.

Initial 3 - use when treatment is resuming after an absence of PBS subsidy for at least 12 months.

Baseline disease activity must be demonstrated; however, a re-trial of conventional therapies is not required.

Transitioning from non-PBS supply commenced as a paediatric patient - use when the patient is receiving non-PBS-subsidised treatment with a targeted therapy for this condition and has been initiated on treatment on the same targeted therapy as a paediatric patient (prior to 18 years of age) via non-PBS pathways (e.g. compassionate access or public hospital individual patient use program).

Continuing treatment - use when patient has demonstrated an adequate response to the preceding supply and/or when the dose is being increased. Continuing treatment authority scripts must not be written on the same day as Initial treatment authority applications.

Balance of supply - use when the full amount of the preceding supply was not provided. This phase provides the remaining quantity that could have been obtained under the preceding authority approval or where additional time is required for an adequate response to be demonstrated.

Recency of assessments:

Where possible, all related assessment documentation (including Crohn Disease Activity Index calculations, pathology tests and diagnostic imaging studies) should be within 4 weeks of the date of authority application but no longer than 4 weeks following cessation of the most recent treatment.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note Authority applications for increased repeats may be approved by Services Australia to provide sufficient doses for the relevant treatment phase.

Note Special Pricing Arrangements apply.

Authority Required

18909

Severe Crohn disease

Treatment Phase: Initial 1 (new patient)

Clinical criteria:

- Patient must have confirmed severe Crohn disease, defined by standard clinical, endoscopic and/or imaging features, including histological evidence, with the diagnosis confirmed by a gastroenterologist or a consultant physician, **AND**
- Patient must not have achieved an adequate response to a tapered course of steroids, starting at a dose of at least 40 mg prednisolone (or equivalent), over a 6 week period, **AND**
- Patient must not have achieved an adequate response to prior treatment with a thiopurine at a clinically optimised dose for 3 or more consecutive months; **OR**
- Patient must not have achieved an adequate response to methotrexate at a dose of at least 15 mg weekly for 3 or more consecutive months, **AND**
- Patient must have a Crohn Disease Activity Index (CDAI) Score greater than or equal to 300 as evidence of not achieving an adequate response to prior systemic therapy; **OR**
- Patient must have short gut syndrome with diagnostic imaging or surgical evidence, or have had an ileostomy or colostomy; and must have evidence of intestinal inflammation; and must have evidence of not achieving an adequate response to prior systemic therapy as specified below; **OR**
- Patient must have extensive intestinal inflammation affecting more than 50 cm of the small intestine as evidenced by radiological imaging; and must have a Crohn Disease Activity Index (CDAI) Score greater than or equal to 220; and must have evidence of not achieving an adequate response to prior systemic therapy as specified below.

Treatment criteria:

- Must be treated by a gastroenterologist; **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

Population criteria:

- Patient must be at least 18 years of age.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) details of prior systemic drug therapy [dosage, date of commencement and duration of therapy]; and

(b) if applicable, details (date, unique identifying number/code or provider number) of the pathology or diagnostic imaging test(s) nominated as the response criteria; and

(c) if applicable, details of intestinal inflammation marker/s; and

(d) if applicable, the CDAI score and the date of assessment; and

(e) the date of the most recent clinical assessment.

Evidence of not achieving an adequate response to prior therapy must include at least one of the following:

(a) patient must have evidence of intestinal inflammation;

(b) patient must be assessed clinically as being in a high faecal output state;

(c) patient must be assessed clinically as requiring surgery or total parenteral nutrition (TPN) as the next therapeutic option, in the absence of this drug, if affected by short gut syndrome, extensive small intestine disease or is an ostomy patient.

Evidence of intestinal inflammation includes:

(i) blood: higher than normal platelet count, or, an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour, or, a C-reactive protein (CRP) level greater than 15 mg per L; or

(ii) faeces: higher than normal lactoferrin or calprotectin level; or

(iii) diagnostic imaging: demonstration of increased uptake of intravenous contrast with thickening of the bowel wall or mesenteric lymphadenopathy or fat streaking in the mesentery.

If treatment with any of the specified prior conventional drugs is contraindicated according to the relevant contraindications or precautions in the TGA-approved Product Information, please provide details at the time of application. Patients must attempt to trial alternate conventional therapies that are not contraindicated.

If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, details of this toxicity must be provided at the time of application.

Any one of the baseline criteria may be used to determine response to an initial course of treatment and eligibility for continued therapy, according to the criteria included in the continuing treatment restriction. However, the same criterion must be used for any subsequent determination of response to treatment, for the purpose of eligibility for continuing PBS-subsidised therapy.

A patient who does not demonstrate a response to treatment will not be eligible for further PBS-subsidised treatment with this drug for this condition within the same treatment cycle. The patient will be considered not to have responded to treatment if a response assessment is not completed. A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as treatment failure.

Authority Required

18860

Severe Crohn disease

Treatment Phase: Initial 2 (change or recommencement of treatment after a break in targeted therapy of less than 12 months)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a targeted therapy for this condition in this treatment cycle; **OR**
- Patient must have been eligible for prior PBS-subsidised treatment with a targeted therapy for this condition in this treatment cycle, **AND**
- Patient must have either: (i) not previously received this drug for this condition in the current treatment cycle, (ii) previously received this drug and demonstrated/maintained an adequate clinical response.

Treatment criteria:

- Must be treated by a gastroenterologist; **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

Population criteria:

- Patient must be at least 18 years of age.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) if applicable, the CDAI score and the date of assessment; and

(b) if applicable, details (date, unique identifying number/code or provider number) of the pathology or diagnostic imaging test(s) used to assess response to therapy for patients with short gut syndrome, extensive small intestine disease or an ostomy; and

(c) if applicable, the date of the most recent clinical assessment; and

(d) details of the most recent targeted therapy in the current treatment cycle, including the date and duration of treatment.

If a patient was eligible for prior PBS-subsidised treatment with a targeted therapy for this condition but did not receive PBS-subsidised treatment at the time, the application must provide a declaration that the patient met all 'Initial 1' eligibility requirements when targeted therapy treatment commenced. The following information must also be provided at the time of application:

(a) the baseline CDAI score and the date of assessment; and/or

(b) details (date, unique identifying number/code or provider number) of the pathology or diagnostic imaging test(s) used to assess response to therapy for patients with short gut syndrome, extensive small intestine disease or an ostomy.

A patient who does not demonstrate a response to treatment will not be eligible for further PBS-subsidised treatment with this drug for this condition within the same treatment cycle. The patient will be considered not to have responded to treatment if a response assessment is not completed. A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised targeted therapy was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Authority Required

18878

Severe Crohn disease

Treatment Phase: Initial 3 (recommencement of treatment after a break in targeted therapy of more than 12 months)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a targeted therapy for this condition, **AND**
- Patient must have had a break in treatment of 12 months or more from the most recently approved PBS-subsidised targeted therapy for this condition, **AND**

- Patient must have confirmed severe Crohn disease, defined by standard clinical, endoscopic and/or imaging features, including histological evidence, with the diagnosis confirmed by a gastroenterologist or a consultant physician, **AND**
- Patient must have a Crohn Disease Activity Index (CDAI) Score of greater than or equal to 300 while off treatment with targeted therapy; **OR**
- Patient must have a documented history of intestinal inflammation and have diagnostic imaging or surgical evidence of short gut syndrome if affected by the syndrome or has an ileostomy or colostomy; and evidence of flared disease while off treatment with targeted therapy; **OR**
- Patient must have a documented history and radiological evidence of intestinal inflammation if the patient has extensive small intestinal disease affecting more than 50 cm of the small intestine, together with a Crohn Disease Activity Index (CDAI) Score greater than or equal to 220; and evidence of flared disease while off treatment with targeted therapy.

Treatment criteria:

- Must be treated by a gastroenterologist; **OR**
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; **OR**
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

Population criteria:

- Patient must be at least 18 years of age.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) if applicable, current CDAI score and the date of assessment; and

(b) if applicable, details (date, unique identifying number/code or provider number) of the pathology or diagnostic imaging test(s) or details of intestinal inflammation marker/s used to assess response to therapy for patients with short gut syndrome, extensive small intestine disease or an ostomy; and

(c) the date of the most recent clinical assessment.

Evidence of flared disease must include at least one of the following:

(a) patient must have evidence of intestinal inflammation;

(b) patient must be assessed clinically as being in a high faecal output state;

(c) patient must be assessed clinically as requiring surgery or total parenteral nutrition (TPN) as the next therapeutic option, in the absence of this drug, if affected by short gut syndrome, extensive small intestine disease or is an ostomy patient.

Evidence of intestinal inflammation includes:

(i) blood: higher than normal platelet count, or, an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour, or, a C-reactive protein (CRP) level greater than 15 mg per L; or

(ii) faeces: higher than normal lactoferrin or calprotectin level; or

(iii) diagnostic imaging: demonstration of increased uptake of intravenous contrast with thickening of the bowel wall or mesenteric lymphadenopathy or fat streaking in the mesentery.

Any one of the baseline criteria may be used to determine response to an initial course of treatment and eligibility for continued therapy, according to the criteria included in the continuing treatment restriction. However, the same criterion must be used for any subsequent determination of response to treatment, for the purpose of eligibility for continuing PBS-subsidised therapy.

A patient who does not demonstrate a response to treatment will not be eligible for further PBS-subsidised treatment with this drug for this condition within the same treatment cycle. The patient will be considered not to have responded to treatment if a response assessment is not completed. A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised targeted therapy was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

vedolizumab 108 mg/0.68 mL injection, 2 x 0.68 mL pen devices

12638E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	0	0.00	1,663.81	25.00	Entyvio [TK]

Mammalian target of rapamycin (mTOR) kinase inhibitors

EVEROLIMUS

Caution Careful monitoring of patients is mandatory.

everolimus 250 microgram tablet, 60

8840G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	0.00	175.74	25.00	[a] Certican [NV]	[a] Everocan [CR]

everolimus 500 microgram tablet, 60

8841H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	0.00	299.80	25.00	[a] Certican [NV]	[a] Everocan [CR]

everolimus 750 microgram tablet, 60

8842J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	3	0.00	*880.70	25.00	[a] Certican [NV]	[a] Everocan [CR]

everolimus 1 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9352F	2	3	0.00	*1,171.14	25.00	[a] Certican [NV]	[a] Everocan [CR]

EVEROLIMUS

Caution Careful monitoring of patients is mandatory.

Restricted benefit

14238

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

everolimus 750 microgram tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14040Y	4	3	0.00	*1,752.04	25.00	[a] Certican [NV]	[a] Everocan [CR]

everolimus 1 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13941R	4	3	0.00	*2,322.28	25.00	[a] Certican [NV]	[a] Everocan [CR]

SIROLIMUS

Caution Careful monitoring of patients is mandatory.

sirolimus 500 microgram tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8984W	1	3	0.00	331.08	25.00	Rapamune [PF]

sirolimus 1 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8724E	1	3	0.00	652.78	25.00	Rapamune [PF]

sirolimus 1 mg/mL oral liquid, 60 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8725F	‡1	3	0.00	515.33	25.00	Rapamune [PF]

sirolimus 2 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8833X	1	3	0.00	1,292.00	25.00	Rapamune [PF]

SIROLIMUS

Caution Careful monitoring of patients is mandatory.

Restricted benefit

14238

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

sirolimus 500 microgram tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13860L	2	3	0.00	*652.80	25.00	Rapamune [PF]

sirolimus 1 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14072P	2	3	0.00	*1,296.20	25.00	Rapamune [PF]

sirolimus 1 mg/mL oral liquid, 60 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13885T	‡2	3	0.00	*1,021.30	25.00	Rapamune [PF]

sirolimus 2 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13886W	2	3	0.00	*2,552.48	25.00	Rapamune [PF]

Complement inhibitors

AVACOPAN

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

15894

Anti-neutrophil cytoplasmic autoantibody (ANCA) associated vasculitis

Treatment Phase: Induction treatment

Clinical criteria:

- The condition must be severe granulomatosis with polyangiitis; **OR**
- The condition must be severe microscopic polyangiitis, **AND**
- The condition must be active at the time of the first prescription for this drug per treatment cycle, **AND**
- Patient must have ANCA associated vasculitis that is either: (i) organ-threatening, (ii) life-threatening disease, **AND**
- Patient must be undergoing concomitant therapy with at least another drug therapy as part of a regimen specified in this drug's approved Product Information, **AND**
- Patient must not receive more than 12 months of PBS-subsidised treatment with this drug per induction.

A prescriber may apply for more than one induction treatment for their patient

avacopan 10 mg capsule, 180

14605Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	0.00	8,622.02	25.00	Tavneos [CS]

IPTACOPAN

Caution This drug increases the risk of encapsulated bacterial infections.

Consult the approved Product Information for information about vaccination against meningococcal, pneumococcal and Haemophilus influenzae type B (Hib) infection.

Note Complement 5 (C5) inhibitors are defined as eculizumab or ravulizumab

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authorisation under this restriction should be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)

Alternatively applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

17695

Paroxysmal nocturnal haemoglobinuria (PNH)

Treatment Phase: Initial treatment (new patient)

Clinical criteria:

- Patient must not have received prior treatment with this drug for this condition, **AND**
- Patient must have PNH granulocyte clone size equal to or greater than 10% within the last 3 months, **AND**
- Patient must have experienced an inadequate response/intolerance to either: (i) Complement 5 (C5) inhibitor, (ii) pegcetacoplan, **AND**
- Patient must have received treatment with at least one complement inhibitor for at least 3 months before initiating treatment with this drug unless intolerance of severity necessitating permanent treatment withdrawal had occurred, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Treatment criteria:

- Must be treated by a haematologist; **OR**
- Must be treated by a non-specialist medical physician who has consulted a haematologist on the patient's drug treatment details.

Population criteria:

- Patient must be at least 18 years of age.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

At the time of the authority application, details (result and date of result) of the following monitoring requirements must be provided:

(i) Haemoglobin (g/L)

(ii) Platelets ($x10^9$/L)
(iii) White Cell Count ($x10^9$/L)
(iv) Reticulocytes ($x10^9$/L)
(v) Neutrophils ($x10^9$/L)
(vi) Granulocyte clone size (%)
(vii) Lactate Dehydrogenase (LDH)
(viii) the upper limit of normal (ULN) for LDH as quoted by the reporting laboratory
(ix) the LDH: ULN ratio (in figures, rounded to one decimal place)

Authority Required

17666

Paroxysmal nocturnal haemoglobinuria (PNH)

Treatment Phase: Return from PBS-subsidised eculizumab post pregnancy or from PBS-subsidised Complement 5 (C5) inhibitor for reasons other than post pregnancy

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have received prior PBS-subsidised treatment with eculizumab through the 'Initial treatment - (initial 3) switching from PBS-subsidised pegcetacoplan or iptacopan for pregnancy (induction doses)' criteria; **OR**
- Patient must have received prior PBS-subsidised treatment with at least one C5 inhibitor and must be returning to iptacopan treatment for reasons other than post pregnancy, **AND**
- Patient must have experienced clinical improvement as a result of treatment with this drug; **OR**
- Patient must have experienced a stabilisation of the condition as a result of treatment with this drug, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Treatment criteria:

- Must be treated by a haematologist; **OR**
- Must be treated by a non-specialist medical physician who has consulted a haematologist on the patient's drug treatment details.

Population criteria:

- Patient must be at least 18 years of age.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

At the time of the authority application, details (result and date of result) of the following monitoring requirements must be provided:

(i) Haemoglobin (g/L)
(ii) Platelets ($x10^9$/L)
(iii) White Cell Count ($x10^9$/L)
(iv) Reticulocytes ($x10^9$/L)
(v) Neutrophils ($x10^9$/L)
(vi) Granulocyte clone size (%)
(vii) Lactate Dehydrogenase (LDH)
(viii) the upper limit of normal (ULN) for LDH as quoted by the reporting laboratory
(ix) the LDH: ULN ratio (in figures, rounded to one decimal place)

Patients may qualify under this treatment phase more than once.

Authority Required

17676

Paroxysmal nocturnal haemoglobinuria (PNH)

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have experienced clinical improvement as a result of treatment with this drug; **OR**
- Patient must have experienced a stabilisation of the condition as a result of treatment with this drug, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Treatment criteria:

- Must be treated by a haematologist; **OR**
- Must be treated by a non-specialist medical physician who has consulted a haematologist on the patient's drug treatment details.

Population criteria:

- Patient must be at least 18 years of age.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

At the time of the authority application, details (result and date of result) of the following monitoring requirements must be provided on the first continuing authority application:

(i) Haemoglobin (g/L)

(ii) Platelets ($x10^9$/L)

(iii) White Cell Count ($x10^9$/L)

(iv) Reticulocytes ($x10^9$/L)

(v) Neutrophils ($x10^9$/L)

(vi) Granulocyte clone size (%)

(vii) Lactate Dehydrogenase (LDH)

(viii) the upper limit of normal (ULN) for LDH as quoted by the reporting laboratory

(ix) the LDH: ULN ratio (in figures, rounded to one decimal place)

Authority Required

17603

Paroxysmal nocturnal haemoglobinuria (PNH)

Treatment Phase: Transitioning from non-PBS to PBS-subsided treatment - Grandfather arrangements

Clinical criteria:

- Patient must have received non-PBS-subsidised treatment with this drug for this condition prior to 1 November 2025, **AND**
- Patient must have a documented PNH granulocyte clone size equal to or greater than 10% within the 3 months prior to initiating non-PBS-subsidised treatment with this drug, **AND**
- Patient must have experienced an inadequate response to a complement 5 (C5) inhibitor demonstrated by a haemoglobin level of less than 105 g/L prior to initiating non-PBS-subsidised treatment with this drug; **OR**
- Patient must be intolerant to C5 inhibitors as determined by the treating physician prior to initiating non-PBS-subsidised treatment with this drug, **AND**
- Patient must have been receiving treatment with at least one C5 inhibitor for at least 3 months prior to initiating non-PBS-subsidised treatment with this drug unless intolerance of severity necessitating permanent treatment withdrawal had occurred, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have experienced clinical improvement as a result of treatment with this drug; **OR**
- Patient must have experienced a stabilisation of the condition as a result of treatment with this drug.

Treatment criteria:

- Must be treated by a haematologist; **OR**
- Must be treated by a non-specialist medical physician who has consulted a haematologist on the patient's drug treatment details.

Population criteria:

- Patient must be at least 18 years of age.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

At the time of the authority application, details (result and date of result) of the following monitoring requirements must be provided:

(i) Haemoglobin (g/L)

(ii) Platelets ($x10^9$/L)

(iii) White Cell Count ($x10^9$/L)

(iv) Reticulocytes ($x10^9$/L)

(v) Neutrophils ($x10^9$/L)

(vi) Granulocyte clone size (%)

(vii) Lactate Dehydrogenase (LDH)

(viii) the upper limit of normal (ULN) for LDH as quoted by the reporting laboratory

(ix) the LDH: ULN ratio (in figures, rounded to one decimal place)

Note Patients may qualify for PBS-subsidised treatment under this restriction once only. For continuing PBS-subsidised treatment, a 'Grandfathered' patient must qualify under the 'Continuing treatment' criteria.

Note This grandfather restriction will cease to operate from 12 months after the date specified in the clinical criteria.

Iptacopan 200 mg capsule, 56

15064W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	0.00	38,989.58	25.00	Fabhalta [NV]

Dihydroorotate dehydrogenase (DHODH) inhibitors

LEFLUNOMIDE

Caution Leflunomide is a category X drug and must not be given to pregnant women. Pregnancy should be avoided for two years after cessation of therapy, unless special wash-out procedures are carried out.

Restricted benefit

13771

Severe active psoriatic arthritis

Clinical criteria:

- Patient must have previously received, and failed to achieve an adequate response to, one or more disease modifying anti-rheumatic drugs including methotrexate; **OR**
- Patient must be clinically inappropriate for treatment with one or more disease modifying anti-rheumatic drugs including methotrexate, **AND**
- The treatment must be initiated by a physician.

leflunomide 10 mg tablet, 30

5449T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	24.95	25.00	[a] APO-LEFLUNOMIDE [TX]	[a] Arava [SW]
						[a] Ataris 10 [AF]	[a] Leflunomide generichealth [HQ]
						[a] Leflunomide Sandoz [SZ]	[a] LEFLUNOMIDE-WGR [WG]

leflunomide 20 mg tablet, 30

5450W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	30.47	25.00	[a] APO-LEFLUNOMIDE [TX]	[a] Arava [SW]
						[a] Ataris 20 [AF]	[a] Leflunomide generichealth [HQ]
						[a] Leflunomide Sandoz [SZ]	[a] LEFLUNOMIDE-WGR [WG]

LEFLUNOMIDE

Caution Leflunomide is a category X drug and must not be given to pregnant women. Pregnancy should be avoided for two years after cessation of therapy, unless special wash-out procedures are carried out.

Restricted benefit

13753

Severe active rheumatoid arthritis

Clinical criteria:

- Patient must have previously received, and failed to achieve an adequate response to, one or more disease modifying anti-rheumatic drugs including methotrexate; **OR**
- Patient must be clinically inappropriate for treatment with one or more disease modifying anti-rheumatic drugs including methotrexate, **AND**
- The treatment must be initiated by a physician.

leflunomide 10 mg tablet, 30

8374R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	24.95	25.00	[a] APO-LEFLUNOMIDE [TX]	[a] Arava [SW]
						[a] Ataris 10 [AF]	[a] Leflunomide generichealth [HQ]
						[a] Leflunomide Sandoz [SZ]	[a] LEFLUNOMIDE-WGR [WG]
						[a] Lunava 10 [RW]	

leflunomide 20 mg tablet, 30

8375T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	30.47	25.00	[a] APO-LEFLUNOMIDE [TX]	[a] Arava [SW]
						[a] Ataris 20 [AF]	[a] Leflunomide generichealth [HQ]
						[a] Leflunomide Sandoz [SZ]	[a] LEFLUNOMIDE-WGR [WG]
						[a] Lunava 20 [RW]	

LEFLUNOMIDE

Caution Leflunomide is a category X drug and must not be given to pregnant women. Pregnancy should be avoided for two years after cessation of therapy, unless special wash-out procedures are carried out.

Restricted benefit

14942

Severe active rheumatoid arthritis

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**

- Patient must have previously received, and failed to achieve an adequate response to, one or more disease modifying anti-rheumatic drugs including methotrexate; **OR**
- Patient must be clinically inappropriate for treatment with one or more disease modifying anti-rheumatic drugs including methotrexate, **AND**
- The treatment must be initiated by a physician.

leflunomide 10 mg tablet, 30

13940Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*35.54	25.00	[a] APO-LEFLUNOMIDE [TX]	[a] Arava [SW]
						[a] Ataris 10 [AF]	[a] Leflunomide generichealth [HQ]
						[a] Leflunomide Sandoz [SZ]	[a] LEFLUNOMIDE-WGR [WG]
						[a] Lunava 10 [RW]	

leflunomide 20 mg tablet, 30

14069L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*46.58	25.00	[a] APO-LEFLUNOMIDE [TX]	[a] Arava [SW]
						[a] Ataris 20 [AF]	[a] Leflunomide generichealth [HQ]
						[a] Leflunomide Sandoz [SZ]	[a] LEFLUNOMIDE-WGR [WG]
						[a] Lunava 20 [RW]	

LEFLUNOMIDE

Caution Leflunomide is a category X drug and must not be given to pregnant women. Pregnancy should be avoided for two years after cessation of therapy, unless special wash-out procedures are carried out.

Restricted benefit

14941

Severe active psoriatic arthritis

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have previously received, and failed to achieve an adequate response to, one or more disease modifying anti-rheumatic drugs including methotrexate; **OR**
- Patient must be clinically inappropriate for treatment with one or more disease modifying anti-rheumatic drugs including methotrexate, **AND**
- The treatment must be initiated by a physician.

leflunomide 10 mg tablet, 30

14068K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*35.54	25.00	[a] APO-LEFLUNOMIDE [TX]	[a] Arava [SW]
						[a] Ataris 10 [AF]	[a] Leflunomide generichealth [HQ]
						[a] Leflunomide Sandoz [SZ]	[a] LEFLUNOMIDE-WGR [WG]

leflunomide 20 mg tablet, 30

13998R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*46.58	25.00	[a] APO-LEFLUNOMIDE [TX]	[a] Arava [SW]
						[a] Ataris 20 [AF]	[a] Leflunomide generichealth [HQ]
						[a] Leflunomide Sandoz [SZ]	[a] LEFLUNOMIDE-WGR [WG]

TERIFLUNOMIDE

Caution Teriflunomide is a category X drug and must not be given to pregnant women or women of childbearing potential who are not currently using reliable contraception.

Pregnancy should be avoided for two years after cessation of therapy, unless special wash-out procedures are carried out.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

16323

Multiple sclerosis

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by magnetic resonance imaging of the brain and/or spinal cord; **OR**

- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by accompanying written certification provided by a radiologist that a magnetic resonance imaging scan is contraindicated because of the risk of physical (not psychological) injury to the patient, **AND**
- The treatment must be the sole PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must have experienced at least 2 documented attacks of neurological dysfunction, believed to be due to multiple sclerosis, in the preceding 2 years of commencing a PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must be ambulatory (without assistance or support).

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner in consultation with a specialist physician.

Where applicable, the date of the magnetic resonance imaging scan must be recorded in the patient's medical records.

Authority Required (STREAMLINED)

16315

Multiple sclerosis

Treatment Phase: Continuing treatment

Clinical criteria:

- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by magnetic resonance imaging of the brain and/or spinal cord; **OR**
- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by accompanying written certification provided by a radiologist that a magnetic resonance imaging scan is contraindicated because of the risk of physical (not psychological) injury to the patient, **AND**
- The treatment must be the sole PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not show continuing progression of disability while on treatment with this drug.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner in consultation with a specialist physician.

Where applicable, the date of the magnetic resonance imaging scan must be recorded in the patient's medical records.

teriflunomide 14 mg tablet, 28

2898M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	97.94	25.00	[a] APO-TERIFLUNOMIDE [TX]	[a] Pharmacor Teriflunomide [CR]
						[a] TERIFLAGIO [RW]	[a] Teriflunomide Dr.Reddy's [RZ]
						[a] Teriflunomide GH [GQ]	[a] Teriflunomide Sandoz [SZ]
						[a] Terimide [AF]	

Other immunosuppressants

AZATHIOPRINE

azathioprine 25 mg tablet, 100

2688L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	22.50	24.04	[a] APO-Azathioprine [TX]	[a] Azathioprine Sandoz [SZ]
						[a] AZATHIOPRINE-WGR [WG]	
			[B]5.82	28.32	24.04	[a] Imuran [AS]	

azathioprine 50 mg tablet, 100

2687K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	28.22	25.00	[a] APO-Azathioprine [TX]	[a] Azapin [RW]
						[a] Azathioprine Sandoz [SZ]	[a] AZATHIOPRINE-WGR [WG]
						[a] Imazan [ZS]	[a] Thioprine 50 [AF]
			[B]5.82	34.04	25.00	[a] Imuran [AS]	

DIMETHYL FUMARATE

Authority Required (STREAMLINED)

16315

Multiple sclerosis

Treatment Phase: Continuing treatment

Clinical criteria:

- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by magnetic resonance imaging of the brain and/or spinal cord; **OR**
- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by accompanying written certification provided by a radiologist that a magnetic resonance imaging scan is contraindicated because of the risk of physical (not psychological) injury to the patient, **AND**

- The treatment must be the sole PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not show continuing progression of disability while on treatment with this drug.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner in consultation with a specialist physician.

Where applicable, the date of the magnetic resonance imaging scan must be recorded in the patient's medical records.

dimethyl fumarate 120 mg enteric capsule, 14

2943X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	0	0.00	*207.72	25.00	[a] APO-DIMETHYL FUMARATE [XT]	[a] Dimethyl Fumarate Sandoz [SZ]
						[a] Pharmacor Dimethyl Fumarate [CR]	[a] Tecfidera [BD]

dimethyl fumarate 240 mg enteric capsule, 56

2966D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	274.42	25.00	[a] APO-DIMETHYL FUMARATE [XT]	[a] Dimethyl Fumarate Sandoz [SZ]
						[a] Pharmacor Dimethyl Fumarate [CR]	[a] Tecfidera [BD]
						[a] Trazent [AF]	

DIMETHYL FUMARATE

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

16323

Multiple sclerosis

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by magnetic resonance imaging of the brain and/or spinal cord; **OR**
- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by accompanying written certification provided by a radiologist that a magnetic resonance imaging scan is contraindicated because of the risk of physical (not psychological) injury to the patient, **AND**
- The treatment must be the sole PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must have experienced at least 2 documented attacks of neurological dysfunction, believed to be due to multiple sclerosis, in the preceding 2 years of commencing a PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must be ambulatory (without assistance or support).

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner in consultation with a specialist physician.

Where applicable, the date of the magnetic resonance imaging scan must be recorded in the patient's medical records.

dimethyl fumarate 120 mg enteric capsule, 14

2896K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	0	0.00	*207.72	25.00	[a] APO-DIMETHYL FUMARATE [XT]	[a] Dimethyl Fumarate Sandoz [SZ]
						[a] Pharmacor Dimethyl Fumarate [CR]	[a] Tecfidera [BD]

DIROXIMEL FUMARATE

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

16323

Multiple sclerosis

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by magnetic resonance imaging of the brain and/or spinal cord; **OR**
- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by accompanying written certification provided by a radiologist that a magnetic resonance imaging scan is contraindicated because of the risk of physical (not psychological) injury to the patient, **AND**
- The treatment must be the sole PBS-subsidised disease modifying therapy for this condition, **AND**

- Patient must have experienced at least 2 documented attacks of neurological dysfunction, believed to be due to multiple sclerosis, in the preceding 2 years of commencing a PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must be ambulatory (without assistance or support).

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner in consultation with a specialist physician.

Where applicable, the date of the magnetic resonance imaging scan must be recorded in the patient's medical records.

Authority Required (STREAMLINED)

16315

Multiple sclerosis

Treatment Phase: Continuing treatment

Clinical criteria:

- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by magnetic resonance imaging of the brain and/or spinal cord; **OR**
- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by accompanying written certification provided by a radiologist that a magnetic resonance imaging scan is contraindicated because of the risk of physical (not psychological) injury to the patient, **AND**
- The treatment must be the sole PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not show continuing progression of disability while on treatment with this drug.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner in consultation with a specialist physician.

Where applicable, the date of the magnetic resonance imaging scan must be recorded in the patient's medical records.

diroximel fumarate 231 mg enteric capsule, 120

13059H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	695.45	25.00	Vumerity [BD]

METHOTREXATE

methotrexate 2.5 mg tablet, 30

1622J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	19.45	20.99	[a] ARX-Methotrexate [XT]	[a] Chexate [OX]
						[a] Methoblastin [PF]	

methotrexate 10 mg tablet, 15

2272N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	3	0.00	24.86	25.00	[a] ARX-Methotrexate [XT]	[a] Chexate [OX]
						[a] Methoblastin [PF]	

methotrexate 10 mg tablet, 10

14643Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	21.36	22.90	[a] Chexate [OX]	[a] Methoblastin [PF]

METHOTREXATE

Restricted benefit

5648

Patients requiring doses greater than 20 mg per week

methotrexate 10 mg tablet, 50

1623K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	2	0.00	49.35	25.00	[a] ARX-Methotrexate [XT]	[a] Chexate [OX]
						[a] Methoblastin [PF]	

METHOTREXATE

Authority Required (STREAMLINED)

7488

Severe active rheumatoid arthritis

Clinical criteria:

- Patient must be unsuitable for administration of an oral form of methotrexate for this condition.

Authority Required (STREAMLINED)

7518

Severe psoriasis

Clinical criteria:

- The condition must not have adequately responded to topical treatment, **AND**

- Patient must be unsuitable for administration of an oral form of methotrexate for this condition.

methotrexate 7.5 mg/0.15 mL injection, 0.15 mL syringe

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11275K NP	4	5	0.00	*89.44	25.00	Trexject [LM]

methotrexate 10 mg/0.2 mL injection, 0.2 mL syringe

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11283W NP	4	5	0.00	*89.44	25.00	Trexject [LM]

methotrexate 15 mg/0.3 mL injection, 0.3 mL syringe

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11268C NP	4	5	0.00	*89.44	25.00	Trexject [LM]

methotrexate 20 mg/0.4 mL injection, 0.4 mL syringe

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11288D NP	4	5	0.00	*89.44	25.00	Trexject [LM]

methotrexate 25 mg/0.5 mL injection, 0.5 mL syringe

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11295L NP	4	5	0.00	*89.44	25.00	Trexject [LM]

METHOTREXATE

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)
15068
Severe active juvenile idiopathic arthritis
Clinical criteria:

- Patient must be unsuitable for administration of an oral form of methotrexate for this condition.

methotrexate 7.5 mg/0.15 mL injection, 0.15 mL syringe

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14091P NP	4	5	0.00	*89.44	25.00	Trexject [LM]

methotrexate 10 mg/0.2 mL injection, 0.2 mL syringe

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14089M NP	4	5	0.00	*89.44	25.00	Trexject [LM]

methotrexate 15 mg/0.3 mL injection, 0.3 mL syringe

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14102F NP	4	5	0.00	*89.44	25.00	Trexject [LM]

methotrexate 20 mg/0.4 mL injection, 0.4 mL syringe

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14097Y NP	4	5	0.00	*89.44	25.00	Trexject [LM]

methotrexate 25 mg/0.5 mL injection, 0.5 mL syringe

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14103G NP	4	5	0.00	*89.44	25.00	Trexject [LM]

PIRFENIDONE

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Authority Required
17356
Idiopathic pulmonary fibrosis
Treatment Phase: Continuing treatment
Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Treatment criteria:

- Must be treated by a prescriber who is either: (i) a respiratory physician, (ii) a specialist physician, (iii) none of the aforementioned prescriber types, but has consulted one of these aforementioned prescriber types, **AND**

- Patient must not be undergoing PBS-subsidised treatment simultaneously through the following PBS indications: (i) progressive fibrosing interstitial lung disease, (ii) idiopathic pulmonary fibrosis, **AND**
- Patient must not be undergoing sequential PBS-subsidised treatment through the following PBS indications: (i) progressive fibrosing interstitial lung disease, (ii) idiopathic pulmonary fibrosis.

pirfenidone 801 mg tablet, 90

11410M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	346.23	25.00	[a] ARX-Pirfenidone [XW]	[a] Pirfenidet [AF]
						[a] Pirfenidone Ameda [XT]	[a] Pirfenidone Dr.Reddy's [RZ]
						[a] Pirfenidone Sandoz [SZ]	

PIRFENIDONE

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

17320

Idiopathic pulmonary fibrosis

Treatment Phase: Initial treatment 1 - new patient

Clinical criteria:

- The condition must be diagnosed through a multidisciplinary team, **AND**
- Patient must have chest high resolution computed tomography (HRCT) consistent with diagnosis of idiopathic pulmonary fibrosis within the previous 12 months, **AND**
- Patient must have a forced vital capacity (FVC) greater than or equal to 50% predicted for age, gender and height, **AND**
- Patient must have a forced expiratory volume in 1 second to forced vital capacity ratio (FEV1/FVC) greater than 0.7, **AND**
- Patient must not have had an acute respiratory infection at the time of FVC measurement, **AND**
- Patient must have diffusing capacity of the lungs for carbon monoxide (DLCO) corrected for haemoglobin equal to or greater than 30%, **AND**
- Patient must not have interstitial lung disease due to other known causes including domestic and occupational environmental exposures, connective tissue disease, or drug toxicity, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Treatment criteria:

- Must be treated by a prescriber who is either: (i) a respiratory physician, (ii) a specialist physician, (iii) none of the aforementioned prescriber types, but has consulted one of these aforementioned prescriber types, **AND**
- Patient must not be undergoing PBS-subsidised treatment simultaneously through the following PBS indications: (i) progressive fibrosing interstitial lung disease, (ii) idiopathic pulmonary fibrosis, **AND**
- Patient must not be undergoing sequential PBS-subsidised treatment through the following PBS indications: (i) progressive fibrosing interstitial lung disease, (ii) idiopathic pulmonary fibrosis, **AND**
- Patient must be undergoing treatment with this pharmaceutical benefit only where the prescriber has explained to the patient/patient's guardian the following: (i) that certain diagnostic criteria must be met to be eligible to initiate treatment, (ii) continuing treatment is not based on quantified improvements in diagnostic measurements, but will be determined by clinician judgement.

A multidisciplinary team is defined as comprising of at least a specialist respiratory physician, a radiologist and where histological material is considered, a pathologist. If attendance is not possible because of geographical isolation, consultation with a multidisciplinary team is required for diagnosis.

Document in the patient's medical records the qualifying FVC, FEV1/FVC ratio and DLCO measurements. Retain medical imaging in the patient's medical records.

Applications for authorisation under this treatment phase must be made via the Online PBS Authorities System (real time assessment) or in writing via HPOS form upload or mail.

If the application is submitted through HPOS form upload or mail, it must include:

(a) details of the proposed prescription; and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authorisation under this restriction should be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)

Alternatively, applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

17277

Idiopathic pulmonary fibrosis

Treatment Phase: Initial treatment 2 - change or recommencement of treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with nintedanib or pirfenidone for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Treatment criteria:

- Must be treated by a prescriber who is either: (i) a respiratory physician, (ii) a specialist physician, (iii) none of the aforementioned prescriber types, but has consulted one of these aforementioned prescriber types, **AND**
- Patient must not be undergoing PBS-subsidised treatment simultaneously through the following PBS indications: (i) progressive fibrosing interstitial lung disease, (ii) idiopathic pulmonary fibrosis, **AND**
- Patient must not be undergoing sequential PBS-subsidised treatment through the following PBS indications: (i) progressive fibrosing interstitial lung disease, (ii) idiopathic pulmonary fibrosis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority Required

17329

Idiopathic pulmonary fibrosis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Treatment criteria:

- Must be treated by a prescriber who is either: (i) a respiratory physician, (ii) a specialist physician, (iii) none of the aforementioned prescriber types, but has consulted one of these aforementioned prescriber types, **AND**
- Patient must not be undergoing PBS-subsidised treatment simultaneously through the following PBS indications: (i) progressive fibrosing interstitial lung disease, (ii) idiopathic pulmonary fibrosis, **AND**
- Patient must not be undergoing sequential PBS-subsidised treatment through the following PBS indications: (i) progressive fibrosing interstitial lung disease, (ii) idiopathic pulmonary fibrosis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

pirfenidone 267 mg tablet, 90

11406H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	3	5	0.00	*346.23	25.00	[a] ARX-Pirfenidone [XW]	[a] Pirfenidet [AF]
						[a] Pirfenidone Ameda [XT]	[a] Pirfenidone Dr.Reddy's [RZ]
						[a] Pirfenidone Sandoz [SZ]	

MUSCULO-SKELETAL SYSTEM

ANTIINFLAMMATORY AND ANTIRHEUMATIC PRODUCTS

ANTIINFLAMMATORY AND ANTIRHEUMATIC PRODUCTS, NON-STEROIDS

Acetic acid derivatives and related substances

DICLOFENAC

diclofenac sodium 25 mg enteric tablet, 50

1299J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP MW	2	3	0.00	*19.84	21.38	[a] Clonac 25 [RW]	[a] Diclofenac Sandoz [SZ]
						[a] DICLOFENAC-WGR [WG]	[a] Fenac EC [AL]
			[B]9.44	29.28	21.38	[a] Voltaren 25 [NV]	

diclofenac sodium 25 mg enteric tablet, 50

5076E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
DP	2	0	0.00	*19.84	21.38	[a] Clonac 25 [RW]	[a] Diclofenac Sandoz [SZ]
						[a] DICLOFENAC-WGR [WG]	[a] Fenac EC [AL]
			[B]9.44	29.28	21.38	[a] Voltaren 25 [NV]	

diclofenac sodium 50 mg enteric tablet, 50

1300K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP MW	1	3	0.00	17.10	18.64	[a] Clonac 50 [RW]	[a] Diclofenac Sandoz [SZ]

1300K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
						[a] DICLOFENAC-WGR [WG]	[a] Fenac EC [AL]
			[B]9.73	26.83	18.64	[a] Voltaren 50 [NV]	

diclofenac sodium 50 mg enteric tablet, 50

5077F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
DP	1	0	0.00	17.10	18.64	[a] Clonac 50 [RW]	[a] Diclofenac Sandoz [SZ]
						[a] DICLOFENAC-WGR [WG]	[a] Fenac EC [AL]
			[B]9.73	26.83	18.64	[a] Voltaren 50 [NV]	

INDOMETACIN

indometacin 100 mg suppository, 20

2757D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP MW	2	3	0.00	*27.92	25.00	Indocid [AS]

indometacin 100 mg suppository, 20

5128X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
DP	2	0	0.00	*27.92	25.00	Indocid [AS]

INDOMETACIN

Restricted benefit

6214

Chronic arthropathies (including osteoarthritis)

Clinical criteria:

- The condition must have an inflammatory component.

Restricted benefit

6283

Bone pain

Clinical criteria:

- The condition must be due to malignant disease.

indometacin 25 mg capsule, 50

2454E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	3	0.00	*23.90	25.00	[a] Arthrexin [AF]	
			[B]1.82	*25.72	25.00	[a] Indocid [AS]	

INDOMETACIN

Restricted benefit

6282

Chronic arthropathies (including osteoarthritis)

Clinical criteria:

- The condition must have an inflammatory component.

Restricted benefit

6256

Bone pain

Clinical criteria:

- The condition must be due to malignant disease.

indometacin 25 mg capsule, 50

5126T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
DP	2	0	0.00	*23.90	25.00	[a] Arthrexin [AF]	
			[B]1.82	*25.72	25.00	[a] Indocid [AS]	

Oxicams

MELOXICAM

Note Pharmaceutical benefits that have the form meloxicam tablet 7.5 mg and pharmaceutical benefits that have the form meloxicam capsule 7.5 mg are equivalent for the purposes of substitution.

Restricted benefit

4962

Osteoarthritis

Clinical criteria:

- The treatment must be for symptomatic treatment.

Note The use of this drug for the treatment of the following conditions is not subsidised through the PBS:
(a) acute pain; (b) soft tissue injury; (c) arthrosis without an inflammatory component.

Restricted benefit
4907
Rheumatoid arthritis
Clinical criteria:

- The treatment must be for symptomatic treatment.

Note The use of this drug for the treatment of the following conditions is not subsidised through the PBS:
(a) acute pain; (b) soft tissue injury; (c) arthrosis without an inflammatory component.

meloxicam 7.5 mg tablet, 30

8561N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	3	0.00	17.70	19.24	[a] APX-Meloxicam [TY]	[a] CIPLA MELOXICAM 7.5 [LR]
						[a] MELOBIC [RF]	[a] Meloxibell [GQ]
						[a] Meloxicam Sandoz [SZ]	[a] Meloxicam Viatris [AL]
						[a] MELOXICAM-WGR [WG]	[a] Movalis 7.5 [RW]
						[a] Moxicam 7.5 [AF]	
			[B]2.80	20.50	19.24	[a] Mobic [BY]	

meloxicam 7.5 mg capsule, 30

8887R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	3	0.00	17.70	19.24	[a] APO-Meloxicam [TX]	[a] MELOBIC [RF]
						[a] MELOXICAM-WGR [WG]	[a] Movalis 7.5 [RW]
						[a] Moxicam [AF]	
			[B]2.80	20.50	19.24	[a] Mobic [BY]	

MELOXICAM

Note Pharmaceutical benefits that have the form meloxicam tablet 15 mg and pharmaceutical benefits that have the form meloxicam capsule 15 mg are equivalent for the purposes of substitution.

Restricted benefit
4962
Osteoarthritis
Clinical criteria:

- The treatment must be for symptomatic treatment.

Note The use of this drug for the treatment of the following conditions is not subsidised through the PBS:
(a) acute pain; (b) soft tissue injury; (c) arthrosis without an inflammatory component.

Restricted benefit
4907
Rheumatoid arthritis
Clinical criteria:

- The treatment must be for symptomatic treatment.

Note The use of this drug for the treatment of the following conditions is not subsidised through the PBS:
(a) acute pain; (b) soft tissue injury; (c) arthrosis without an inflammatory component.

meloxicam 15 mg tablet, 30

8562P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	3	0.00	18.40	19.94	[a] APX-Meloxicam [TY]	[a] CIPLA MELOXICAM 15 [LR]
						[a] MELOBIC [RF]	[a] Meloxibell [GQ]
						[a] Meloxicam Sandoz [SZ]	[a] Meloxicam Viatris [AL]
						[a] MELOXICAM-WGR [WG]	[a] Movalis 15 [RW]
						[a] Moxicam 15 [AF]	
			[B]2.83	21.23	19.94	[a] Mobic [BY]	

meloxicam 15 mg capsule, 30

8888T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	3	0.00	18.40	19.94	[a] APO-Meloxicam [TX]	[a] MELOBIC [RF]
						[a] MELOXICAM-WGR [WG]	[a] Movalis 15 [RW]
						[a] Moxicam [AF]	
			[B]2.83	21.23	19.94	[a] Mobic [BY]	

PIROXICAM

Restricted benefit
6214
Chronic arthropathies (including osteoarthritis)

Clinical criteria:

- The condition must have an inflammatory component.

piroxicam 10 mg capsule, 50

1897W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	3	0.00	18.75	20.29	APO-Piroxicam [TX]

piroxicam 10 mg capsule, 50

5203W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
DP	1	0	0.00	18.75	20.29	APO-Piroxicam [TX]

piroxicam 20 mg capsule, 25

1898X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	3	0.00	17.56	19.10	APO-Piroxicam [TX]

piroxicam 20 mg capsule, 25

5204X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
DP	1	0	0.00	17.56	19.10	APO-Piroxicam [TX]

Propionic acid derivatives

IBUPROFEN

ibuprofen 400 mg tablet, 30

3192B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP MW	1	0	0.00	17.10	18.64	[a] APO-Ibuprofen 400 [TX]	[a] WGR-IBUPROFEN 400 [WG]
			[B]2.34	19.44	18.64	[a] Brufen [GO]	

ibuprofen 400 mg tablet, 30

5124Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
DP	1	0	0.00	17.10	18.64	[a] APO-Ibuprofen 400 [TX]	[a] WGR-IBUPROFEN 400 [WG]
			[B]2.34	19.44	18.64	[a] Brufen [GO]	

IBUPROFEN

Restricted benefit

6214

Chronic arthropathies (including osteoarthritis)

Clinical criteria:

- The condition must have an inflammatory component.

Restricted benefit

6283

Bone pain

Clinical criteria:

- The condition must be due to malignant disease.

ibuprofen 400 mg tablet, 30

3190X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	3	3	0.00	*22.59	24.13	[a] APO-Ibuprofen 400 [TX]	[a] WGR-IBUPROFEN 400 [WG]
			[B]7.02	*29.61	24.13	[a] Brufen [GO]	

IBUPROFEN

Restricted benefit

6282

Chronic arthropathies (including osteoarthritis)

Clinical criteria:

- The condition must have an inflammatory component.

Restricted benefit

6256

Bone pain

Clinical criteria:

- The condition must be due to malignant disease.

ibuprofen 400 mg tablet, 30

5123P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
DP	3	0	0.00	*22.59	24.13	[a] APO-Ibuprofen 400 [TX]	[a] WGR-IBUPROFEN 400 [WG]
			[B]7.02	*29.61	24.13	[a] Brufen [GO]	

NAPROXEN

Restricted benefit

6214

Chronic arthropathies (including osteoarthritis)

Clinical criteria:

- The condition must have an inflammatory component.

Restricted benefit

6283

Bone pain

Clinical criteria:

- The condition must be due to malignant disease.

naproxen 250 mg tablet, 50

1674D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	3	0.00	*23.62	25.00	Naprosyn [IX]

naproxen 750 mg modified release tablet, 28

1614Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	3	0.00	19.14	20.68	[a] Proxen SR 750 [IY]	
			[B]2.30	21.44	20.68	[a] Naprosyn SR750 [IX]	

naproxen 1 g modified release tablet, 28

1615B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	3	0.00	20.72	22.26	[a] Proxen SR 1000 [IY]	
			[B]2.29	23.01	22.26	[a] Naprosyn SR1000 [IX]	

NAPROXEN

Authority Required (STREAMLINED)

4159

Chronic arthropathies (including osteoarthritis)

Clinical criteria:

- The condition must have an inflammatory component, **AND**
- Patient must be unable to take a solid dose form of a non-steroidal anti-inflammatory agent.

Authority Required (STREAMLINED)

4124

Bone pain

Clinical criteria:

- The condition must be due to malignant disease, **AND**
- Patient must be unable to take a solid dose form of a non-steroidal anti-inflammatory agent.

naproxen 125 mg/5 mL oral liquid, 474 mL

1658G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	3	0.00	121.58	25.00	Phebra Naproxen Suspension [FF]

NAPROXEN

Restricted benefit

6463

Chronic arthropathies (including osteoarthritis)

Clinical criteria:

- The condition must have an inflammatory component.

Note Naproxen sodium 550 mg is approximately equivalent to 500 mg of naproxen acid.

Restricted benefit

6471

Bone pain

Clinical criteria:

- The condition must be due to malignant disease.

Note Naproxen sodium 550 mg is approximately equivalent to 500 mg of naproxen acid.

naproxen sodium 550 mg tablet, 50

1795L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	3	0.00	19.75	21.29	[a] Crysanal [IY]	
			[B]2.77	22.52	21.29	[a] Anaprox 550 [IX]	

NAPROXEN

Restricted benefit

6282
Chronic arthropathies (including osteoarthritis)
Clinical criteria:
- The condition must have an inflammatory component.

Restricted benefit
6256
Bone pain
Clinical criteria:
- The condition must be due to malignant disease.

naproxen 250 mg tablet, 50

5176K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
DP	2	0	0.00	*23.62	25.00	Naprosyn [IX]

naproxen 750 mg modified release tablet, 28

5178M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
DP	1	0	0.00	19.14	20.68	[a] Proxen SR 750 [IY]	
			[B]2.30	21.44	20.68	[a] Naprosyn SR750 [IX]	

naproxen 1 g modified release tablet, 28

5179N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
DP	1	0	0.00	20.72	22.26	[a] Proxen SR 1000 [IY]	
			[B]2.29	23.01	22.26	[a] Naprosyn SR1000 [IX]	

NAPROXEN

Restricted benefit
6368
Chronic arthropathies (including osteoarthritis)
Clinical criteria:
- The condition must have an inflammatory component.

Note Naproxen sodium 550 mg is approximately equivalent to 500 mg of naproxen acid.

Restricted benefit
6387
Bone pain
Clinical criteria:
- The condition must be due to malignant disease.

Note Naproxen sodium 550 mg is approximately equivalent to 500 mg of naproxen acid.

naproxen sodium 550 mg tablet, 50

5186Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
DP	1	0	0.00	19.75	21.29	[a] Crysanal [IY]	
			[B]2.77	22.52	21.29	[a] Anaprox 550 [IX]	

Fenamates

MEFENAMIC ACID

Restricted benefit
6229
Dysmenorrhoea
Restricted benefit
6213
Menorrhagia

mefenamic acid 250 mg capsule, 50

1824B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	2	0.00	19.16	20.70	[a] FEMIN [XT]	
			[B]1.54	20.70	20.70	[a] Ponstan [PF]	

Coxibs

CELECOXIB

Restricted benefit
4962
Osteoarthritis
Clinical criteria:
- The treatment must be for symptomatic treatment.

Note The use of this drug for the treatment of the following conditions is not subsidised through the PBS:

(a) acute pain; (b) soft tissue injury; (c) arthrosis without an inflammatory component.

Restricted benefit

4907

Rheumatoid arthritis

Clinical criteria:

- The treatment must be for symptomatic treatment.

Note The use of this drug for the treatment of the following conditions is not subsidised through the PBS:
(a) acute pain; (b) soft tissue injury; (c) arthrosis without an inflammatory component.

celecoxib 100 mg capsule, 60

8439E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	3	0.00	18.60	20.14	[a] APX-Celecoxib [TW]	[a] Blooms Celecoxib [BG]
						[a] Celaxib [AF]	[a] Celebrex [GO]
						[a] Celecoxib GH [GQ]	[a] Celecoxib Sandoz [SZ]
						[a] CELECOXIB-WGR [WG]	[a] Celexi [RW]

celecoxib 200 mg capsule, 30

8440F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	3	0.00	18.60	20.14	[a] APX-Celecoxib [TW]	[a] Blooms Celecoxib [BG]
						[a] Celaxib [AF]	[a] Celebrex [GO]
						[a] Celecoxib GH [GQ]	[a] Celecoxib Sandoz [SZ]
						[a] CELECOXIB-WGR [WG]	[a] Celexi [RW]

SPECIFIC ANTIRHEUMATIC AGENTS

Quinolines

HYDROXYCHLOROQUINE

hydroxychloroquine sulfate 200 mg tablet, 100

1512N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	3	0.00	28.00	25.00	[a] APO- Hydroxychloroquine [TX]	[a] Hequinel [RW]
						[a] Hydroxychloroquine GH [GQ]	[a] Plaquenil [SW]

Gold preparations

AURANOFIN

Caution Regular blood and urine checks are essential.

Restricted benefit

15956

For prescribing by certain health practitioners

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

auranofin 3 mg tablet, 60

1095P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	161.99	25.00	Ridaura [GH]

auranofin 3 mg capsule, 60

2022K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	885.48	25.00	Ridaura [BZ]

Penicillamine and similar agents

PENICILLAMINE

Caution Regular blood and urine checks are essential.

Restricted benefit

15956

For prescribing by certain health practitioners

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

penicillamine 125 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2721F NP	1	1	0.00	82.07	25.00	D-Penamine [AL]

penicillamine 250 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2838J NP	1	1	0.00	105.95	25.00	D-Penamine [AL]

PENICILLAMINE

Caution Regular blood and urine checks are essential.

Restricted benefit

16078

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

penicillamine 125 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13458H NP	2	1	0.00	*151.56	25.00	D-Penamine [AL]

penicillamine 250 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13425N NP	2	1	0.00	*201.70	25.00	D-Penamine [AL]

MUSCLE RELAXANTS

MUSCLE RELAXANTS, CENTRALLY ACTING AGENTS

Other centrally acting agents

BACLOFEN

baclofen 10 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2729P NP	1	5	0.00	22.96	24.50	[a] APO-Baclofen [TX]	[a] Clofen 10 [AF]
						[a] Lioresal 10 [NV]	[a] Stelax 10 [RW]

baclofen 25 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2730Q NP	1	5	0.00	33.17	25.00	[a] APO-Baclofen [TX]	[a] Clofen 25 [AF]
						[a] Lioresal 25 [NV]	[a] Stelax 25 [RW]

BACLOFEN

Restricted benefit

14238

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

baclofen 10 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13522Q NP	2	5	0.00	*31.56	25.00	[a] APO-Baclofen [TX]	[a] Clofen 10 [AF]
						[a] Lioresal 10 [NV]	[a] Stelax 10 [RW]

baclofen 25 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13359D NP	2	5	0.00	*51.98	25.00	[a] APO-Baclofen [TX]	[a] Clofen 25 [AF]
						[a] Lioresal 25 [NV]	[a] Stelax 25 [RW]

MUSCLE RELAXANTS, DIRECTLY ACTING AGENTS

Dantrolene and derivatives

DANTROLENE

Restricted benefit

6359

Chronic spasticity

dantrolene sodium hemiheptahydrate 25 mg capsule, 100

1779P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	2	0.00	159.09	25.00	Dantrium [PF]

ANTIGOUT PREPARATIONS

ANTIGOUT PREPARATIONS

Preparations inhibiting uric acid production

ALLOPURINOL

Note The dose should be adjusted in accordance with renal function.

allopurinol 100 mg tablet, 200

2600W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	2	0.00	19.12	20.66	[a] Allopurinol Sandoz [SZ]	[a] ALLOPURINOL-WGR [WG]
						[a] Allosig [RF]	[a] APO-ALLOPURINOL [TX]
						[a] Progout 100 [AF]	[a] Progout Viatris [AL]
			[B]5.41	24.53	20.66	[a] Zyloprim [RW]	

allopurinol 300 mg tablet, 60

2604C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	2	0.00	18.10	19.64	[a] Allopurinol Sandoz [SZ]	[a] ALLOPURINOL-WGR [WG]
						[a] Allosig [RF]	[a] APO-ALLOPURINOL [TX]
						[a] Progout 300 [AF]	[a] Progout Viatris [AL]
			[B]5.38	23.48	19.64	[a] Zyloprim [RW]	

ALLOPURINOL

Note The dose should be adjusted in accordance with renal function.

Restricted benefit

14238

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

allopurinol 100 mg tablet, 200

13358C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	2	0.00	*23.88	25.00	[a] Allopurinol Sandoz [SZ]	[a] ALLOPURINOL-WGR [WG]
						[a] Allosig [RF]	[a] APO-ALLOPURINOL [TX]
						[a] Progout 100 [AF]	[a] Progout Viatris [AL]
			[B]10.82	34.70	25.00	[a] Zyloprim [RW]	

allopurinol 300 mg tablet, 60

13575L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	2	0.00	*21.84	23.38	[a] Allopurinol Sandoz [SZ]	[a] ALLOPURINOL-WGR [WG]
						[a] Allosig [RF]	[a] APO-ALLOPURINOL [TX]
						[a] Progout 300 [AF]	[a] Progout Viatris [AL]
			[B]10.76	32.60	23.38	[a] Zyloprim [RW]	

FEBUXOSTAT

Authority Required (STREAMLINED)

8921

Chronic gout

Clinical criteria:

- The condition must be either chronic gouty arthritis or chronic tophaceous gout, **AND**
- Patient must have a medical contraindication to allopurinol; **OR**
- Patient must have a documented history of allopurinol hypersensitivity syndrome; **OR**
- Patient must have an intolerance to allopurinol necessitating permanent treatment discontinuation.

febuxostat 80 mg tablet, 28

10445R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	51.08	25.00	[a] Adenuric [FK]	[a] Febexic [CR]

FEBUXOSTAT

Authority Required (STREAMLINED)

14313

Chronic gout

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must be either chronic gouty arthritis or chronic tophaceous gout, **AND**
- Patient must have a medical contraindication to allopurinol; **OR**
- Patient must have a documented history of allopurinol hypersensitivity syndrome; **OR**
- Patient must have an intolerance to allopurinol necessitating permanent treatment discontinuation.

febuxostat 80 mg tablet, 28

13519M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*87.80	25.00	[a] Adenuric [FK]	[a] Febexic [CR]

Preparations increasing uric acid excretion

PROBENECID

probenecid 500 mg tablet, 100

1940D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	74.85	25.00	Pro-Cid [FF]

PROBENECID

Restricted benefit

14238

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

probenecid 500 mg tablet, 100

13942T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*136.38	25.00	Pro-Cid [FF]

Preparations with no effect on uric acid metabolism

COLCHICINE

colchicine 500 microgram tablet, 30

3410L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	17.88	19.42	[a] ARX-Colchicine [XT]	[a] COLCHICINE-WGR [WG]
						[a] Colcine [CR]	[a] Lengout [LN]
			[B]2.02	19.90	19.42	[a] Colgout [AS]	

DRUGS FOR TREATMENT OF BONE DISEASES

DRUGS AFFECTING BONE STRUCTURE AND MINERALIZATION

Bisphosphonates

ALENDRONATE

Restricted benefit

6323

Corticosteroid-induced osteoporosis

Clinical criteria:

- Patient must currently be on long-term (at least 3 months), high-dose (at least 7.5 mg per day prednisolone or equivalent) corticosteroid therapy, **AND**
- Patient must have a Bone Mineral Density (BMD) T-score of -1.5 or less, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.

The duration and dose of corticosteroid therapy together with the date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.

Note Anti-resorptive agents in osteoporosis include alendronate sodium, risedronate sodium, denosumab, raloxifene hydrochloride and zoledronic acid.

Restricted benefit

6310

Osteoporosis

Population criteria:

- Patient must be aged 70 years or older.

Clinical criteria:

- Patient must have a Bone Mineral Density (BMD) T-score of -2.5 or less, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.

The date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.

Note Anti-resorptive agents in osteoporosis include alendronate sodium, risedronate sodium, denosumab, raloxifene hydrochloride and zoledronic acid.

Restricted benefit

6327

Established osteoporosis

Clinical criteria:

- Patient must have fracture due to minimal trauma, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.

The fracture must have been demonstrated radiologically and the year of plain x-ray or computed tomography (CT) scan or magnetic resonance imaging (MRI) scan must be documented in the patient's medical records when treatment is initiated.

A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

Note Anti-resorptive agents in established osteoporosis include alendronate sodium, risedronate sodium, denosumab, raloxifene hydrochloride and zoledronic acid.

alendronate 70 mg tablet, 4

8511Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	18.24	19.78	[a] Alendronate Sandoz [SZ]	[a] ALENDRONATE-WGR [WG]
						[a] APO-Alendronate [TX]	[a] Fonat [AL]

ALENDRONATE

Restricted benefit

14309

Corticosteroid-induced osteoporosis

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must currently be on long-term (at least 3 months), high-dose (at least 7.5 mg per day prednisolone or equivalent) corticosteroid therapy, **AND**
- Patient must have a Bone Mineral Density (BMD) T-score of -1.5 or less, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.

The duration and dose of corticosteroid therapy together with the date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.

Note Anti-resorptive agents in osteoporosis include alendronate sodium, risedronate sodium, denosumab, raloxifene hydrochloride and zoledronic acid.

Restricted benefit

14242

Osteoporosis

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Population criteria:

- Patient must be aged 70 years or older.

Clinical criteria:

- Patient must have a Bone Mineral Density (BMD) T-score of -2.5 or less, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.

The date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.

Note Anti-resorptive agents in osteoporosis include alendronate sodium, risedronate sodium, denosumab, raloxifene hydrochloride and zoledronic acid.

Restricted benefit

14291

Established osteoporosis

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have fracture due to minimal trauma, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.

The fracture must have been demonstrated radiologically and the year of plain x-ray or computed tomography (CT) scan or magnetic resonance imaging (MRI) scan must be documented in the patient's medical records when treatment is initiated.

A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

Note Anti-resorptive agents in established osteoporosis include alendronate sodium, risedronate sodium, denosumab, raloxifene hydrochloride and zoledronic acid.

alendronate 70 mg tablet, 4

13499L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*22.12	23.66	[a] Alendronate Sandoz [SZ]	[a] ALENDRONATE-WGR [WG]
						[a] APO-Alendronate [TX]	[a] Fonat [AL]

IBANDRONATE

Restricted benefit

16679

Bone metastases

Clinical criteria:

- The condition must be due to breast cancer.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

ibandronate 50 mg tablet, 28

9357L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	2	0.00	213.96	25.00	Bondronat [IX]

PAMIDRONATE DISODIUM

Restricted benefit

16577

Symptomatic Paget disease of bone

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) a nurse practitioner who is continuing treatment with this medicine (of any strength) that was initiated by a medical practitioner as a PBS benefit.

pamidronate disodium 60 mg/10 mL injection, 10 mL vial

8463K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	0	0.00	72.00	25.00	Pamisol [PF]

RISEDRONATE

Restricted benefit

16577

Symptomatic Paget disease of bone

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) a nurse practitioner who is continuing treatment with this medicine (of any strength) that was initiated by a medical practitioner as a PBS benefit.

risedronate sodium 30 mg tablet, 28

8482K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	1	0.00	176.40	25.00	Actonel [TT]

RISEDRONATE

Restricted benefit

6323

Corticosteroid-induced osteoporosis

Clinical criteria:

- Patient must currently be on long-term (at least 3 months), high-dose (at least 7.5 mg per day prednisolone or equivalent) corticosteroid therapy, **AND**
- Patient must have a Bone Mineral Density (BMD) T-score of -1.5 or less, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.

The duration and dose of corticosteroid therapy together with the date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.

Note Anti-resorptive agents in osteoporosis include alendronate sodium, risedronate sodium, denosumab, raloxifene hydrochloride and zoledronic acid.

Restricted benefit

6310

Osteoporosis

Population criteria:

- Patient must be aged 70 years or older.

Clinical criteria:

- Patient must have a Bone Mineral Density (BMD) T-score of -2.5 or less, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.

The date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.

Note Anti-resorptive agents in osteoporosis include alendronate sodium, risedronate sodium, denosumab, raloxifene hydrochloride and zoledronic acid.

Restricted benefit

6327

Established osteoporosis

Clinical criteria:

- Patient must have fracture due to minimal trauma, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.

The fracture must have been demonstrated radiologically and the year of plain x-ray or computed tomography (CT) scan or magnetic resonance imaging (MRI) scan must be documented in the patient's medical records when treatment is initiated.

A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

Note Anti-resorptive agents in established osteoporosis include alendronate sodium, risedronate sodium, denosumab, raloxifene hydrochloride and zoledronic acid.

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risedronate sodium 5 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8481J						
NP	1	5	0.00	37.65	25.00	Actonel [TT]

risedronate sodium 35 mg tablet, 4

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8621R							
NP	1	5	0.00	34.17	25.00	[a] APO-Risedronate [TX]	[a] Risedronate Sandoz [SZ]
						[a] RISEDRONATE-WGR [WG]	

risedronate sodium 35 mg enteric tablet, 4

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8972F						
NP	1	5	0.00	34.17	25.00	Actonel EC [TT]

risedronate sodium 150 mg tablet, 1

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9391G							
NP	1	5	0.00	35.84	25.00	[a] Actonel Once-a-Month [TT]	[a] APO-Risedronate [TX]
						[a] Risedronate Way [IX]	

RISEDRONATE

Restricted benefit

14234

Corticosteroid-induced osteoporosis

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must currently be on long-term (at least 3 months), high-dose (at least 7.5 mg per day prednisolone or equivalent) corticosteroid therapy, **AND**
- Patient must have a Bone Mineral Density (BMD) T-score of -1.5 or less, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.

The duration and dose of corticosteroid therapy together with the date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.

Note Anti-resorptive agents in osteoporosis include alendronate sodium, risedronate sodium, denosumab, raloxifene hydrochloride and zoledronic acid.

Restricted benefit

14235

Osteoporosis

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Population criteria:

- Patient must be aged 70 years or older.

Clinical criteria:

- Patient must have a Bone Mineral Density (BMD) T-score of -2.5 or less, **AND**

- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.

The date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.

Note Anti-resorptive agents in osteoporosis include alendronate sodium, risedronate sodium, denosumab, raloxifene hydrochloride and zoledronic acid.

Restricted benefit

14263

Established osteoporosis

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have fracture due to minimal trauma, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.

The fracture must have been demonstrated radiologically and the year of plain x-ray or computed tomography (CT) scan or magnetic resonance imaging (MRI) scan must be documented in the patient's medical records when treatment is initiated.

A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

Note Anti-resorptive agents in established osteoporosis include alendronate sodium, risedronate sodium, denosumab, raloxifene hydrochloride and zoledronic acid.

risedronate sodium 5 mg tablet, 28

13360E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*60.94	25.00	Actonel [TT]

risedronate sodium 35 mg enteric tablet, 4

13364J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*53.98	25.00	Actonel EC [TT]

risedronate sodium 35 mg tablet, 4

13459J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*53.98	25.00	[a] APO-Risedronate [TX]	[a] Risedronate Sandoz [SZ]
						[a] RISEDRONATE-WGR [WG]	

risedronate sodium 150 mg tablet, 1

13488X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*57.32	25.00	[a] Actonel Once-a-Month [TT]	[a] APO-Risedronate [TX]
						[a] Risedronate Way [IX]	

ZOLEDRONIC ACID

Authority Required (STREAMLINED)

5710

Symptomatic Paget disease of bone

Only 1 treatment each year per patient will be PBS-subsidised

zoledronic acid 5 mg/100 mL injection, 100 mL vial

9350D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	0	0.00	74.05	25.00	[a] Aclasta [HX]	[a] Osteovan [SZ]
						[a] Zoledasta [TX]	[a] Zoledronate-RDY 5 [RI]

ZOLEDRONIC ACID

Note Anti-resorptive agents in established osteoporosis include alendronate sodium, risedronate sodium, denosumab, raloxifene hydrochloride and zoledronic acid.

Authority Required (STREAMLINED)

6308

Corticosteroid-induced osteoporosis

Clinical criteria:

- Patient must currently be on long-term (at least 3 months), high-dose (at least 7.5 mg per day prednisolone or equivalent) corticosteroid therapy, **AND**
- Patient must have a Bone Mineral Density (BMD) T-score of -1.5 or less, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition, **AND**
- Patient must not receive more than one PBS-subsidised treatment per year.

The duration and dose of corticosteroid therapy together with the date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.

Authority Required (STREAMLINED)

6313
Osteoporosis
Population criteria:
- Patient must be aged 70 years or older.

Clinical criteria:
- Patient must have a Bone Mineral Density (BMD) T-score of -3.0 or less, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition, **AND**
- Patient must not receive more than one PBS-subsidised treatment per year.

The date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.

Authority Required (STREAMLINED)

6318
Established osteoporosis
Clinical criteria:
- Patient must have fracture due to minimal trauma, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition, **AND**
- Patient must not receive more than one PBS-subsidised treatment per year.

The fracture must have been demonstrated radiologically and the year of plain x-ray or computed tomography (CT) scan or magnetic resonance imaging (MRI) scan must be documented in the patient's medical records when treatment is initiated.

A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

zoledronic acid 5 mg/100 mL injection, 100 mL vial

9288W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	0	0.00	74.05	25.00	[a] Aclasta [HX]	[a] Osteovan [SZ]
					[a] Zoledasta [TX]	[a] Zoledronate-RDY 5 [RI]

Bisphosphonates, combinations

ALENDRONATE + COLECALCIFEROL

Authority Required (STREAMLINED)

6307
Corticosteroid-induced osteoporosis
Clinical criteria:
- Patient must currently be on long-term (at least 3 months), high-dose (at least 7.5 mg per day prednisolone or equivalent) corticosteroid therapy, **AND**
- Patient must have a Bone Mineral Density (BMD) T-score of -1.5 or less, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.

The duration and dose of corticosteroid therapy together with the date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.

Note Anti-resorptive agents in established osteoporosis include alendronate sodium, risedronate sodium, denosumab, raloxifene hydrochloride and zoledronic acid.

Note Fosamax Plus provides a supplemental intake of vitamin D. The amount of colecalciferol present in Fosamax Plus is not sufficient to use as the sole treatment for correction of vitamin D deficiency.

Authority Required (STREAMLINED)

6320
Osteoporosis
Population criteria:
- Patient must be aged 70 years or older.

Clinical criteria:
- Patient must have a Bone Mineral Density (BMD) T-score of -2.5 or less, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.

The date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.

Note Anti-resorptive agents in established osteoporosis include alendronate sodium, risedronate sodium, denosumab, raloxifene hydrochloride and zoledronic acid.

Note Fosamax Plus provides a supplemental intake of vitamin D. The amount of colecalciferol present in Fosamax Plus is not sufficient to use as the sole treatment for correction of vitamin D deficiency.

Authority Required (STREAMLINED)

6315
Established osteoporosis
Clinical criteria:
- Patient must have fracture due to minimal trauma, **AND**

- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.

The fracture must have been demonstrated radiologically and the year of plain x-ray or computed tomography (CT) scan or magnetic resonance imaging (MRI) scan must be documented in the patient's medical records when treatment is initiated.

A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

Note Anti-resorptive agents in established osteoporosis include alendronate sodium, risedronate sodium, denosumab, raloxifene hydrochloride and zoledronic acid.

Note Fosamax Plus provides a supplemental intake of vitamin D. The amount of colecalciferol present in Fosamax Plus is not sufficient to use as the sole treatment for correction of vitamin D deficiency.

alendronate 70 mg + colecalciferol 70 microgram (2800 units) tablet, 4

9012H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	21.32	22.86	Fosamax Plus [MQ]

ALENDRONATE + COLECALCIFEROL

Authority Required (STREAMLINED)

6306

Corticosteroid-induced osteoporosis

Clinical criteria:

- Patient must currently be on long-term (at least 3 months), high-dose (at least 7.5 mg per day prednisolone or equivalent) corticosteroid therapy, **AND**
- Patient must have a Bone Mineral Density (BMD) T-score of -1.5 or less, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.

The duration and dose of corticosteroid therapy together with the date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.

Note Anti-resorptive agents in established osteoporosis include alendronate sodium, risedronate sodium, denosumab, raloxifene hydrochloride and zoledronic acid.

Authority Required (STREAMLINED)

6325

Osteoporosis

Population criteria:

- Patient must be aged 70 years or older.

Clinical criteria:

- Patient must have a Bone Mineral Density (BMD) T-score of -2.5 or less, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.

The date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.

Note Anti-resorptive agents in established osteoporosis include alendronate sodium, risedronate sodium, denosumab, raloxifene hydrochloride and zoledronic acid.

Authority Required (STREAMLINED)

6319

Established osteoporosis

Clinical criteria:

- Patient must have fracture due to minimal trauma, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.

The fracture must have been demonstrated radiologically and the year of plain x-ray or computed tomography (CT) scan or magnetic resonance imaging (MRI) scan must be documented in the patient's medical records when treatment is initiated.

A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

Note Anti-resorptive agents in established osteoporosis include alendronate sodium, risedronate sodium, denosumab, raloxifene hydrochloride and zoledronic acid.

alendronate 70 mg + colecalciferol 140 microgram (5600 units) tablet, 4

9183H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	21.32	22.86	Fosamax Plus 70 mg/140 mcg [MQ]

ALENDRONATE + COLECALCIFEROL

Authority Required (STREAMLINED)

15032

Corticosteroid-induced osteoporosis

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**

- Patient must currently be on long-term (at least 3 months), high-dose (at least 7.5 mg per day prednisolone or equivalent) corticosteroid therapy, **AND**
- Patient must have a Bone Mineral Density (BMD) T-score of -1.5 or less, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.

The duration and dose of corticosteroid therapy together with the date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.

Note Anti-resorptive agents in established osteoporosis include alendronate sodium, risedronate sodium, denosumab, raloxifene hydrochloride and zoledronic acid.

Authority Required (STREAMLINED)

14898

Osteoporosis

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Population criteria:

- Patient must be aged 70 years or older.

Clinical criteria:

- Patient must have a Bone Mineral Density (BMD) T-score of -2.5 or less, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.

The date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.

Note Anti-resorptive agents in established osteoporosis include alendronate sodium, risedronate sodium, denosumab, raloxifene hydrochloride and zoledronic acid.

Authority Required (STREAMLINED)

14993

Established osteoporosis

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have fracture due to minimal trauma, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.

The fracture must have been demonstrated radiologically and the year of plain x-ray or computed tomography (CT) scan or magnetic resonance imaging (MRI) scan must be documented in the patient's medical records when treatment is initiated.

A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

Note Anti-resorptive agents in established osteoporosis include alendronate sodium, risedronate sodium, denosumab, raloxifene hydrochloride and zoledronic acid.

alendronate 70 mg + colecalciferol 140 microgram (5600 units) tablet, 4

13835E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	0.00	*28.28	25.00	Fosamax Plus 70 mg/140 mcg [MQ]

NP

ALENDRONATE + COLECALCIFEROL

Authority Required (STREAMLINED)

15024

Corticosteroid-induced osteoporosis

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must currently be on long-term (at least 3 months), high-dose (at least 7.5 mg per day prednisolone or equivalent) corticosteroid therapy, **AND**
- Patient must have a Bone Mineral Density (BMD) T-score of -1.5 or less, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.

The duration and dose of corticosteroid therapy together with the date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.

Note Anti-resorptive agents in established osteoporosis include alendronate sodium, risedronate sodium, denosumab, raloxifene hydrochloride and zoledronic acid.

Note Fosamax Plus provides a supplemental intake of vitamin D. The amount of colecalciferol present in Fosamax Plus is not sufficient to use as the sole treatment for correction of vitamin D deficiency.

Authority Required (STREAMLINED)

15011

Osteoporosis

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Population criteria:

- Patient must be aged 70 years or older.

Clinical criteria:

- Patient must have a Bone Mineral Density (BMD) T-score of -2.5 or less, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.

The date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.

Note Anti-resorptive agents in established osteoporosis include alendronate sodium, risedronate sodium, denosumab, raloxifene hydrochloride and zoledronic acid.

Note Fosamax Plus provides a supplemental intake of vitamin D. The amount of colecalciferol present in Fosamax Plus is not sufficient to use as the sole treatment for correction of vitamin D deficiency.

Authority Required (STREAMLINED)

15035

Established osteoporosis

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have fracture due to minimal trauma, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.

The fracture must have been demonstrated radiologically and the year of plain x-ray or computed tomography (CT) scan or magnetic resonance imaging (MRI) scan must be documented in the patient's medical records when treatment is initiated.

A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

Note Anti-resorptive agents in established osteoporosis include alendronate sodium, risedronate sodium, denosumab, raloxifene hydrochloride and zoledronic acid.

Note Fosamax Plus provides a supplemental intake of vitamin D. The amount of colecalciferol present in Fosamax Plus is not sufficient to use as the sole treatment for correction of vitamin D deficiency.

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alendronate 70 mg + colecalciferol 70 microgram (2800 units) tablet, 4

14003B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*28.28	25.00	Fosamax Plus [MQ]

Other drugs affecting bone structure and mineralization

CALCITRIOL

Authority Required (STREAMLINED)

5401

Hypocalcaemia

Clinical criteria:

- The condition must be due to renal disease.

Authority Required (STREAMLINED)

5255

Hypoparathyroidism

Authority Required (STREAMLINED)

5089

Hypophosphataemic rickets

Authority Required (STREAMLINED)

5114

Vitamin D-resistant rickets

Authority Required (STREAMLINED)

5402

Established osteoporosis

Clinical criteria:

- Patient must have fracture due to minimal trauma.

The fracture must have been demonstrated radiologically and the year of plain x-ray or computed tomography (CT) scan or magnetic resonance imaging (MRI) scan must be documented in the patient's medical records when treatment is initiated.

A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

calcitriol 0.25 microgram capsule, 100

2502Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	3	0.00	29.99	25.00	[a] Calciprox [ZS]	[a] CALITROL [XT]
						[a] Sical [AF]	

2502Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
			[B]2.23	32.22	25.00	[a] Rocaltrol [IX]	

CALCITRIOL

Authority Required (STREAMLINED)

14322

Hypocalcaemia

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must be due to renal disease.

Authority Required (STREAMLINED)

14287

Hypoparathyroidism

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Authority Required (STREAMLINED)

14231

Hypophosphataemic rickets

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Authority Required (STREAMLINED)

14296

Vitamin D-resistant rickets

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Authority Required (STREAMLINED)

14259

Established osteoporosis

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have fracture due to minimal trauma.

The fracture must have been demonstrated radiologically and the year of plain x-ray or computed tomography (CT) scan or magnetic resonance imaging (MRI) scan must be documented in the patient's medical records when treatment is initiated.

A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

calcitriol 0.25 microgram capsule, 100

13457G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	3	0.00	*45.62	25.00	[a] Calciprox [ZS]	[a] CALITROL [XT]
						[a] Sical [AF]	
			[B]4.46	50.08	25.00	[a] Rocaltrol [IX]	

DENOSUMAB

Note Denosumab is not PBS-subsidised for use in patients who have undergone curative surgical resection.

Authority Required (STREAMLINED)

16514

Giant cell tumour of bone

Clinical criteria:

- Patient must be one in whom surgical resection is not feasible; **OR**
- Patient must be one in whom surgical resection is possible but surgery would result in significant morbidity.

Population criteria:

- Patient must be an adult; **OR**
- Patient must be a skeletally mature adolescent.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

denosumab 120 mg/mL injection, 1 mL syringe

15001M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	339.43	25.00	Xgeva [XT]

DENOSUMAB

Authority Required (STREAMLINED)

16608

Bone metastases

Clinical criteria:

- The condition must be due to breast cancer.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authority Required (STREAMLINED)

16512

Bone metastases

Clinical criteria:

- The condition must be due to castration-resistant prostate cancer.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

denosumab 120 mg/mL injection, 1 mL syringe

15013E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	339.43	25.00	Xgeva [XT]

DENOSUMAB

Note Denosumab is not PBS-subsidised for use in patients who have undergone curative surgical resection.

Note Biosimilar prescribing policy

Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Authority Required (STREAMLINED)

16514

Giant cell tumour of bone

Clinical criteria:

- Patient must be one in whom surgical resection is not feasible; **OR**
- Patient must be one in whom surgical resection is possible but surgery would result in significant morbidity.

Population criteria:

- Patient must be an adult; **OR**
- Patient must be a skeletally mature adolescent.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

denosumab 120 mg/1.7 mL injection, 1.7 mL vial

10061M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	290.70	25.00	[a] GANVADO [XW]	[a] Osenvelt [EW]
						[a] Wyost [SZ]	[a] Xgeva [XT]

DENOSUMAB

Note Biosimilar prescribing policy

Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Authority Required (STREAMLINED)

16608

Bone metastases

Clinical criteria:

- The condition must be due to breast cancer.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authority Required (STREAMLINED)

16512

Bone metastases

Clinical criteria:

- The condition must be due to castration-resistant prostate cancer.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

denosumab 120 mg/1.7 mL injection, 1.7 mL vial

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5110Y							
NP	1	5	0.00	290.70	25.00	[a] GANVADO [XW]	[a] Osenvelt [EW]
						[a] Wyost [SZ]	[a] Xgeva [XT]

DENOSUMAB

Note Biosimilar prescribing policy

Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Authority Required (STREAMLINED)

6548

Osteoporosis

Population criteria:

- Patient must be aged 70 years or older.

Clinical criteria:

- Patient must have a Bone Mineral Density (BMD) T-score of -2.5 or less, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.

The date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.

Note Anti-resorptive agents in established osteoporosis include alendronate sodium, risedronate sodium, denosumab, raloxifene hydrochloride and zoledronic acid.

Authority Required (STREAMLINED)

6524

Established osteoporosis

Clinical criteria:

- Patient must have fracture due to minimal trauma, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.

The fracture must have been demonstrated radiologically and the year of plain x-ray or computed tomography (CT) scan or magnetic resonance imaging (MRI) scan must be documented in the patient's medical records when treatment is initiated.

A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

Note Anti-resorptive agents in established osteoporosis include alendronate sodium, risedronate sodium, denosumab, raloxifene hydrochloride and zoledronic acid.

denosumab 60 mg/mL injection, 1 mL syringe

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5457F							
NP	1	0	0.00	160.37	25.00	[a] CORORA [XW]	[a] Jubbonti [SZ]
						[a] Prolia [XT]	[a] Stoboclo [EW]

RALOXIFENE

Authority Required (STREAMLINED)

6314

Established post-menopausal osteoporosis

Clinical criteria:

- Patient must have fracture due to minimal trauma, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.

The fracture must have been demonstrated radiologically and the year of plain x-ray or computed tomography (CT) scan or magnetic resonance imaging (MRI) scan must be documented in the patient's medical records when treatment is initiated.

A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

Note Anti-resorptive agents in established osteoporosis include alendronate sodium, risedronate sodium, denosumab, raloxifene hydrochloride and zoledronic acid.

raloxifene hydrochloride 60 mg tablet, 28

8363E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	30.69	25.00	[a] Fixta 60 [ZS]	[a] RALOVISTA [RF]
						[a] Raloxifene GH [GQ]	
			[B]3.98	34.67	25.00	[a] Evista [BZ]	

RALOXIFENE

Authority Required (STREAMLINED)

14274

Established post-menopausal osteoporosis

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have fracture due to minimal trauma, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.

The fracture must have been demonstrated radiologically and the year of plain x-ray or computed tomography (CT) scan or magnetic resonance imaging (MRI) scan must be documented in the patient's medical records when treatment is initiated.

A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

Note Anti-resorptive agents in established osteoporosis include alendronate sodium, risedronate sodium, denosumab, raloxifene hydrochloride and zoledronic acid.

raloxifene hydrochloride 60 mg tablet, 28

13426P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*47.02	25.00	[a] Fixta 60 [ZS]	[a] RALOVISTA [RF]
						[a] Raloxifene GH [GQ]	
			[B]7.96	54.98	25.00	[a] Evista [BZ]	

ROMOSOZUMAB

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

18927

Severe established osteoporosis

Treatment Phase: Initial treatment - Second-line therapy

Clinical criteria:

- Patient must be at very high risk of fracture, **AND**
- Patient must have a bone mineral density (BMD) T-score of -3.0 or less, **AND**
- Patient must have had 2 or more fractures due to minimal trauma, **AND**
- Patient must have experienced at least 1 symptomatic new fracture after at least 12 months continuous therapy with an anti-resorptive agent at adequate doses, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- The treatment must not exceed a lifetime maximum of 12 months of PBS and non-PBS-subsidised therapy, **AND**
- Patient must not have received PBS-subsidised treatment with any of: (i) teriparatide, (ii) abaloparatide, or (iii) romosozumab; **OR**
- Patient must have developed intolerance to: (i) teriparatide, or (ii) abaloparatide of a severity necessitating permanent treatment withdrawal within the first 6 months of therapy.

Treatment criteria:

- Must be treated by a consultant physician.

A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

If treatment with anti-resorptive therapy is contraindicated according to the relevant TGA-approved Product Information, details of the contraindication must be documented in the patient's medical record at the time treatment with this drug is initiated.

If an intolerance of a severity necessitating permanent treatment withdrawal develops during the relevant period of use of one anti-resorptive agent, alternate anti-resorptive agents must be trialled so that the patient achieves the minimum requirement of 12 months continuous therapy. Details must be documented in the patient's medical record at the time treatment with this drug is initiated.

Anti-resorptive therapies for osteoporosis and their adequate doses which will be accepted for the purposes of administering this restriction are alendronate sodium 10 mg per day or 70 mg once weekly, risedronate sodium 5 mg per day or 35 mg once weekly or 150 mg once monthly, raloxifene hydrochloride 60 mg per day (women only), denosumab 60 mg once every 6 months and zoledronic acid 5 mg per annum.

Details of prior anti-resorptive therapy, fracture history including the date(s), site(s), the symptoms associated with the fracture(s) which developed after at least 12 months continuous anti-resorptive therapy and the score of the qualifying BMD measurement must be provided at the time of application.

Authority Required

16023

Severe established osteoporosis

Treatment Phase: Continuing treatment - Second-line therapy

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition as second-line therapy, **AND**
- The treatment must not exceed a lifetime maximum of 12 months of PBS and non-PBS-subsidised therapy.

Treatment criteria:

- Must be treated by a medical practitioner identifying as either: (i) a consultant physician, (ii) a general practitioner.

romosozumab 105 mg/1.17 mL injection, 2 x 1.17 mL syringes

12301K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	0.00	395.12	25.00	Evenity [AN]

ROMOSOZUMAB

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

18972

Severe established osteoporosis

Treatment Phase: Initial treatment - First-line therapy

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with any of: (i) anti-resorptive therapy, (ii) teriparatide, (iii) romosozumab, (iv) abaloparatide; **OR**
- Patient must have developed intolerance to abaloparatide of a severity necessitating permanent treatment withdrawal within the first 6 months of therapy, **AND**
- Patient must be at very high risk of fracture, **AND**
- Patient must have a Bone Mineral Density (BMD) T-score of -2.5 or less, **AND**
- Patient must have had a symptomatic fracture due to minimal trauma, **AND**
- Patient must have had at least 1 hip or symptomatic vertebral fracture in the previous 24 months; **OR**
- Patient must have had at least 2 fractures including 1 symptomatic new fracture in the previous 24 months, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- The treatment must not exceed a lifetime maximum of 12 months of PBS and non-PBS-subsidised therapy.

Treatment criteria:

- Must be treated by a consultant physician.

Details of fracture history including the date(s), site(s), the symptoms associated with the fracture(s) and the score of the qualifying BMD measurement must be provided at the time of application.

A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

Anti-resorptive therapies for osteoporosis include alendronate sodium, risedronate sodium, raloxifene hydrochloride, denosumab and zoledronic acid.

Authority Required

16022

Severe established osteoporosis

Treatment Phase: Continuing treatment - First-line therapy

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition as first-line therapy, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- The treatment must not exceed a lifetime maximum of 12 months of PBS and non-PBS-subsidised therapy.

Treatment criteria:

- Must be treated by a medical practitioner identifying as either: (i) a consultant physician, (ii) a general practitioner.

romosozumab 105 mg/1.17 mL injection, 2 x 1.17 mL syringes

14641N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	0.00	395.12	25.00	Evenity [AN]

TERIPARATIDE

Note Pharmaceutical benefits that have the form teriparatide 250 microgram/mL injection, 2.4 mL cartridge and the pharmaceutical benefits that have the form teriparatide 250 microgram/mL injection, 2.4 mL pen device are equivalent for the purposes of substitution.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

15536

Severe established osteoporosis

Treatment Phase: Continuing treatment

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have previously been issued with an authority prescription for this drug, **AND**
- The treatment must not exceed a lifetime maximum of 18 months therapy.

Treatment criteria:

- Must be treated by a specialist; **OR**
- Must be treated by a consultant physician.

Note Up to a maximum of 18 pens will be reimbursed through the PBS.

teriparatide 250 microgram/mL injection, 2.4 mL pen device

14482F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	2	2	0.00	*336.92	25.00	[a] Teriparatide Lupin [GQ]	[a] Terrosa [FX]

teriparatide 250 microgram/mL injection, 2.4 mL cartridge

15188J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	2	0.00	*336.92	25.00	[a] Ritosa [XT]

TERIPARATIDE

Note Pharmaceutical benefits that have the form teriparatide 250 microgram/mL injection, 2.4 mL cartridge and the pharmaceutical benefits that have the form teriparatide 250 microgram/mL injection, 2.4 mL pen device are equivalent for the purposes of substitution.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

19012

Severe established osteoporosis

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by a specialist; **OR**
- Must be treated by a consultant physician.

Clinical criteria:

- Patient must be at very high risk of fracture, **AND**
- Patient must have a bone mineral density (BMD) T-score of -3.0 or less, **AND**
- Patient must have had 2 or more fractures due to minimal trauma, **AND**
- Patient must have experienced at least 1 symptomatic new fracture after at least 12 months continuous therapy with an anti-resorptive agent at adequate doses, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- The treatment must not exceed a lifetime maximum of 18 months therapy, **AND**
- Patient must not have received PBS-subsidised treatment with any of: (i) romosozumab, (ii) abaloparatide; **OR**
- Patient must have developed intolerance to: (i) romosozumab, or (ii) abaloparatide of a severity necessitating permanent treatment withdrawal within the first 6 months of therapy.

A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

If treatment with anti-resorptive therapy is contraindicated according to the relevant TGA-approved Product Information, details of the contraindication must be documented in the patient's medical record at the time treatment with teriparatide is initiated.

If an intolerance of a severity necessitating permanent treatment withdrawal develops during the relevant period of use of one anti-resorptive agent, alternate anti-resorptive agents must be trialled so that the patient achieves the minimum requirement of 12 months continuous therapy. Details must be documented in the patient's medical record at the time treatment with teriparatide is initiated.

Anti-resorptive therapies for osteoporosis and their adequate doses which will be accepted for the purposes of administering this restriction are alendronate sodium 10 mg per day or 70 mg once weekly, risedronate sodium 5 mg per day or 35 mg once weekly or 150 mg once monthly, raloxifene hydrochloride 60 mg per day (women only), denosumab 60 mg once every 6 months and zoledronic acid 5 mg per annum.

Details of prior anti-resorptive therapy, fracture history including the date(s), site(s), the symptoms associated with the fracture(s) which developed after at least 12 months continuous anti-resorptive therapy and the score of the qualifying BMD measurement must be documented in the patient's medical record.

Authority Required (STREAMLINED)

12270

Severe established osteoporosis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously been issued with an authority prescription for this drug, **AND**
- The treatment must not exceed a lifetime maximum of 18 months therapy.

Treatment criteria:

- Must be treated by a specialist; **OR**
- Must be treated by a consultant physician.

Note Up to a maximum of 18 pens will be reimbursed through the PBS.

teriparatide 250 microgram/mL injection, 2.4 mL pen device

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14093R	1	5	0.00	173.14	25.00	[a] Teriparatide Lupin [GQ]	[a] Terrosa [FX]

teriparatide 250 microgram/mL injection, 2.4 mL cartridge

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15152L	1	5	0.00	173.14	25.00	[a] Ritosa [XT]

VOSORITIDE

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

13977

Achondroplasia

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have a diagnosis of achondroplasia, confirmed by appropriate genetic testing, **AND**
- Patient must not have evidence of growth plate closure demonstrated by at least one of the following: i) bilateral lower extremity X-rays (proximal tibia, distal femur) taken within 6 months of this application if puberty has commenced; ii) bilateral lower extremity X-rays (proximal tibia, distal femur) taken within 2 years of commencing treatment if puberty has not commenced; iii) an annual growth velocity of greater than 1.5 cm/year as assessed over a period of at least 6 months.

Treatment criteria:

- Must be treated by a medical specialist, experienced in the management of achondroplasia; **OR**
- Must be treated by a paediatrician in consultation with a medical specialist experienced in the management of achondroplasia.

At the time of authority application, medical practitioners must request the appropriate number of vials of appropriate strength(s) to provide sufficient drug, based on the weight of the patient, adequate for 4 weeks, according to the specified dosage in the approved Product Information (PI). A separate authority prescription form must be completed for each strength requested. Up to a maximum of 5 repeats will be authorised.

Appropriate genetic testing constitutes testing for FGFR3 gene mutation.

In patients where puberty has not commenced, radiographic evidence that epiphyses have not closed must be obtained within 2 years of commencing treatment with vosoritide. X-rays and dates (date commenced treatment and date of X-ray) must be documented in the patient's medical records.

Additional radiographic evidence is not required until patient has begun puberty.

In patients where puberty has commenced, radiographic evidence that epiphyses have not closed must be obtained within 6 months of completing an authority application for vosoritide. X-ray and date taken must be documented in the patient's medical records.

Authority Required

13998

Achondroplasia

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received PBS subsidised vosoritide treatment for this condition, **AND**
- Patient must not have evidence of growth plate closure demonstrated by at least one of the following: i) bilateral lower extremity X-rays (proximal tibia, distal femur) taken within 6 months of this application if puberty has commenced; ii) bilateral lower extremity X-rays (proximal tibia, distal femur) taken within 2 years of commencing treatment if puberty has not commenced; iii) an annual growth velocity of greater than 1.5 cm/year as assessed over a period of at least 6 months.

Treatment criteria:

- Must be treated by a medical specialist, experienced in the management of achondroplasia; **OR**
- Must be treated by a paediatrician in consultation with a medical specialist experienced in the management of achondroplasia.

At the time of authority application, medical practitioners must request the appropriate number of vials of appropriate strength(s) to provide sufficient drug, based on the weight of the patient, adequate for 4 weeks, according to the specified dosage in the approved Product Information (PI). A separate authority prescription form must be completed for each strength requested. Up to a maximum of 5 repeats will be authorised.

In patients where puberty has not commenced, radiographic evidence that epiphyses have not closed must be obtained within 2 years of commencing treatment with vosoritide. X-rays and dates (date commenced treatment and date of X-ray) must be documented in the patient's medical records.

Additional radiographic evidence is not required until patient has begun puberty.

In patients where puberty has commenced, radiographic evidence that epiphyses have not closed must be obtained within 6 months of completing an authority application for vosoritide. X-ray and date taken must be documented in the patient's medical records.

vosoritide 400 microgram injection [10 vials] (&) inert substance diluent [10 x 0.5 mL syringes], 1 pack

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13275Q	3	5	0.00	*28,409.91	25.00	Voxzogo [IO]

vosoritide 560 microgram injection [10 vials] (&) inert substance diluent [10 x 0.7 mL syringes], 1 pack

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13274P	3	5	0.00	*28,409.91	25.00	Voxzogo [IO]

vosoritide 1.2 mg injection [10 vials] (&) inert substance diluent [10 x 0.6 mL syringes], 1 pack

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13270K	3	5	0.00	*28,409.91	25.00	Voxzogo [IO]

OTHER DRUGS FOR DISORDERS OF THE MUSCULO-SKELETAL SYSTEM

OTHER DRUGS FOR DISORDERS OF THE MUSCULO-SKELETAL SYSTEM

Other drugs for disorders of the musculo-skeletal system

PALOVAROTENE

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

17017

Fibrodysplasia ossificans progressiva (FOP)

Treatment Phase: Chronic treatment

Clinical criteria:

- Patient must have a diagnosis of FOP, confirmed by genetic testing.

Treatment criteria:

- Must be treated by a specialist medical practitioner experienced in the diagnosis and management of FOP; or in consultation with a specialist medical practitioner experienced in the diagnosis and management of FOP.

Population criteria:

- Patient must be a female aged 8 years or older; **OR**
- Patient must be a male aged 10 years or older.

At the time of the authority application, the medical practitioner must request the appropriate combination of packs to provide treatment at the recommended dose for chronic treatment, based on the age and weight of the patient, adequate for 4 weeks according to the specified dosage in the approved Product Information (PI). A separate authority prescription form must be completed for each strength requested. Up to a maximum of 5 repeats will be authorised.

Appropriate genetic testing constitutes testing for a pathogenic variant of the Activin A receptor type I (ACVR1) gene. Confirm that evidence of the presence of a pathogenic mutation of the ACVR1 gene is documented/retained in the patient's medical records once only with the first PBS prescription.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

palovarotene 1 mg capsule, 28

15023Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	0.00	10,322.57	25.00	Sohonos [IS]

palovarotene 1.5 mg capsule, 28

14968T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	0.00	15,317.96	25.00	Sohonos [IS]

palovarotene 2.5 mg capsule, 28

14980K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	0.00	25,308.36	25.00	Sohonos [IS]

palovarotene 5 mg capsule, 28

14966Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	0.00	50,284.36	25.00	Sohonos [IS]

PALOVAROTENE

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)

17018

Fibrodysplasia ossificans progressiva (FOP)

Treatment Phase: Flare-up (acute) treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must be experiencing a FOP flare-up; **OR**
- Patient must be at high risk of a FOP flare-up.

Treatment criteria:

- Must be treated by a specialist medical practitioner experienced in the diagnosis and management of FOP; or in consultation with a specialist medical practitioner experienced in the diagnosis and management of FOP.

Population criteria:

- Patient must be a female aged 8 years or older; **OR**
- Patient must be a male aged 10 years or older.

Flare-up treatment should begin at the onset of the first symptom indicative of a FOP flare-up or substantial high-risk traumatic event likely to lead to a flare-up. Symptoms of a FOP flareup typically include but are not limited to localised pain, soft tissue swelling/inflammation, redness, warmth, decreased joint range of motion, and stiffness. Examples of a high risk substantial traumatic event include surgery, intramuscular immunisation, mandibular blocks for dental work, muscle fatigue, blunt muscle trauma from bumps, bruises, falls, or influenza-like viral illnesses.

At the time of the authority application, the medical practitioner must request the appropriate combination of packs to provide treatment at the recommended dose for flare-up treatment based on the age and weight of the patient, adequate for 12 weeks of treatment or in the presence of persistent flare-up symptoms to extend treatment in 4-week intervals according to the specified dosage in the approved Product Information (PI). A separate authority prescription form must be completed for each strength requested.

If the patient experiences another flare-up (i.e., new flare-up location or marked worsening of the original flare-up) at any time during flare-up treatment, the flare-up 12-week treatment should be restarted.

palovarotene 1 mg capsule, 28

14967R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	2	0.00	10,322.57	25.00	Sohonos [IS]

palovarotene 1.5 mg capsule, 28

14989X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	2	0.00	15,317.96	25.00	Sohonos [IS]

palovarotene 2.5 mg capsule, 28

14982M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	2	0.00	25,308.36	25.00	Sohonos [IS]

palovarotene 5 mg capsule, 28

14981L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	2	0.00	50,284.36	25.00	Sohonos [IS]

palovarotene 10 mg capsule, 28

15087C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	2	0.00	*200,363.36	25.00	Sohonos [IS]

NERVOUS SYSTEM

ANALGESICS

OPIOIDS

Natural opium alkaloids

CODEINE

Caution The risk of drug dependence is high.

Note Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.

Restricted benefit

10768

Severe pain

Clinical criteria:

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid analgesics; **OR**
- Patient must be unable to use non-opioid analgesics due to contraindications or intolerance.

codeine phosphate hemihydrate 30 mg tablet, 20

5063L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
DP	1	0	0.00	24.29	25.00	Aspen Pharmacare Australia Pty Ltd [AS]

CODEINE

Caution The risk of drug dependence is high.

Note Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.

Restricted benefit

10766

Severe pain

Clinical criteria:

- The treatment must be for short term therapy of acute severe pain, **AND**
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid analgesics; **OR**
- Patient must be unable to use non-opioid analgesics due to contraindications or intolerance.

codeine phosphate hemihydrate 30 mg tablet, 20

12054K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
DP	0.5	0	0.00	*24.23	25.00	Aspen Pharmacare Australia Pty Ltd [AS]

CODEINE

Caution The risk of drug dependence is high.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Restricted benefit

10766

Severe pain

Clinical criteria:

- The treatment must be for short term therapy of acute severe pain, **AND**
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid analgesics; **OR**
- Patient must be unable to use non-opioid analgesics due to contraindications or intolerance.

codeine phosphate hemihydrate 30 mg tablet, 20

12065B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	0.5	0	0.00	*24.23	25.00	Aspen Pharmacare Australia Pty Ltd [AS]

CODEINE

Caution The risk of drug dependence is high.

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).

Phone applications for increased maximum quantities/repeats may be made by calling 1800 888 333.

Written authority applications for increased maximum quantities/repeats can be uploaded online through HPOS form upload or mailed to:

Pharmaceutical Benefits Scheme

Reply Paid 9857

[Your capital city]

Restricted benefit

10771

Severe pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for less than 12 months

Clinical criteria:

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid analgesics; **OR**
- Patient must be unable to use non-opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats under this restriction must only be considered for severe disabling pain associated with malignant neoplasia or chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Restricted benefit

10772

Severe pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for more than 12 months

Clinical criteria:

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid analgesics; **OR**
- Patient must be unable to use non-opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats must only be considered for:

(i) severe disabling pain associated with proven malignant neoplasia; or

(ii) palliative care patients with chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient is unable to have annual pain management review due to their clinical condition; or

(iii) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(iv) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Restricted benefit

10764

Severe pain

Treatment Phase: Continuing PBS treatment after 1 June 2020

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this form of this drug for this condition after 1 June 2020.

Authorities for increased maximum quantities and/or repeats must only be considered where the patient has received initial authority approval for:

(i) severe disabling pain associated with malignant neoplasia; or

(ii) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months; or

(iii) palliative care patients with chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient is unable to have annual pain management review due to their clinical condition; or

(iv) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(v) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

codeine phosphate hemihydrate 30 mg tablet, 20

1214X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	0	0.00	24.29	25.00	Aspen Pharmacare Australia Pty Ltd [AS]

HYDROMORPHONE

Caution The risk of drug dependence is high.

Note Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.

Restricted benefit

10859

Severe pain

Clinical criteria:

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; **OR**
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.

hydromorphone hydrochloride 2 mg tablet, 20

5115F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
DP	1	0	0.00	26.48	25.00	Dilaudid [MF]

hydromorphone hydrochloride 4 mg tablet, 20

5116G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
DP	1	0	0.00	28.68	25.00	Dilaudid [MF]

hydromorphone hydrochloride 8 mg tablet, 20

5117H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
DP	1	0	0.00	36.84	25.00	Dilaudid [MF]

HYDROMORPHONE

Caution The risk of drug dependence is high.

Note Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.

Restricted benefit

10758

Severe pain

Clinical criteria:

- The treatment must be for short term therapy of acute severe pain, **AND**
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; **OR**
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.

hydromorphone hydrochloride 2 mg tablet, 20

12045Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
DP	0.5	0	0.00	*25.59	25.00	Dilaudid [MF]

hydromorphone hydrochloride 4 mg tablet, 20

12032G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
DP	0.5	0	0.00	*26.95	25.00	Dilaudid [MF]

hydromorphone hydrochloride 8 mg tablet, 20

12010D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
DP	0.5	0	0.00	*32.01	25.00	Dilaudid [MF]

HYDROMORPHONE

Caution The risk of drug dependence is high.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Restricted benefit

10758

Severe pain

Clinical criteria:

- The treatment must be for short term therapy of acute severe pain, **AND**
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; **OR**
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.

hydromorphone hydrochloride 2 mg tablet, 20

12047C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	0.5	0	0.00	*25.59	25.00	Dilaudid [MF]

hydromorphone hydrochloride 4 mg tablet, 20

12046B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	0.5	0	0.00	*26.95	25.00	Dilaudid [MF]

hydromorphone hydrochloride 8 mg tablet, 20

12016K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	0.5	0	0.00	*32.01	25.00	Dilaudid [MF]

HYDROMORPHONE

Caution The risk of drug dependence is high.

Note Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.

Note Pharmaceutical benefits that have the brand Hydromorphone hydrochloride oral solution, USP (Medsurge) and pharmaceutical benefits that have the brand Hikma are equivalent for the purposes of substitution in the case of a shortage.

Restricted benefit

10859

Severe pain

Clinical criteria:

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; **OR**
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.

hydromorphone hydrochloride 1 mg/mL oral liquid, 473 mL

12559B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
DP	1	0	0.00	422.96	25.00	[a] Hikma [LM]

hydromorphone hydrochloride 1 mg/mL oral liquid, 473 mL

13799G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
DP	1	0	0.00	517.98	25.00	[a] Hydromorphone hydrochloride oral solution, USP (Medsurge) [DZ]

HYDROMORPHONE

Caution The risk of drug dependence is high.

Note Consider consultation with a multidisciplinary pain service prior to, or after commencement of this medication.

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).

Phone applications for increased maximum quantities/repeats may be made by calling 1800 888 333.

Written authority applications for increased maximum quantities/repeats can be uploaded online through HPOS form upload or mailed to:

Pharmaceutical Benefits Scheme

Reply Paid 9857

[Your capital city]

Restricted benefit

10777

Severe pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for less than 12 months

Clinical criteria:

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; **OR**
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats under this restriction must only be considered for severe disabling pain associated with malignant neoplasia or chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Restricted benefit

10770

Severe pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for more than 12 months

Clinical criteria:

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; **OR**
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats must only be considered for:

(i) severe disabling pain associated with proven malignant neoplasia; or

(ii) palliative care patients with chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient is unable to have annual pain management review due to their clinical condition; or

(iii) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(iv) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Restricted benefit

10764

Severe pain

Treatment Phase: Continuing PBS treatment after 1 June 2020

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this form of this drug for this condition after 1 June 2020.

Authorities for increased maximum quantities and/or repeats must only be considered where the patient has received initial authority approval for:

(i) severe disabling pain associated with malignant neoplasia; or

(ii) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months; or

(iii) palliative care patients with chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient is unable to have annual pain management review due to their clinical condition; or

(iv) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(v) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

hydromorphone hydrochloride 2 mg tablet, 20

8541M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	0	0.00	26.48	25.00	Dilaudid [MF]

hydromorphone hydrochloride 2 mg/mL injection, 5 x 1 mL ampoules

8420E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	0	0.00	24.88	25.00	[a] Dilaudid [MF]	[a] Hydromorphone-hameln [HW]
						[a] HYDROMORPHONE JUNO [JU]	[a] MEDSURGE HYDROMORPHONE 2 mg/1 mL [DZ]

hydromorphone hydrochloride 4 mg tablet, 20

8542N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	0	0.00	28.68	25.00	Dilaudid [MF]

hydromorphone hydrochloride 8 mg tablet, 20

8543P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	0	0.00	36.84	25.00	Dilaudid [MF]

hydromorphone hydrochloride 10 mg/mL injection, 5 x 1 mL ampoules

8421F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	0	0.00	26.41	25.00	[a] Dilaudid-HP [MF]	[a] Hydromorphone-hameln-HP [HW]
						[a] HYDROMORPHONE JUNO-HP [JU]	[a] MEDSURGE HYDROMORPHONE HP 10 mg/1 mL [DZ]

HYDROMORPHONE

Caution The risk of drug dependence is high.

Note Consider consultation with a multidisciplinary pain service prior to, or after commencement of this medication.

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).

Phone applications for increased maximum quantities/repeats may be made by calling 1800 888 333.

Written authority applications for increased maximum quantities/repeats can be uploaded online through HPOS form upload or mailed to:

Pharmaceutical Benefits Scheme

Reply Paid 9857

[Your capital city]

Note Pharmaceutical benefits that have the brand Hydromorphone hydrochloride oral solution, USP (Medsurge) and pharmaceutical benefits that have the brand Hikma are equivalent for the purposes of substitution in the case of a shortage.

Restricted benefit

10777

Severe pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for less than 12 months

Clinical criteria:

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; **OR**
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats under this restriction must only be considered for severe disabling pain associated with malignant neoplasia or chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Restricted benefit

10770

Severe pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for more than 12 months

Clinical criteria:

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; **OR**
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats must only be considered for:

(i) severe disabling pain associated with proven malignant neoplasia; or

(ii) palliative care patients with chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient is unable to have annual pain management review due to their clinical condition; or

(iii) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(iv) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Restricted benefit

10764

Severe pain

Treatment Phase: Continuing PBS treatment after 1 June 2020

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this form of this drug for this condition after 1 June 2020.

Authorities for increased maximum quantities and/or repeats must only be considered where the patient has received initial authority approval for:

(i) severe disabling pain associated with malignant neoplasia; or

(ii) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months; or

(iii) palliative care patients with chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient is unable to have annual pain management review due to their clinical condition; or

(iv) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(v) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

hydromorphone hydrochloride 1 mg/mL oral liquid, 473 mL

12582F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $		Brand Name and Manufacturer
NP	1	0	0.00	422.96	25.00	[a]	Hikma [LM]

hydromorphone hydrochloride 1 mg/mL oral liquid, 473 mL

13796D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $		Brand Name and Manufacturer
NP	1	0	0.00	517.98	25.00	[a]	Hydromorphone hydrochloride oral solution, USP (Medsurge) [DZ]

MORPHINE

Caution The risk of drug dependence is high.

Note Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.

Restricted benefit

10859

Severe pain

Clinical criteria:

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; **OR**
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.

morphine hydrochloride trihydrate 2 mg/mL oral liquid, 200 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5237P DP	1	0	0.00	61.81	25.00	[a] Morphine Phebra [FF]	[a] Ordine 2 [XT]

morphine hydrochloride trihydrate 5 mg/mL oral liquid, 200 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5238Q DP	1	0	0.00	103.53	25.00	[a] Morphine Phebra [FF]	[a] Ordine 5 [XT]

morphine hydrochloride trihydrate 10 mg/mL oral liquid, 200 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5239R DP	1	0	0.00	151.99	25.00	Ordine 10 [XT]

morphine sulfate pentahydrate 30 mg tablet, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5163R DP	1	0	0.00	31.32	25.00	Anamorph [RW]

MORPHINE

Caution The risk of drug dependence is high.

Note Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.

Restricted benefit

10839

Severe pain

Clinical criteria:

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; **OR**
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance; **OR**
- The treatment must be part of pre-operative care; **OR**
- The treatment must be used as an analgesic adjunct in general anaesthesia.

morphine sulfate pentahydrate 15 mg/mL injection, 5 x 1 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5169C DP	1	0	0.00	27.58	25.00	MORPHINE SULFATE 15 mg/1 mL MEDSURGE [DZ]

morphine hydrochloride trihydrate 20 mg/mL injection, 5 x 1 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10858L DP	1	0	0.00	26.23	25.00	Morphine Juno [JU]

morphine sulfate pentahydrate 30 mg/mL injection, 5 x 1 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5170D DP	1	0	0.00	29.61	25.00	MORPHINE SULFATE 30 mg/1 mL MEDSURGE [DZ]

MORPHINE

Caution The risk of drug dependence is high.

Note Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.

Restricted benefit

10758

Severe pain

Clinical criteria:

- The treatment must be for short term therapy of acute severe pain, **AND**
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; **OR**
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.

morphine sulfate pentahydrate 30 mg tablet, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12067D DP	0.5	0	0.00	*28.59	25.00	Anamorph [RW]

MORPHINE

Caution The risk of drug dependence is high.

Note Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.

Note Pharmaceutical benefits that have the forms morphine sulfate 10 mg/mL injection and morphine hydrochloride 10 mg/mL injection are equivalent for the purposes of substitution.

Restricted benefit

10839

Severe pain

Clinical criteria:

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; **OR**
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance; **OR**
- The treatment must be part of pre-operative care; **OR**
- The treatment must be used as an analgesic adjunct in general anaesthesia.

morphine sulfate pentahydrate 10 mg/mL injection, 5 x 1 mL ampoules

5168B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
DP	1	0	0.00	24.94	25.00	[a] MORPHINE SULFATE 10 mg/1 mL MEDSURGE [DZ]

morphine hydrochloride trihydrate 10 mg/mL injection, 5 x 1 mL ampoules

10863R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
DP	1	0	0.00	24.18	25.00	[a] Morphine Juno [JU]

MORPHINE

Caution The risk of drug dependence is high.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Restricted benefit

10758

Severe pain

Clinical criteria:

- The treatment must be for short term therapy of acute severe pain, **AND**
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; **OR**
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.

morphine sulfate pentahydrate 30 mg tablet, 20

12009C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	0.5	0	0.00	*28.59	25.00	Anamorph [RW]

MORPHINE

Caution The risk of drug dependence is high.

Note This treatment is not suitable for 'as-required' pain relief.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

10836

Chronic severe disabling pain

Clinical criteria:

- The condition must require daily, continuous, long term opioid treatment, **AND**
- Patient must have cancer pain; **OR**
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid or other opioid analgesics; **OR**
- Patient must be unable to use non-opioid or other opioid analgesics due to contraindications or intolerance.

morphine sulfate pentahydrate 200 mg modified release tablet, 28

8453X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	0	0.00	119.50	25.00	MS Contin [MF]

MORPHINE

Caution The risk of drug dependence is high.

Note Consider consultation with a multidisciplinary pain service prior to, or after commencement of this medication.

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).

Phone applications for increased maximum quantities/repeats may be made by calling 1800 888 333.

Written authority applications for increased maximum quantities/repeats can be uploaded online through HPOS form upload or mailed to:

Pharmaceutical Benefits Scheme

Reply Paid 9857
[Your capital city]

Restricted benefit

10765

Severe pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for less than 12 months

Clinical criteria:

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; **OR**
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance; **OR**
- The treatment must be part of pre-operative care; **OR**
- The treatment must be used as an analgesic adjunct in general anaesthesia.

Authorities for increased maximum quantities and/or repeats under this restriction must only be considered for severe disabling pain associated with malignant neoplasia or chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Restricted benefit

10762

Severe pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for more than 12 months

Clinical criteria:

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; **OR**
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance; **OR**
- The treatment must be part of pre-operative care; **OR**
- The treatment must be used as an analgesic adjunct in general anaesthesia.

Authorities for increased maximum quantities and/or repeats must only be considered for:

(i) severe disabling pain associated with proven malignant neoplasia; or

(ii) palliative care patients with chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient is unable to have annual pain management review due to their clinical condition; or

(iii) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(iv) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Restricted benefit

10764

Severe pain

Treatment Phase: Continuing PBS treatment after 1 June 2020

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this form of this drug for this condition after 1 June 2020.

Authorities for increased maximum quantities and/or repeats must only be considered where the patient has received initial authority approval for:

(i) severe disabling pain associated with malignant neoplasia; or

(ii) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months; or

(iii) palliative care patients with chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient is unable to have annual pain management review due to their clinical condition; or

(iv) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(v) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

morphine sulfate pentahydrate 15 mg/mL injection, 5 x 1 mL ampoules

1645N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP MW	1	0	0.00	27.58	25.00	MORPHINE SULFATE 15 mg/1 mL MEDSURGE [DZ]

morphine hydrochloride trihydrate 20 mg/mL injection, 5 x 1 mL ampoules

10874H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	0	0.00	26.23	25.00	Morphine Juno [JU]

morphine sulfate pentahydrate 30 mg/mL injection, 5 x 1 mL ampoules

1647Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	0	0.00	29.61	25.00	MORPHINE SULFATE 30 mg/1 mL MEDSURGE [DZ]

morphine hydrochloride trihydrate 50 mg/5 mL injection, 5 x 5 mL ampoules

10869C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	0	0.00	31.86	25.00	Morphine Juno [JU]

morphine hydrochloride trihydrate 100 mg/5 mL injection, 5 x 5 mL ampoules

10878M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	0	0.00	37.73	25.00	Morphine Juno [JU]

MORPHINE

Caution The risk of drug dependence is high.

Note Consider consultation with a multidisciplinary pain service prior to, or after commencement of this medication.

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).

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Pharmaceutical Benefits Scheme

Reply Paid 9857

[Your capital city]

Restricted benefit

10777

Severe pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for less than 12 months

Clinical criteria:

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; **OR**
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats under this restriction must only be considered for severe disabling pain associated with malignant neoplasia or chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Restricted benefit

10770

Severe pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for more than 12 months

Clinical criteria:

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; **OR**
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats must only be considered for:

(i) severe disabling pain associated with proven malignant neoplasia; or

(ii) palliative care patients with chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient is unable to have annual pain management review due to their clinical condition; or

(iii) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(iv) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Restricted benefit

10764

Severe pain

Treatment Phase: Continuing PBS treatment after 1 June 2020

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this form of this drug for this condition after 1 June 2020.

Authorities for increased maximum quantities and/or repeats must only be considered where the patient has received initial authority approval for:

(i) severe disabling pain associated with malignant neoplasia; or

(ii) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months; or

(iii) palliative care patients with chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient is unable to have annual pain management review due to their clinical condition; or

(iv) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(v) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

morphine hydrochloride trihydrate 2 mg/mL oral liquid, 200 mL

2122Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	0	0.00	61.81	25.00	[a] Morphine Phebra [FF]	[a] Ordine 2 [XT]

morphine hydrochloride trihydrate 5 mg/mL oral liquid, 200 mL

2123R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	0	0.00	103.53	25.00	[a] Morphine Phebra [FF]	[a] Ordine 5 [XT]

morphine hydrochloride trihydrate 10 mg/mL oral liquid, 200 mL

2124T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	0	0.00	151.99	25.00	Ordine 10 [XT]

morphine sulfate pentahydrate 30 mg tablet, 20

1646P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	0	0.00	31.32	25.00	Anamorph [RW]

MORPHINE

Caution The risk of drug dependence is high.

Note This treatment is not suitable for 'as-required' pain relief.

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).

Phone applications for increased maximum quantities/repeats may be made by calling 1800 888 333.

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Pharmaceutical Benefits Scheme

Reply Paid 9857

[Your capital city]

Authority Required (STREAMLINED)

10755

Chronic severe pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for less than 12 months

Clinical criteria:

- The condition must require daily, continuous, long term opioid treatment, **AND**
- Patient must have cancer pain; **OR**
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid or other opioid analgesics; **OR**
- Patient must be unable to use non-opioid or other opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats under this restriction must only be considered for chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Authority Required (STREAMLINED)

10748

Chronic severe pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for more than 12 months

Clinical criteria:

- The condition must require daily, continuous, long term opioid treatment, **AND**
- Patient must have cancer pain; **OR**
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid or other opioid analgesics; **OR**
- Patient must be unable to use non-opioid or other opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats must only be considered for chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment:

(i) exceeds 12 months and the palliative care patient is unable to have annual pain management review due to their clinical condition; or

(ii) exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(iii) has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Authority Required (STREAMLINED)

10752

Chronic severe pain

Treatment Phase: Continuing PBS treatment after 1 June 2020

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this form of this drug for this condition after 1 June 2020.

Authorities for increased maximum quantities and/or repeats must only be considered for chronic severe disabling pain where the patient has received initial authority approval and the total duration of non-PBS and PBS opioid analgesic treatment:

(i) is less than 12 months; or

(ii) exceeds 12 months and the palliative care patient is unable to have annual pain management review due to their clinical condition; or

(iii) exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(iv) has exceeded 12 months prior to 1 June 2020 and the patient's pain management and clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

morphine sulfate pentahydrate 5 mg modified release tablet, 28

8035X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	0	0.00	26.66	25.00	MS Contin [MF]

morphine sulfate pentahydrate 10 mg modified release tablet, 28

1653B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	0	0.00	27.02	25.00	MS Contin [MF]

morphine sulfate pentahydrate 10 mg modified release capsule, 28

8349K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	0	0.00	29.29	25.00	Kapanol [YN]

morphine sulfate pentahydrate 15 mg modified release tablet, 28

8489T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	0	0.00	32.83	25.00	MS Contin [MF]

morphine sulfate pentahydrate 20 mg modified release capsule, 28

2839K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	0	0.00	30.15	25.00	Kapanol [YN]

morphine sulfate pentahydrate 30 mg modified release tablet, 28

1654C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	0	0.00	37.06	25.00	MS Contin [MF]

morphine sulfate pentahydrate 30 mg modified release capsule, 14

8491X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	0	0.00	29.65	25.00	MS Mono [MF]

morphine sulfate pentahydrate 50 mg modified release capsule, 28

2840L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	0	0.00	41.76	25.00	Kapanol [YN]

morphine sulfate pentahydrate 60 mg modified release tablet, 28

1655D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	0	0.00	49.88	25.00	MS Contin [MF]

morphine sulfate pentahydrate 60 mg modified release capsule, 14

8492Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	0	0.00	37.04	25.00	MS Mono [MF]

morphine sulfate pentahydrate 90 mg modified release capsule, 14

8493B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	0	0.00	40.57	25.00	MS Mono [MF]

morphine sulfate pentahydrate 100 mg modified release tablet, 28

1656E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	0	0.00	62.11	25.00	MS Contin [MF]

morphine sulfate pentahydrate 100 mg modified release capsule, 28

2841M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	0	0.00	60.76	25.00	Kapanol [YN]

morphine sulfate pentahydrate 120 mg modified release capsule, 14

8494C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	0	0.00	49.87	25.00	MS Mono [MF]

MORPHINE

Caution The risk of drug dependence is high.

Note Consider consultation with a multidisciplinary pain service prior to, or after commencement of this medication.

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).

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Pharmaceutical Benefits Scheme

Reply Paid 9857

[Your capital city]

Restricted benefit

10891

Cancer pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for less than 12 months

Clinical criteria:

- Patient must have cancer pain, **AND**
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; **OR**
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats under this restriction must only be considered for chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Restricted benefit

10775

Cancer pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for more than 12 months

Clinical criteria:

- Patient must have cancer pain, **AND**
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; **OR**
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats must only be considered for:

(i) palliative care patients with chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient is unable to have annual pain management review due to their clinical condition; or

(ii) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(iii) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Restricted benefit

10837

Cancer pain

Treatment Phase: Continuing PBS treatment after 1 June 2020

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this form of this drug for this condition after 1 June 2020.

Authorities for increased maximum quantities and/or repeats must only be considered for chronic severe disabling pain where the patient has received initial authority approval and the total duration of non-PBS and PBS opioid analgesic treatment:

(i) is less than 12 months; or

(ii) exceeds 12 months and the palliative care patient is unable to have annual pain management review due to their clinical condition; or

(iii) exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(iv) has exceeded 12 months prior to 1 June 2020 and the patient's pain management and clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

morphine sulfate pentahydrate 10 mg tablet, 20

8669G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	0	0.00	24.44	25.00	Sevredol [MF]

morphine sulfate pentahydrate 20 mg tablet, 20

8670H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	0	0.00	25.19	25.00	Sevredol [MF]

morphine sulfate pentahydrate 30 mg tablet, 20

14654G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	0	0.00	31.32	25.00	Anamorph [RW]

MORPHINE

Caution The risk of drug dependence is high.

Note This treatment is not suitable for 'as-required' pain relief.

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).

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Pharmaceutical Benefits Scheme

Reply Paid 9857

[Your capital city]

Authority Required

10756

Chronic severe disabling pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for less than 12 months

Clinical criteria:

- The condition must require daily, continuous, long term opioid treatment, **AND**
- Patient must have cancer pain; **OR**
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid or other opioid analgesics; **OR**
- Patient must be unable to use non-opioid or other opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats under this restriction must only be considered for chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Authority Required

10858

Chronic severe disabling pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for more than 12 months

Clinical criteria:

- The condition must require daily, continuous, long term opioid treatment, **AND**
- Patient must have cancer pain; **OR**
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid or other opioid analgesics; **OR**
- Patient must be unable to use non-opioid or other opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats must only be considered for chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment:

(i) exceeds 12 months and the palliative care patient is unable to have annual pain management review due to their clinical condition; or

(ii) exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(iii) has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Authority Required

10814

Chronic severe disabling pain

Treatment Phase: Continuing PBS treatment after 1 June 2020

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this form of this drug for this condition after 1 June 2020.

Authorities for increased maximum quantities and/or repeats must only be considered for chronic severe disabling pain where the patient has received initial authority approval and the total duration of non-PBS and PBS opioid analgesic treatment:

(i) is less than 12 months; or

(ii) exceeds 12 months and the palliative care patient is unable to have annual pain management review due to their clinical condition; or

(iii) exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(iv) has exceeded 12 months prior to 1 June 2020 and the patient's pain management and clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

morphine sulfate pentahydrate 200 mg modified release tablet, 28

12055L

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	0	0.00	119.50	25.00	MS Contin [MF]

MORPHINE

Caution The risk of drug dependence is high.

Note Consider consultation with a multidisciplinary pain service prior to, or after commencement of this medication.

Note Pharmaceutical benefits that have the forms morphine sulfate 10 mg/mL injection and morphine hydrochloride 10 mg/mL injection are equivalent for the purposes of substitution.

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).

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Written authority applications for increased maximum quantities/repeats can be uploaded online through HPOS form upload or mailed to:

Pharmaceutical Benefits Scheme

Reply Paid 9857

[Your capital city]

Restricted benefit

10765

Severe pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for less than 12 months

Clinical criteria:

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; **OR**
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance; **OR**
- The treatment must be part of pre-operative care; **OR**
- The treatment must be used as an analgesic adjunct in general anaesthesia.

Authorities for increased maximum quantities and/or repeats under this restriction must only be considered for severe disabling pain associated with malignant neoplasia or chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Restricted benefit

10762

Severe pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for more than 12 months

Clinical criteria:

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; **OR**
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance; **OR**
- The treatment must be part of pre-operative care; **OR**
- The treatment must be used as an analgesic adjunct in general anaesthesia.

Authorities for increased maximum quantities and/or repeats must only be considered for:

(i) severe disabling pain associated with proven malignant neoplasia; or

(ii) palliative care patients with chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient is unable to have annual pain management review due to their clinical condition; or

(iii) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(iv) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Restricted benefit

10764

Severe pain

Treatment Phase: Continuing PBS treatment after 1 June 2020

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this form of this drug for this condition after 1 June 2020.

Authorities for increased maximum quantities and/or repeats must only be considered where the patient has received initial authority approval for:

(i) severe disabling pain associated with malignant neoplasia; or

(ii) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months; or

(iii) palliative care patients with chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient is unable to have annual pain management review due to their clinical condition; or

(iv) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(v) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.
Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

morphine sulfate pentahydrate 10 mg/mL injection, 5 x 1 mL ampoules

1644M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP MW	1	0	0.00	24.94	25.00	[a] MORPHINE SULFATE 10 mg/1 mL MEDSURGE [DZ]

morphine hydrochloride trihydrate 10 mg/mL injection, 5 x 1 mL ampoules

10864T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP MW	1	0	0.00	24.18	25.00	[a] Morphine Juno [JU]

OXYCODONE

Caution The risk of drug dependence is high.

Note Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.

Restricted benefit

10768

Severe pain

Clinical criteria:

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid analgesics; **OR**
- Patient must be unable to use non-opioid analgesics due to contraindications or intolerance.

oxycodone hydrochloride 1 mg/mL oral liquid, 250 mL

5190E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
DP	1	0	0.00	32.93	25.00	OxyNorm Liquid 1mg/mL [MF]

oxycodone hydrochloride 5 mg capsule, 20

5191F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
DP	1	0	0.00	31.56	25.00	[a] Oxycodone BNM [BZ]	[a] OxyNorm [MF]

oxycodone hydrochloride 5 mg tablet, 20

5195K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
DP	1	0	0.00	22.83	24.37	[a] Mayne Pharma Oxycodone IR [SZ]	[a] Oxycodone Viatris [MQ]
						[a] Oxyndone [TX]	
			[B]2.00	24.83	24.37	[a] ENDONE [AF]	

oxycodone hydrochloride 10 mg capsule, 20

5197M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
DP	1	0	0.00	26.35	25.00	[a] Oxycodone BNM [BZ]	[a] OxyNorm [MF]

OXYCODONE

Caution The risk of drug dependence is high.

Note Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.

Restricted benefit

10766

Severe pain

Clinical criteria:

- The treatment must be for short term therapy of acute severe pain, **AND**
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid analgesics; **OR**
- Patient must be unable to use non-opioid analgesics due to contraindications or intolerance.

oxycodone hydrochloride 10 mg capsule, 20

12074L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
DP	0.5	0	0.00	*25.51	25.00	[a] Oxycodone BNM [BZ]	[a] OxyNorm [MF]

OXYCODONE

Caution The risk of drug dependence is high.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Restricted benefit

10766

Severe pain

Clinical criteria:

- The treatment must be for short term therapy of acute severe pain, **AND**
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid analgesics; **OR**
- Patient must be unable to use non-opioid analgesics due to contraindications or intolerance.

oxycodone hydrochloride 10 mg capsule, 20

12031F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	0.5	0	0.00	*25.51	25.00	[a] Oxycodone BNM [BZ]	[a] OxyNorm [MF]

OXYCODONE

Caution The risk of drug dependence is high.

Note Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.

Note Pharmaceutical benefits that have the forms Oxycodone hydrochloride 5 mg capsule, 20 and oxycodone hydrochloride 5 mg capsule, 10 are equivalent for the purposes of substitution.

Restricted benefit

10766

Severe pain

Clinical criteria:

- The treatment must be for short term therapy of acute severe pain, **AND**
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid analgesics; **OR**
- Patient must be unable to use non-opioid analgesics due to contraindications or intolerance.

oxycodone hydrochloride 5 mg capsule, 10

12311Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
DP	1	0	0.00	25.83	25.00	[a] OxyNorm [MF]

oxycodone hydrochloride 5 mg capsule, 20

15423R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
DP	0.5	0	0.00	*28.74	25.00	[a] Oxycodone BNM [BZ]	[a] OxyNorm [MF]

OXYCODONE

Caution The risk of drug dependence is high.

Note Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.

Note Pharmaceutical benefits that have the forms Oxycodone hydrochloride 5 mg tablet, 20 and oxycodone hydrochloride 5 mg tablet, 10 are equivalent for the purposes of substitution.

Restricted benefit

10766

Severe pain

Clinical criteria:

- The treatment must be for short term therapy of acute severe pain, **AND**
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid analgesics; **OR**
- Patient must be unable to use non-opioid analgesics due to contraindications or intolerance.

oxycodone hydrochloride 5 mg tablet, 10

13234M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
DP	1	0	0.00	21.58	23.12	[a] Oxycodone Viatris [MQ]	
			[B]1.00	22.58	23.12	[a] ENDONE [AF]	

oxycodone hydrochloride 5 mg tablet, 20

15450E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
DP	0.5	0	0.00	*23.33	24.87	[a] Mayne Pharma Oxycodone IR [SZ]	[a] Oxycodone Viatris [MQ]
						[a] Oxyndone [TX]	
			[B]1.24	24.57	24.87	[a] ENDONE [AF]	

OXYCODONE

Caution The risk of drug dependence is high.

Note Pharmaceutical benefits that have the forms Oxycodone hydrochloride 5 mg capsule, 20 and oxycodone hydrochloride 5 mg capsule, 10 are equivalent for the purposes of substitution.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Restricted benefit

16276
Severe pain
Clinical criteria:

- The treatment must be for short term therapy of acute severe pain, **AND**
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid analgesics; **OR**
- Patient must be unable to use non-opioid analgesics due to contraindications or intolerance.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) a nurse practitioner, (iii) an endorsed midwife who is sharing the post-operative care of the patient with a medical practitioner.

oxycodone hydrochloride 5 mg capsule, 10

12314D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP MW	1	0	0.00	25.83	25.00	[a] OxyNorm [MF]

oxycodone hydrochloride 5 mg capsule, 20

15495M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP MW	0.5	0	0.00	*28.74	25.00	[a] Oxycodone BNM [BZ]	[a] OxyNorm [MF]

OXYCODONE

Caution The risk of drug dependence is high.

Note Pharmaceutical benefits that have the forms Oxycodone hydrochloride 5 mg tablet, 20 and oxycodone hydrochloride 5 mg tablet, 10 are equivalent for the purposes of substitution.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Restricted benefit
16276
Severe pain
Clinical criteria:

- The treatment must be for short term therapy of acute severe pain, **AND**
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid analgesics; **OR**
- Patient must be unable to use non-opioid analgesics due to contraindications or intolerance.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) a nurse practitioner, (iii) an endorsed midwife who is sharing the post-operative care of the patient with a medical practitioner.

oxycodone hydrochloride 5 mg tablet, 10

13233L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP MW	1	0	0.00	21.58	23.12	[a] Oxycodone Viatris [MQ]	
			[B]1.00	22.58	23.12	[a] ENDONE [AF]	

oxycodone hydrochloride 5 mg tablet, 20

15424T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP MW	0.5	0	0.00	*23.33	24.87	[a] Mayne Pharma Oxycodone IR [SZ]	[a] Oxycodone Viatris [MQ]
						[a] Oxyndone [TX]	
			[B]1.24	24.57	24.87	[a] ENDONE [AF]	

OXYCODONE

Caution The risk of drug dependence is high.

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).

Phone applications for increased maximum quantities/repeats may be made by calling 1800 888 333.

Written authority applications for increased maximum quantities/repeats can be uploaded online through HPOS form upload or mailed to:

Pharmaceutical Benefits Scheme

Reply Paid 9857

[Your capital city]

Restricted benefit
10771
Severe pain
Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for less than 12 months
Clinical criteria:

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid analgesics; **OR**
- Patient must be unable to use non-opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats under this restriction must only be considered for severe disabling pain associated with malignant neoplasia or chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Restricted benefit

10772

Severe pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for more than 12 months

Clinical criteria:

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid analgesics; **OR**
- Patient must be unable to use non-opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats must only be considered for:

(i) severe disabling pain associated with proven malignant neoplasia; or

(ii) palliative care patients with chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient is unable to have annual pain management review due to their clinical condition; or

(iii) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(iv) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Restricted benefit

10764

Severe pain

Treatment Phase: Continuing PBS treatment after 1 June 2020

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this form of this drug for this condition after 1 June 2020.

Authorities for increased maximum quantities and/or repeats must only be considered where the patient has received initial authority approval for:

(i) severe disabling pain associated with malignant neoplasia; or

(ii) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months; or

(iii) palliative care patients with chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient is unable to have annual pain management review due to their clinical condition; or

(iv) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(v) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

oxycodone hydrochloride 1 mg/mL oral liquid, 250 mL

8644Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	0	0.00	32.93	25.00	OxyNorm Liquid 1mg/mL [MF]

oxycodone hydrochloride 5 mg tablet, 20

2622B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	0	0.00	22.83	24.37	[a] Mayne Pharma Oxycodone IR [SZ]	[a] Oxycodone Viatris [MQ]
						[a] Oxyndone [TX]	
			[B]2.00	24.83	24.37	[a] ENDONE [AF]	

oxycodone hydrochloride 5 mg capsule, 20

8464L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	0	0.00	31.56	25.00	[a] Oxycodone BNM [BZ]	[a] OxyNorm [MF]

oxycodone hydrochloride 10 mg capsule, 20

8501K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	0	0.00	26.35	25.00	[a] Oxycodone BNM [BZ]	[a] OxyNorm [MF]

oxycodone hydrochloride 20 mg capsule, 20

8502L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	0	0.00	31.56	25.00	[a] Oxycodone BNM [BZ]	[a] OxyNorm [MF]

OXYCODONE

Caution The risk of drug dependence is high.

Note This treatment is not suitable for 'as-required' pain relief.

Note OxyContin modified release tablets are intended to be crush-deterrent and to reduce the rapid release of oxycodone upon accidental or intentional misuse.

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).

Phone applications for increased maximum quantities/repeats may be made by calling 1800 888 333.

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Pharmaceutical Benefits Scheme

Reply Paid 9857

[Your capital city]

Authority Required (STREAMLINED)

10755

Chronic severe pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for less than 12 months

Clinical criteria:

- The condition must require daily, continuous, long term opioid treatment, **AND**
- Patient must have cancer pain; **OR**
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid or other opioid analgesics; **OR**
- Patient must be unable to use non-opioid or other opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats under this restriction must only be considered for chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Authority Required (STREAMLINED)

10748

Chronic severe pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for more than 12 months

Clinical criteria:

- The condition must require daily, continuous, long term opioid treatment, **AND**
- Patient must have cancer pain; **OR**
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid or other opioid analgesics; **OR**

- Patient must be unable to use non-opioid or other opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats must only be considered for chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment:

(i) exceeds 12 months and the palliative care patient is unable to have annual pain management review due to their clinical condition; or

(ii) exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(iii) has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Authority Required (STREAMLINED)

10752

Chronic severe pain

Treatment Phase: Continuing PBS treatment after 1 June 2020

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this form of this drug for this condition after 1 June 2020.

Authorities for increased maximum quantities and/or repeats must only be considered for chronic severe disabling pain where the patient has received initial authority approval and the total duration of non-PBS and PBS opioid analgesic treatment:

(i) is less than 12 months; or

(ii) exceeds 12 months and the palliative care patient is unable to have annual pain management review due to their clinical condition; or

(iii) exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(iv) has exceeded 12 months prior to 1 June 2020 and the patient's pain management and clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

oxycodone hydrochloride 10 mg modified release tablet, 28

8385H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	0	0.00	30.76	25.00	[a] Oxycodone Sandoz [SZ]	[a] OxyContin [MF]

oxycodone hydrochloride 15 mg modified release tablet, 28

9399Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	0	0.00	38.75	25.00	OxyContin [MF]

oxycodone hydrochloride 20 mg modified release tablet, 28

8386J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	0	0.00	38.99	25.00	[a] Oxycodone Sandoz [SZ]	[a] OxyContin [MF]

oxycodone hydrochloride 30 mg modified release tablet, 28

9400R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	0	0.00	51.92	25.00	OxyContin [MF]

oxycodone hydrochloride 40 mg modified release tablet, 28

8387K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	0	0.00	48.67	25.00	[a] Oxycodone Sandoz [SZ]	[a] OxyContin [MF]

oxycodone hydrochloride 80 mg modified release tablet, 28

8388L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	0	0.00	66.91	25.00	[a] Oxycodone Sandoz [SZ]	[a] OxyContin [MF]

OXYCODONE + NALOXONE

Caution The risk of drug dependence is high.

Note This treatment is not suitable for 'as-required' pain relief.

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).

Phone applications for increased maximum quantities/repeats may be made by calling 1800 888 333.

Written authority applications for increased maximum quantities/repeats can be uploaded online through HPOS form upload or mailed to:

Pharmaceutical Benefits Scheme

Reply Paid 9857

[Your capital city]

Authority Required (STREAMLINED)

10755

Chronic severe pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for less than 12 months

Clinical criteria:

- The condition must require daily, continuous, long term opioid treatment, **AND**
- Patient must have cancer pain; **OR**
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid or other opioid analgesics; **OR**
- Patient must be unable to use non-opioid or other opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats under this restriction must only be considered for chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Authority Required (STREAMLINED)

10748

Chronic severe pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for more than 12 months

Clinical criteria:

- The condition must require daily, continuous, long term opioid treatment, **AND**
- Patient must have cancer pain; **OR**
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid or other opioid analgesics; **OR**
- Patient must be unable to use non-opioid or other opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats must only be considered for chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment:

(i) exceeds 12 months and the palliative care patient is unable to have annual pain management review due to their clinical condition; or

(ii) exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(iii) has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Authority Required (STREAMLINED)

10752

Chronic severe pain

Treatment Phase: Continuing PBS treatment after 1 June 2020

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this form of this drug for this condition after 1 June 2020.

Authorities for increased maximum quantities and/or repeats must only be considered for chronic severe disabling pain where the patient has received initial authority approval and the total duration of non-PBS and PBS opioid analgesic treatment:

(i) is less than 12 months; or

(ii) exceeds 12 months and the palliative care patient is unable to have annual pain management review due to their clinical condition; or

(iii) exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(iv) has exceeded 12 months prior to 1 June 2020 and the patient's pain management and clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

oxycodone hydrochloride 2.5 mg + naloxone hydrochloride 1.25 mg modified release tablet, 28

10776E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	0	0.00	29.65	25.00	[a] ARX-Oxycodone/Naloxone 2.5/1.25 [TX]	[a] Targin 2.5/1.25 mg [MF]

oxycodone hydrochloride 5 mg + naloxone hydrochloride 2.5 mg modified release tablet, 28

8000C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	0	0.00	32.90	25.00	[a] ARX-Oxycodone/Naloxone 5/2.5 [TX] [a] Targin 5/2.5mg [MF]	[a] OXYCODONE NALOXONE ADVZ XR 5/2.5 [BZ]

oxycodone hydrochloride 10 mg + naloxone hydrochloride 5 mg modified release tablet, 28

8934F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	0	0.00	33.72	25.00	[a] ARX-Oxycodone/Naloxone 10/5 [TX] [a] Targin 10/5mg [MF]	[a] OXYCODONE NALOXONE ADVZ XR 10/5 [BZ]

oxycodone hydrochloride 15 mg + naloxone hydrochloride 7.5 mg modified release tablet, 28

10757E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	0	0.00	42.48	25.00	[a] ARX-Oxycodone/Naloxone 15/7.5 [TX]	[a] Targin 15/7.5mg [MF]

oxycodone hydrochloride 20 mg + naloxone hydrochloride 10 mg modified release tablet, 28

8935G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	0	0.00	44.27	25.00	[a] ARX-Oxycodone/Naloxone 20/10 [TX] [a] Targin 20/10mg [MF]	[a] OXYCODONE NALOXONE ADVZ XR 20/10 [BZ]

oxycodone hydrochloride 30 mg + naloxone hydrochloride 15 mg modified release tablet, 28

10758F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	0	0.00	58.28	25.00	[a] ARX-Oxycodone/Naloxone 30/15 [TX] [a] Targin 30/15 mg [MF]	[a] OXYCODONE NALOXONE ADVZ XR 30/15 [BZ]

oxycodone hydrochloride 40 mg + naloxone hydrochloride 20 mg modified release tablet, 28

8936H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	0	0.00	56.63	25.00	[a] ARX-Oxycodone/Naloxone 40/20 [TX] [a] Targin 40/20mg [MF]	[a] OXYCODONE NALOXONE ADVZ XR 40/20 [BZ]

oxycodone hydrochloride 60 mg + naloxone hydrochloride 30 mg modified release tablet, 28

11102H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	0	0.00	83.74	25.00	[a] ARX-Oxycodone/Naloxone 60/30 [TX]	[a] Targin 60/30 [MF]

oxycodone hydrochloride 80 mg + naloxone hydrochloride 40 mg modified release tablet, 28

11111T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	0	0.00	87.13	25.00	[a] ARX-Oxycodone/Naloxone 80/40 [TX]	[a] Targin 80/40 [MF]

Phenylpiperidine derivatives

FENTANYL

Caution The risk of drug dependence is high.

Note This treatment is not suitable for 'as-required' pain relief.

Note Consider consultation with a multidisciplinary pain service prior to, or after commencement of this medication.

Note Fentanyl transdermal patches are not recommended in opioid naive patients with non-cancer pain because of a high incidence of adverse events in these patients. Patients with cancer pain may be initiated on the lowest strength patch (12 micrograms per hour).

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).

Phone applications for increased maximum quantities/repeats may be made by calling 1800 888 333.

Written authority applications for increased maximum quantities/repeats can be uploaded online through HPOS form upload or mailed to:

Pharmaceutical Benefits Scheme

Reply Paid 9857

[Your capital city]

Authority Required (STREAMLINED)

15996

Chronic severe disabling pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for less than 12 months

Clinical criteria:

- The condition must require daily, continuous, long term opioid treatment, **AND**
- Patient must not be opioid naive, **AND**
- Patient must have cancer pain; **OR**
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; **OR**
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authorities for increased maximum quantities and/or repeats under this restriction must only be considered for chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Authority Required (STREAMLINED)

15994

Chronic severe disabling pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for more than 12 months

Clinical criteria:

- The condition must require daily, continuous, long term opioid treatment, **AND**
- Patient must not be opioid naive, **AND**
- Patient must have cancer pain; **OR**
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; **OR**
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authorities for increased maximum quantities and/or repeats must only be considered for chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment:

(i) exceeds 12 months and the palliative care patient is unable to have annual pain management review due to their clinical condition; or

(ii) exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(iii) has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Authority Required (STREAMLINED)

16000

Chronic severe disabling pain

Treatment Phase: Continuing PBS treatment after 1 June 2020

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this form of this drug for this condition after 1 June 2020.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authorities for increased maximum quantities and/or repeats must only be considered for chronic severe disabling pain where the patient has received initial authority approval and the total duration of non-PBS and PBS opioid analgesic treatment:

(i) is less than 12 months; or

(ii) exceeds 12 months and the palliative care patient is unable to have annual pain management review due to their clinical condition; or

(iii) exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(iv) has exceeded 12 months prior to 1 June 2020 and the patient's pain management and clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

fentanyl 12 microgram/hour patch, 5

8878G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	0	0.00	27.04	25.00	[a] APO-Fentanyl [TX]	[a] Fentanyl Sandoz [SZ]

fentanyl 25 microgram/hour patch, 5

8891Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	0	0.00	28.93	25.00	[a] APO-Fentanyl [TX]	[a] Fentanyl Sandoz [SZ]

fentanyl 50 microgram/hour patch, 5

8892B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	0	0.00	36.33	25.00	[a] APO-Fentanyl [TX]	[a] Fentanyl Sandoz [SZ]

fentanyl 75 microgram/hour patch, 5

8893C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	0	0.00	42.34	25.00	[a] APO-Fentanyl [TX]	[a] Fentanyl Sandoz [SZ]

fentanyl 100 microgram/hour patch, 5

8894D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	0	0.00	47.70	25.00	[a] APO-Fentanyl [TX]	[a] Fentanyl Sandoz [SZ]

Diphenylpropylamine derivatives

METHADONE

Caution The risk of drug dependence is high.

Note This treatment is not suitable for 'as-required' pain relief.

Note This treatment is not recommended for use in ambulant patients.

Note Consider consultation with a multidisciplinary pain service prior to, or after commencement of this medication.

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).

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Written authority applications for increased maximum quantities/repeats can be uploaded online through HPOS form upload or mailed to:

Pharmaceutical Benefits Scheme

Reply Paid 9857

[Your capital city]

Authority Required (STREAMLINED)

15996

Chronic severe disabling pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for less than 12 months

Clinical criteria:

- The condition must require daily, continuous, long term opioid treatment, **AND**
- Patient must not be opioid naive, **AND**
- Patient must have cancer pain; **OR**
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; **OR**
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authorities for increased maximum quantities and/or repeats under this restriction must only be considered for chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Authority Required (STREAMLINED)

15994

Chronic severe disabling pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for more than 12 months

Clinical criteria:

- The condition must require daily, continuous, long term opioid treatment, **AND**
- Patient must not be opioid naive, **AND**
- Patient must have cancer pain; **OR**
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; **OR**
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authorities for increased maximum quantities and/or repeats must only be considered for chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment:

(i) exceeds 12 months and the palliative care patient is unable to have annual pain management review due to their clinical condition; or

(ii) exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(iii) has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Authority Required (STREAMLINED)

16000

Chronic severe disabling pain

Treatment Phase: Continuing PBS treatment after 1 June 2020

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this form of this drug for this condition after 1 June 2020.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authorities for increased maximum quantities and/or repeats must only be considered for chronic severe disabling pain where the patient has received initial authority approval and the total duration of non-PBS and PBS opioid analgesic treatment:

(i) is less than 12 months; or

(ii) exceeds 12 months and the palliative care patient is unable to have annual pain management review due to their clinical condition; or

(iii) exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or
(iv) has exceeded 12 months prior to 1 June 2020 and the patient's pain management and clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

methadone hydrochloride 5 mg tablet, 20

15377H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	0	0.00	23.39	24.93	METHADONE-AFT [AE]

methadone hydrochloride 10 mg tablet, 20

1609Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	0	0.00	25.26	25.00	[a] METHADONE-AFT [AE]	[a] Physeptone [AS]

methadone hydrochloride 10 mg/mL injection, 5 x 1 mL vials

14202L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	0	0.00	54.70	25.00	Physeptone [AS]

Oripavine derivatives

BUPRENORPHINE

Caution The risk of drug dependence is high.

Note This treatment is not suitable for 'as-required' pain relief.

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).

Phone applications for increased maximum quantities/repeats may be made by calling 1800 888 333.

Written authority applications for increased maximum quantities/repeats can be uploaded online through HPOS form upload or mailed to:

Pharmaceutical Benefits Scheme

Reply Paid 9857

[Your capital city]

Authority Required (STREAMLINED)

10755

Chronic severe pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for less than 12 months

Clinical criteria:

- The condition must require daily, continuous, long term opioid treatment, **AND**
- Patient must have cancer pain; **OR**
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid or other opioid analgesics; **OR**
- Patient must be unable to use non-opioid or other opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats under this restriction must only be considered for chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Authority Required (STREAMLINED)

10748

Chronic severe pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for more than 12 months

Clinical criteria:

- The condition must require daily, continuous, long term opioid treatment, **AND**
- Patient must have cancer pain; **OR**
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid or other opioid analgesics; **OR**
- Patient must be unable to use non-opioid or other opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats must only be considered for chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment:

(i) exceeds 12 months and the palliative care patient is unable to have annual pain management review due to their clinical condition; or

(ii) exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(iii) has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Authority Required (STREAMLINED)

10752

Chronic severe pain

Treatment Phase: Continuing PBS treatment after 1 June 2020

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this form of this drug for this condition after 1 June 2020.

Authorities for increased maximum quantities and/or repeats must only be considered for chronic severe disabling pain where the patient has received initial authority approval and the total duration of non-PBS and PBS opioid analgesic treatment:

(i) is less than 12 months; or

(ii) exceeds 12 months and the palliative care patient is unable to have annual pain management review due to their clinical condition; or

(iii) exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(iv) has exceeded 12 months prior to 1 June 2020 and the patient's pain management and clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

buprenorphine 5 microgram/hour patch, 2

8865N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	0	0.00	27.40	25.00	[a] B-Patch [IU]	[a] Bupredermal [TX]
						[a] Buprenorphine Sandoz [SZ]	[a] Norspan [MF]

buprenorphine 10 microgram/hour patch, 2

8866P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	0	0.00	33.25	25.00	[a] B-Patch [IU]	[a] Bupredermal [TX]
						[a] Buprenorphine Sandoz [SZ]	[a] Norspan [MF]

buprenorphine 15 microgram/hour patch, 2

10770W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	0	0.00	36.82	25.00	[a] B-Patch [IU]	[a] Bupredermal [TX]
						[a] Buprenorphine Sandoz [SZ]	[a] Norspan [MF]

buprenorphine 20 microgram/hour patch, 2

8867Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	0	0.00	40.40	25.00	[a] B-Patch [IU]	[a] Bupredermal [TX]
						[a] Buprenorphine Sandoz [SZ]	[a] Norspan [MF]

buprenorphine 25 microgram/hour patch, 2

10756D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	0	0.00	43.78	25.00	[a] Bupredermal [TX]	[a] Buprenorphine Sandoz [SZ]
						[a] Norspan [MF]	

buprenorphine 30 microgram/hour patch, 2

10755C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	0	0.00	47.16	25.00	[a] Bupredermal [TX]	[a] Buprenorphine Sandoz [SZ]

10755C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
						[a] Norspan [MF]	

buprenorphine 40 microgram/hour patch, 2

10746N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	0	0.00	53.94	25.00	[a] Bupredermal [TX]	[a] Buprenorphine Sandoz [SZ]
						[a] Norspan [MF]	

Opioids in combination with non-opioid analgesics

PARACETAMOL + CODEINE

Caution The risk of drug dependence is high.

Note Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.

Restricted benefit

10768

Severe pain

Clinical criteria:

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid analgesics; **OR**
- Patient must be unable to use non-opioid analgesics due to contraindications or intolerance.

paracetamol 500 mg + codeine phosphate hemihydrate 30 mg tablet, 20

3316M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
DP	1	0	0.00	17.10	18.64	[a] APO- Paracetamol/Codeine 500/30 [TX]	[a] APX-Paracetamol/Codeine [TY]
						[a] Codalgin Forte [AF]	[a] Codapane Forte 500/30 [AL]
						[a] Comfarol Forte [SZ]	[a] Paracetamol/Codeine GH 500/30 [GQ]
						[a] Prodeine Forte [AV]	
			[B]3.81	20.91	18.64	[a] Panadeine Forte [SW]	

PARACETAMOL + CODEINE

Caution The risk of drug dependence is high.

Note Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.

Restricted benefit

10766

Severe pain

Clinical criteria:

- The treatment must be for short term therapy of acute severe pain, **AND**
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid analgesics; **OR**
- Patient must be unable to use non-opioid analgesics due to contraindications or intolerance.

paracetamol 500 mg + codeine phosphate hemihydrate 30 mg tablet, 20

12066C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
DP	0.5	0	0.00	*17.60	19.14	[a] APO- Paracetamol/Codeine 500/30 [TX]	[a] APX-Paracetamol/Codeine [TY]
						[a] Codalgin Forte [AF]	[a] Codapane Forte 500/30 [AL]
						[a] Comfarol Forte [SZ]	[a] Paracetamol/Codeine GH 500/30 [GQ]
						[a] Prodeine Forte [AV]	
			[B]2.36	19.96	19.14	[a] Panadeine Forte [SW]	

PARACETAMOL + CODEINE

Caution The risk of drug dependence is high.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Restricted benefit

10766

Severe pain

Clinical criteria:

- The treatment must be for short term therapy of acute severe pain, **AND**
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid analgesics; **OR**
- Patient must be unable to use non-opioid analgesics due to contraindications or intolerance.

paracetamol 500 mg + codeine phosphate hemihydrate 30 mg tablet, 20

12022R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP MW	0.5	0	0.00	*17.60	19.14	[a] APO- Paracetamol/Codeine 500/30 [TX]	[a] APX-Paracetamol/Codeine [TY]
						[a] Codalgin Forte [AF]	[a] Codapane Forte 500/30 [AL]
						[a] Comfarol Forte [SZ]	[a] Paracetamol/Codeine GH 500/30 [GQ]
						[a] Prodeine Forte [AV]	
			[B]2.36	19.96	19.14	[a] Panadeine Forte [SW]	

PARACETAMOL + CODEINE

Caution The risk of drug dependence is high.

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).

Phone applications for increased maximum quantities/repeats may be made by calling 1800 888 333.

Written authority applications for increased maximum quantities/repeats can be uploaded online through HPOS form upload or mailed to:

Pharmaceutical Benefits Scheme

Reply Paid 9857

[Your capital city]

Restricted benefit

10771

Severe pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for less than 12 months

Clinical criteria:

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid analgesics; **OR**
- Patient must be unable to use non-opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats under this restriction must only be considered for severe disabling pain associated with malignant neoplasia or chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Restricted benefit

10772

Severe pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for more than 12 months

Clinical criteria:

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid analgesics; **OR**
- Patient must be unable to use non-opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats must only be considered for:

(i) severe disabling pain associated with proven malignant neoplasia; or

(ii) palliative care patients with chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient is unable to have annual pain management review due to their clinical condition; or

(iii) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(iv) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Restricted benefit

10764

Severe pain

Treatment Phase: Continuing PBS treatment after 1 June 2020

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this form of this drug for this condition after 1 June 2020.

Authorities for increased maximum quantities and/or repeats must only be considered where the patient has received initial authority approval for:

(i) severe disabling pain associated with malignant neoplasia; or

(ii) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months; or

(iii) palliative care patients with chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient is unable to have annual pain management review due to their clinical condition; or

(iv) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(v) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

paracetamol 500 mg + codeine phosphate hemihydrate 30 mg tablet, 20

1215Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	0	0.00	17.10	18.64	[a] APO- Paracetamol/Codeine 500/30 [TX]	[a] APX-Paracetamol/Codeine [TY]
						[a] Codalgin Forte [AF]	[a] Codapane Forte 500/30 [AL]
						[a] Comfarol Forte [SZ]	[a] Paracetamol/Codeine GH 500/30 [GQ]
						[a] Prodeine Forte [AV]	
			[B]3.81	20.91	18.64	[a] Panadeine Forte [SW]	

Other opioids

TAPENTADOL

Caution The risk of drug dependence is high.

Note This treatment is not suitable for 'as-required' pain relief.

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).

Phone applications for increased maximum quantities/repeats may be made by calling 1800 888 333.

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Pharmaceutical Benefits Scheme

Reply Paid 9857

[Your capital city]

Authority Required (STREAMLINED)

10755

Chronic severe pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for less than 12 months

Clinical criteria:

- The condition must require daily, continuous, long term opioid treatment, **AND**
- Patient must have cancer pain; **OR**
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid or other opioid analgesics; **OR**
- Patient must be unable to use non-opioid or other opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats under this restriction must only be considered for chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Authority Required (STREAMLINED)

10748

Chronic severe pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for more than 12 months

Clinical criteria:

- The condition must require daily, continuous, long term opioid treatment, **AND**
- Patient must have cancer pain; **OR**
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid or other opioid analgesics; **OR**
- Patient must be unable to use non-opioid or other opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats must only be considered for chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment:

(i) exceeds 12 months and the palliative care patient is unable to have annual pain management review due to their clinical condition; or

(ii) exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(iii) has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Authority Required (STREAMLINED)

10752

Chronic severe pain

Treatment Phase: Continuing PBS treatment after 1 June 2020

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this form of this drug for this condition after 1 June 2020.

Authorities for increased maximum quantities and/or repeats must only be considered for chronic severe disabling pain where the patient has received initial authority approval and the total duration of non-PBS and PBS opioid analgesic treatment:

(i) is less than 12 months; or

(ii) exceeds 12 months and the palliative care patient is unable to have annual pain management review due to their clinical condition; or

(iii) exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(iv) has exceeded 12 months prior to 1 June 2020 and the patient's pain management and clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

tapentadol 50 mg modified release tablet, 28

10096J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	0	0.00	30.09	25.00	Palexia SR [CS]

tapentadol 100 mg modified release tablet, 28

10094G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	0	0.00	36.98	25.00	Palexia SR [CS]

tapentadol 150 mg modified release tablet, 28

10100N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	0	0.00	43.59	25.00	Palexia SR [CS]

tapentadol 200 mg modified release tablet, 28

10091D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	0	0.00	49.44	25.00	Palexia SR [CS]

tapentadol 250 mg modified release tablet, 28

10092E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	0	0.00	54.39	25.00	Palexia SR [CS]

TRAMADOL

Caution The risk of drug dependence is high.

Note Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.

Restricted benefit

10768

Severe pain

Clinical criteria:

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid analgesics; **OR**
- Patient must be unable to use non-opioid analgesics due to contraindications or intolerance.

tramadol hydrochloride 50 mg capsule, 20

5232J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
DP	1	0	0.00	17.10	18.64	[a] APO-Tramadol [TX]	[a] Tramadol Sandoz [SZ]
						[a] TRAMADOL-WGR [WG]	[a] Tramedo [AF]
						[a] Zydol [RW]	
			[B]2.25	19.35	18.64	[a] Tramal [CS]	

tramadol hydrochloride 100 mg/2 mL injection, 5 x 2 mL ampoules

5231H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
DP	1	0	0.00	17.75	19.29	[a] Tramadol AN [JU]	[a] Tramadol Sandoz [SZ]
						[a] Tramal 100 [CS]	

tramadol hydrochloride 100 mg/mL oral liquid, 10 mL

5150C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
DP	‡1	0	0.00	20.51	22.05	Tramal [CS]

TRAMADOL

Caution The risk of drug dependence is high.

Note Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.

Restricted benefit

10766

Severe pain

Clinical criteria:

- The treatment must be for short term therapy of acute severe pain, **AND**
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid analgesics; **OR**
- Patient must be unable to use non-opioid analgesics due to contraindications or intolerance.

tramadol hydrochloride 50 mg capsule, 20

12024W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
DP	0.5	0	0.00	*17.60	19.14	[a] APO-Tramadol [TX]	[a] Tramadol Sandoz [SZ]
						[a] TRAMADOL-WGR [WG]	[a] Tramedo [AF]
						[a] Zydol [RW]	
			[B]1.39	18.99	19.14	[a] Tramal [CS]	

TRAMADOL

Caution The risk of drug dependence is high.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Restricted benefit

16276

Severe pain

Clinical criteria:

- The treatment must be for short term therapy of acute severe pain, **AND**
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid analgesics; **OR**

- Patient must be unable to use non-opioid analgesics due to contraindications or intolerance.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) a nurse practitioner, (iii) an endorsed midwife who is sharing the post-operative care of the patient with a medical practitioner.

tramadol hydrochloride 50 mg capsule, 20

12008B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP MW	0.5	0	0.00	*17.60	19.14	[a] APO-Tramadol [TX]	[a] Tramadol Sandoz [SZ]
						[a] TRAMADOL-WGR [WG]	[a] Tramedo [AF]
						[a] Zydol [RW]	
			[B]1.39	18.99	19.14	[a] Tramal [CS]	

TRAMADOL

Caution The risk of drug dependence is high.

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).

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Pharmaceutical Benefits Scheme

Reply Paid 9857

[Your capital city]

Restricted benefit

10771

Severe pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for less than 12 months

Clinical criteria:

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid analgesics; **OR**
- Patient must be unable to use non-opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats under this restriction must only be considered for severe disabling pain associated with malignant neoplasia or chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Restricted benefit

10772

Severe pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for more than 12 months

Clinical criteria:

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid analgesics; **OR**
- Patient must be unable to use non-opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats must only be considered for:

(i) severe disabling pain associated with proven malignant neoplasia; or

(ii) palliative care patients with chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient is unable to have annual pain management review due to their clinical condition; or

(iii) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(iv) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Restricted benefit

10764

Severe pain

Treatment Phase: Continuing PBS treatment after 1 June 2020

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this form of this drug for this condition after 1 June 2020.

Authorities for increased maximum quantities and/or repeats must only be considered where the patient has received initial authority approval for:

(i) severe disabling pain associated with malignant neoplasia; or

(ii) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months; or

(iii) palliative care patients with chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient is unable to have annual pain management review due to their clinical condition; or

(iv) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(v) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

tramadol hydrochloride 50 mg capsule, 20

8455B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	0	0.00	17.10	18.64	[a] APO-Tramadol [TX]	[a] Tramadol Sandoz [SZ]
						[a] TRAMADOL-WGR [WG]	[a] Tramedo [AF]
						[a] Zydol [RW]	
			[B]2.25	19.35	18.64	[a] Tramal [CS]	

tramadol hydrochloride 100 mg/2 mL injection, 5 x 2 mL ampoules

8582Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	0	0.00	17.75	19.29	[a] Tramadol AN [JU]	[a] Tramadol Sandoz [SZ]
						[a] Tramal 100 [CS]	

tramadol hydrochloride 100 mg/mL oral liquid, 10 mL

8843K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	0	0.00	20.51	22.05	Tramal [CS]

TRAMADOL

Caution The risk of drug dependence is high.

Note This treatment is not suitable for 'as-required' pain relief.

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).

Phone applications for increased maximum quantities/repeats may be made by calling 1800 888 333.

Written authority applications for increased maximum quantities/repeats can be uploaded online through HPOS form upload or mailed to:

Pharmaceutical Benefits Scheme

Reply Paid 9857

[Your capital city]

Authority Required (STREAMLINED)

10755

Chronic severe pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for less than 12 months

Clinical criteria:

- The condition must require daily, continuous, long term opioid treatment, **AND**
- Patient must have cancer pain; **OR**
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid or other opioid analgesics; **OR**

- Patient must be unable to use non-opioid or other opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats under this restriction must only be considered for chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Authority Required (STREAMLINED)

10748

Chronic severe pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for more than 12 months

Clinical criteria:

- The condition must require daily, continuous, long term opioid treatment, **AND**
- Patient must have cancer pain; **OR**
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid or other opioid analgesics; **OR**
- Patient must be unable to use non-opioid or other opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats must only be considered for chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment:

(i) exceeds 12 months and the palliative care patient is unable to have annual pain management review due to their clinical condition; or

(ii) exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(iii) has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Authority Required (STREAMLINED)

10752

Chronic severe pain

Treatment Phase: Continuing PBS treatment after 1 June 2020

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this form of this drug for this condition after 1 June 2020.

Authorities for increased maximum quantities and/or repeats must only be considered for chronic severe disabling pain where the patient has received initial authority approval and the total duration of non-PBS and PBS opioid analgesic treatment:

(i) is less than 12 months; or

(ii) exceeds 12 months and the palliative care patient is unable to have annual pain management review due to their clinical condition; or

(iii) exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(iv) has exceeded 12 months prior to 1 June 2020 and the patient's pain management and clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

tramadol hydrochloride 50 mg modified release tablet, 20

2527B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	0	0.00	18.03	19.57	Tramal SR 50 [CS]

tramadol hydrochloride 100 mg modified release tablet, 20

8523N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	0	0.00	17.34	18.88	[a] APO-Tramadol SR [TX]	[a] Tramadol Sandoz SR [SZ]
						[a] Tramadol SR generichealth [GQ]	[a] TRAMADOL-WGR SR [WG]

8523N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
					[a] Tramedo SR [AL]	[a] Zydol SR 100 [RW]
		[B]4.24	21.58	18.88	[a] Tramal SR 100 [CS]	

tramadol hydrochloride 150 mg modified release tablet, 20

8524P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	0	0.00	18.10	19.64	[a] APO-Tramadol SR [TX]	[a] Tramadol Sandoz SR [SZ]
					[a] Tramadol SR generichealth [GQ]	[a] TRAMADOL-WGR SR [WG]
					[a] Tramedo SR [AL]	[a] Zydol SR 150 [RW]
		[B]5.13	23.23	19.64	[a] Tramal SR 150 [CS]	

tramadol hydrochloride 200 mg modified release tablet, 20

8525Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	0	0.00	18.26	19.80	[a] APO-Tramadol SR [TX]	[a] Tramadol Sandoz SR [SZ]
					[a] Tramadol SR generichealth [GQ]	[a] TRAMADOL-WGR SR [WG]
					[a] Tramedo SR [AL]	[a] Zydol SR 200 [RW]
		[B]5.82	24.08	19.80	[a] Tramal SR 200 [CS]	

OTHER ANALGESICS AND ANTIPYRETICS

Anilides

PARACETAMOL

Restricted benefit

5835

For treatment of a patient identifying as Aboriginal or Torres Strait Islander

paracetamol 48 mg/mL oral liquid, 200 mL

1770E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	2	0.00	18.04	19.58	Panamax 240 Elixir [SW]

paracetamol 500 mg tablet, 100

1746X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	0.00	16.13	17.67	[a] APO-Paracetamol [TX]	[a] Febridol [XT]
					[a] Panamax [SW]	[a] Paracetamol (Sandoz) [SZ]
					[a] Paracetamol Sandoz Pharma [QS]	[a] Paralgin [OW]
					[a] PHARMACY CARE PARACETAMOL [SI]	[a] Wagner Health Paracetamol [BG]

PARACETAMOL

Restricted benefit

5846

For treatment of a patient identifying as Aboriginal or Torres Strait Islander

paracetamol 48 mg/mL oral liquid, 200 mL

3349G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	0	0.00	18.04	19.58	Panamax 240 Elixir [SW]

paracetamol 500 mg tablet, 100

5196L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	0	0.00	16.13	17.67	[a] APO-Paracetamol [TX]	[a] Febridol [XT]
					[a] Panamax [SW]	[a] Paracetamol (Sandoz) [SZ]
					[a] Paracetamol Sandoz Pharma [QS]	[a] Paralgin [OW]
					[a] PHARMACY CARE PARACETAMOL [SI]	[a] Wagner Health Paracetamol [BG]

PARACETAMOL

Restricted benefit

5885

Chronic arthropathies

Population criteria:

- Patient must identify as Aboriginal or Torres Strait Islander.

paracetamol 500 mg tablet, 100

5224Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
DP	3	0	0.00	*19.68	21.22	[a] APO-Paracetamol [TX]	[a] Febridol [XT]
						[a] Panamax [SW]	[a] Paracetamol (Sandoz) [SZ]
						[a] Paracetamol Sandoz Pharma [QS]	[a] Paralgin [OW]
						[a] PHARMACY CARE PARACETAMOL [SI]	[a] Wagner Health Paracetamol [BG]

PARACETAMOL

Restricted benefit

5865

Chronic arthropathies

Population criteria:

- Patient must identify as Aboriginal or Torres Strait Islander.

paracetamol 500 mg tablet, 100

8784H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	3	4	0.00	*19.68	21.22	[a] APO-Paracetamol [TX]	[a] Febridol [XT]
						[a] Panamax [SW]	[a] Paracetamol (Sandoz) [SZ]
						[a] Paracetamol Sandoz Pharma [QS]	[a] Paralgin [OW]
						[a] PHARMACY CARE PARACETAMOL [SI]	[a] Wagner Health Paracetamol [BG]

PARACETAMOL

Restricted benefit

6280

Persistent pain

Clinical criteria:

- The condition must be associated with osteoarthritis.

Population criteria:

- Patient must identify as Aboriginal or Torres Strait Islander.

Note Pharmaceutical benefits that have the form paracetamol 665 mg modified release tablet, 96 and pharmaceutical benefits that have the form paracetamol 665 mg modified release tablet, 192 are equivalent for the purposes of substitution.

paracetamol 665 mg modified release tablet, 96

8814X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*21.84	23.38	[a] APOHEALTH Osteo Relief Paracetamol 665 mg [TX]	[a] Chemists' Own Osteo Relief Paracetamol [RF]
						[a] Osteomol 665 Paracetamol [CR]	[a] Parapane OSTEO [XT]
						[a] Pharmacy Action Paracetamol Osteo 665 [GQ]	

paracetamol 665 mg modified release tablet, 192

10797G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	21.66	23.20	[a] Osteomol 665 Paracetamol [CR]	[a] Parapane OSTEO [XT]

Gabapentinoids

PREGABALIN

Authority Required (STREAMLINED)

4172

Neuropathic pain

Clinical criteria:

- The condition must be refractory to treatment with other drugs.

pregabalin 25 mg capsule, 56

2348N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	18.33	19.87	[a] APO-Pregabalin [TX]	[a] BTC Pregabalin [BG]
						[a] Lyzalon [AF]	[a] Neuroccord [CR]
						[a] Prebalin [RF]	[a] PREGABALIN-DRLA [RZ]
						[a] Pregabalin Lupin [HQ]	[a] Pregabalin Sandoz [SZ]
						[a] PREGABALIN-WGR [WG]	

2348N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
			[B]1.99	20.32	19.87	[a] Lyrica [GO]	

pregabalin 75 mg capsule, 56

2335X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	18.60	20.14	[a] APO-Pregabalin [TX]	[a] BTC Pregabalin [BG]
						[a] Lyzalon [AF]	[a] Neuroccord [CR]
						[a] Prebalin [RF]	[a] PREGABALIN-DRLA [RZ]
						[a] Pregabalin Lupin [HQ]	[a] Pregabalin Sandoz [SZ]
						[a] PREGABALIN-WGR [WG]	
			[B]5.07	23.67	20.14	[a] Lyrica [GO]	

pregabalin 150 mg capsule, 56

2355Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	20.56	22.10	[a] APO-Pregabalin [TX]	[a] BTC Pregabalin [BG]
						[a] Lyzalon [AF]	[a] Neuroccord [CR]
						[a] Prebalin [RF]	[a] PREGABALIN-DRLA [RZ]
						[a] Pregabalin Lupin [HQ]	[a] Pregabalin Sandoz [SZ]
						[a] PREGABALIN-WGR [WG]	
			[B]6.49	27.05	22.10	[a] Lyrica [GO]	

pregabalin 300 mg capsule, 56

2363J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	23.59	25.00	[a] APO-Pregabalin [TX]	[a] BTC Pregabalin [BG]
						[a] Lyzalon [AF]	[a] Neuroccord [CR]
						[a] Prebalin [RF]	[a] PREGABALIN-DRLA [RZ]
						[a] Pregabalin Lupin [HQ]	[a] Pregabalin Sandoz [SZ]
						[a] PREGABALIN-WGR [WG]	
			[B]1.61	25.20	25.00	[a] Lyrica [GO]	

ANTIMIGRAINE PREPARATIONS

Selective serotonin (5HT1) agonists

ELETRIPTAN

Caution Selective serotonin (5HT1) agonists are contraindicated in patients with known or suspected coronary artery disease. The drug should not be used within 24 hours of ergotamine or dihydroergotamine use.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Restricted benefit

5141

Migraine attack

Clinical criteria:

- The condition must have usually failed to respond to analgesics in the past.

eletriptan 40 mg tablet, 4

5290K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	27.59	25.00	Relpax [GO]

eletriptan 80 mg tablet, 4

5291L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	27.59	25.00	Relpax [GO]

NARATRIPTAN

Caution Selective serotonin (5HT1) agonists are contraindicated in patients with known or suspected coronary artery disease. The drug should not be used within 24 hours of ergotamine or dihydroergotamine use.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

4562

Migraine attack

Clinical criteria:

- The condition must have usually failed to respond to analgesics in the past.

naratriptan 2.5 mg tablet, 2

8298R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*26.22	25.00	Naramig [AS]

NARATRIPTAN

Caution Selective serotonin (5HT1) agonists are contraindicated in patients with known or suspected coronary artery disease. The drug should not be used within 24 hours of ergotamine or dihydroergotamine use.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

5859

Migraine attack

Clinical criteria:

- The condition must have usually failed to respond to analgesics in the past, **AND**
- Patient must be one in whom adverse events have occurred with other suitable PBS-listed drugs.

Authority Required

5887

Migraine attack

Clinical criteria:

- The condition must have usually failed to respond to analgesics in the past, **AND**
- Patient must be one in whom drug interactions have occurred with other suitable PBS-listed drugs.

Authority Required

5860

Migraine attack

Clinical criteria:

- The condition must have usually failed to respond to analgesics in the past, **AND**
- Patient must be one in whom drug interactions are expected to occur with other suitable PBS-listed drugs.

Authority Required

5849

Migraine attack

Clinical criteria:

- The condition must have usually failed to respond to analgesics in the past, **AND**
- Patient must be one in whom transfer to another suitable PBS-listed drug would cause patient confusion resulting in problems with compliance.

Authority Required

5850

Migraine attack

Clinical criteria:

- The condition must have usually failed to respond to analgesics in the past, **AND**
- Patient must be one in whom transfer to another suitable PBS-listed drug is likely to result in adverse clinical consequences.

naratriptan 2.5 mg tablet, 2

9734H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*26.22	25.00	Naramig [AS]

RIZATRIPTAN

Caution Selective serotonin (5HT1) agonists are contraindicated in patients with known or suspected coronary artery disease. The drug should not be used within 24 hours of ergotamine or dihydroergotamine use.

Note Pharmaceutical benefits that have the form rizatriptan wafer 10 mg (as benzoate) and pharmaceutical benefits that have the form rizatriptan tablet (orally disintegrating) 10 mg (as benzoate) are equivalent for the purposes of substitution.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Restricted benefit

5141

Migraine attack

Clinical criteria:

- The condition must have usually failed to respond to analgesics in the past.

rizatriptan 10 mg wafer, 2

9313E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	[B]3.34	*26.18	24.38	[a] Rizatriptan Wafers-10mg [AF]	
			[B]4.52	*27.36	24.38	[a] Maxalt [AL]	

rizatriptan 10 mg orally disintegrating tablet, 2

10551H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*22.84	24.38	[a] APO-RIZATRIPTAN ODT [TW]	[a] RIXALT [RF]
						[a] Rizatriptan-Au [DZ]	[a] Rizatriptan ODT Viatris [MQ]
						[a] RIZATRIPTAN ODT-WGR [WG]	

SUMATRIPTAN

Caution Selective serotonin (5HT1) agonists are contraindicated in patients with known or suspected coronary artery disease. The drug should not be used within 24 hours of ergotamine or dihydroergotamine use.

Note Pharmaceutical benefits that have the form sumatriptan tablet 50 mg (as succinate) and pharmaceutical benefits that have the form sumatriptan tablet (fast disintegrating) 50 mg (as succinate) are equivalent for the purposes of substitution.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Restricted benefit

5141

Migraine attack

Clinical criteria:

- The condition must have usually failed to respond to analgesics in the past.

sumatriptan 50 mg tablet, 4

1849H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	20.41	21.95	[a] APO-Sumatriptan [TX]	[a] Iptam [AL]
						[a] Pharmacor Sumatriptan 50 [CR]	[a] Sumatran [OW]
						[a] Sumatriptan generichealth [GQ]	[a] Sumatriptan Sandoz [SZ]
						[a] SUMATRIPTAN-WGR [WG]	
			[B]4.07	24.48	21.95	[a] Imigran [LN]	

sumatriptan 50 mg tablet, 2

8144P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*20.64	22.18	[a] APO-Sumatriptan [TX]	[a] Iptam [AL]
						[a] Sumagraine Migraine Relief [GQ]	[a] Sumatran [OW]

SUMATRIPTAN Tablet 50 mg (base) (fast disintegrating), 4

10694W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	4.07	24.48	21.95	[a] Imigran FDT [AS]

ZOLMITRIPTAN

Caution Selective serotonin (5HT1) agonists are contraindicated in patients with known or suspected coronary artery disease. The drug should not be used within 24 hours of ergotamine or dihydroergotamine use.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Restricted benefit

5141

Migraine attack

Clinical criteria:

- The condition must have usually failed to respond to analgesics in the past.

zolmitriptan 2.5 mg tablet, 2

8266C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*25.88	25.00	[a] APO-Zolmitriptan [TX]	[a] Zoltrip [RW]
						[a] Zomig [AS]	

Calcitonin gene-related peptide (CGRP) antagonists

EPTINEZUMAB

Note Eptinezumab at a dose of 300 mg, once every twelve weeks, is not subsidised on the PBS.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)

16018

Chronic migraine

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by a neurologist; **OR**
- Must be treated by a general practitioner in consultation with a neurologist, **AND**
- Patient must not be undergoing concurrent treatment with the following PBS benefits: (i) botulinum toxin type A listed for this PBS indication, (ii) another drug in the same pharmacological class as this drug listed for this PBS indication.

Clinical criteria:

- Patient must have experienced an average of 15 or more headache days per month, with at least 8 days of migraine, over a period of at least 6 months, prior to commencement of treatment with this medicine for this condition, **AND**
- Patient must have experienced an inadequate response, intolerance or a contraindication to at least three prophylactic migraine medications prior to commencement of treatment with this drug for this condition, **AND**
- Patient must be appropriately managed by their practitioner for medication overuse headache, prior to initiation of treatment with this drug.

Population criteria:

- Patient must be at least 18 years of age.

Prophylactic migraine medications are propranolol, amitriptyline, pizotifen, candesartan, verapamil, nortriptyline, sodium valproate or topiramate.

Patient must have the number of migraine days per month documented in their medical records.

eptinezumab 100 mg/mL injection, 1 mL vial

13342F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	0	0.00	1,444.65	25.00	Vyepti [LU]

EPTINEZUMAB

Note Eptinezumab at a dose of 300 mg, once every twelve weeks, is not subsidised on the PBS.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)

12029

Chronic migraine

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist neurologist or in consultation with a specialist neurologist, **AND**
- Patient must not be undergoing concurrent treatment with the following PBS benefits: (i) botulinum toxin type A listed for this PBS indication, (ii) another drug in the same pharmacological class as this drug listed for this PBS indication.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have achieved and maintained a 50% or greater reduction from baseline in the number of migraine days per month, **AND**
- Patient must continue to be appropriately managed for medication overuse headache.

Patient must have the number of migraine days per month documented in their medical records.

eptinezumab 100 mg/mL injection, 1 mL vial

13352R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	0.00	1,444.65	25.00	Vyepti [LU]

FREMANEZUMAB

Note Pharmaceutical benefits that have the form fremanezumab 225 mg/1.5 mL syringes and pharmaceutical benefits that have the form fremanezumab 225 mg/1.5 mL pen devices are equivalent for the purposes of substitution.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)

14563

Treatment-resistant migraine

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a neurologist; **OR**
- Must be treated by a general practitioner in consultation with a neurologist, **AND**
- Patient must not be undergoing concurrent treatment with the following PBS benefits: (i) botulinum toxin type A listed for this PBS indication, (ii) another drug in the same pharmacological class as this drug listed for this PBS indication.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**

- Patient must have achieved and maintained at least 50% reduction from baseline in the number of migraine headache days per month, **AND**
- Patient must continue to be appropriately managed for medication overuse headache.

Patient must have the number of migraine headache days per month documented in their medical records.

fremanezumab 225 mg/1.5 mL injection, 1.5 mL syringe

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12603H	1	5	0.00	366.54	25.00	[a] Ajovy [TB]

fremanezumab 225 mg/1.5 mL injection, 1.5 mL pen device

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13129B	1	5	0.00	366.54	25.00	[a] Ajovy [TB]

FREMANEZUMAB

Note Pharmaceutical benefits that have the form fremanezumab 225 mg/1.5 mL syringes and pharmaceutical benefits that have the form fremanezumab 225 mg/1.5 mL pen devices are equivalent for the purposes of substitution.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)

16104

Treatment-resistant migraine

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by a neurologist; **OR**
- Must be treated by a general practitioner in consultation with a neurologist, **AND**
- Patient must not be undergoing concurrent treatment with the following PBS benefits: (i) botulinum toxin type A listed for this PBS indication, (ii) another drug in the same pharmacological class as this drug listed for this PBS indication.

Clinical criteria:

- Patient must have experienced at least 8 migraine headache days per month, over a period of at least 6 months, prior to commencement of treatment with this medicine for this condition, **AND**
- Patient must have experienced an inadequate response, intolerance or a contraindication to at least three prophylactic migraine medications prior to commencement of treatment with this drug for this condition, **AND**
- Patient must be appropriately managed by their practitioner for medication overuse headache, prior to initiation of treatment with this drug.

Population criteria:

- Patient must be at least 18 years of age.

Prophylactic migraine medications are propranolol, amitriptyline, pizotifen, candesartan, verapamil, nortriptyline, sodium valproate or topiramate.

Patient must have the number of migraine headache days per month documented in their medical records.

fremanezumab 225 mg/1.5 mL injection, 1.5 mL syringe

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12611R	1	2	0.00	366.54	25.00	[a] Ajovy [TB]

fremanezumab 225 mg/1.5 mL injection, 1.5 mL pen device

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13115G	1	2	0.00	366.54	25.00	[a] Ajovy [TB]

GALCANEZUMAB

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)

14563

Treatment-resistant migraine

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a neurologist; **OR**
- Must be treated by a general practitioner in consultation with a neurologist, **AND**
- Patient must not be undergoing concurrent treatment with the following PBS benefits: (i) botulinum toxin type A listed for this PBS indication, (ii) another drug in the same pharmacological class as this drug listed for this PBS indication.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have achieved and maintained at least 50% reduction from baseline in the number of migraine headache days per month, **AND**

- Patient must continue to be appropriately managed for medication overuse headache.

Patient must have the number of migraine headache days per month documented in their medical records.

galcanezumab 120 mg/mL injection, 1 mL pen device

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12469G	1	5	0.00	516.42	25.00	Emgality [LY]

GALCANEZUMAB

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)

16104

Treatment-resistant migraine

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by a neurologist; **OR**
- Must be treated by a general practitioner in consultation with a neurologist, **AND**
- Patient must not be undergoing concurrent treatment with the following PBS benefits: (i) botulinum toxin type A listed for this PBS indication, (ii) another drug in the same pharmacological class as this drug listed for this PBS indication.

Clinical criteria:

- Patient must have experienced at least 8 migraine headache days per month, over a period of at least 6 months, prior to commencement of treatment with this medicine for this condition, **AND**
- Patient must have experienced an inadequate response, intolerance or a contraindication to at least three prophylactic migraine medications prior to commencement of treatment with this drug for this condition, **AND**
- Patient must be appropriately managed by their practitioner for medication overuse headache, prior to initiation of treatment with this drug.

Population criteria:

- Patient must be at least 18 years of age.

Prophylactic migraine medications are propranolol, amitriptyline, pizotifen, candesartan, verapamil, nortriptyline, sodium valproate or topiramate.

Patient must have the number of migraine headache days per month documented in their medical records.

galcanezumab 120 mg/mL injection, 1 mL pen device

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12478R	2	1	0.00	*1,023.48	25.00	Emgality [LY]

Other antimigraine preparations

PIZOTIFEN

pizotifen 500 microgram tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3074T NP	1	2	0.00	25.62	25.00	Sandomigran 0.5 [AE]

PIZOTIFEN

Restricted benefit

14238

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

pizotifen 500 microgram tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13866T NP	2	2	0.00	*36.88	25.00	Sandomigran 0.5 [AE]

ANTIEPILEPTICS

ANTIEPILEPTICS

Barbiturates and derivatives

PHENOBARBITAL

Restricted benefit

16520

Epilepsy

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

phenobarbital 200 mg (equivalent to phenobarbital sodium 219 mg)/mL injection, 5 x 1 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2138M NP	1	0	0.00	36.70	25.00	Phenobarbitone Injection (Aspen Pharmacare Australia Pty Ltd) [AS]

PHENOBARBITAL

Note Pharmaceutical benefits that have the brand Phenobarbital Tablets, USP 30 mg (Rising Pharmaceuticals, USA) can be substituted for Phenobarb in the case of a shortage.

Restricted benefit

16520

Epilepsy

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

phenobarbital 30 mg tablet, 200

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1850J NP	1	4	0.00	19.80	21.34	[a] Phenobarb [RW]

phenobarbital 30 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15415H NP	2	4	0.00	*225.84	25.00	[a] Phenobarbital Tablets, USP 30 mg (Rising Pharmaceuticals, USA) [DZ]

PRIMIDONE

Restricted benefit

16524

For prescribing by certain health practitioners

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

primidone 250 mg tablet, 200

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1939C NP	1	2	0.00	69.56	25.00	Mysoline [LM]

Hydantoin derivatives

PHENYTOIN

Restricted benefit

16524

For prescribing by certain health practitioners

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

phenytoin sodium 30 mg capsule, 200

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1873N NP	1	2	0.00	52.74	25.00	Dilantin Sodium [GO]

phenytoin 30 mg/5 mL oral liquid, 500 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2692Q NP	‡1	3	0.00	27.08	25.00	Dilantin [GO]

phenytoin 50 mg chewable tablet, 200

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1249R NP	1	2	0.00	64.98	25.00	Dilantin Infatabs [GO]

phenytoin sodium 100 mg capsule, 200

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1874P NP	1	2	0.00	34.07	25.00	Dilantin Sodium [GO]

PHENYTOIN

Restricted benefit

16493

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

phenytoin sodium 30 mg capsule, 200

14015P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	2	0.00	*91.12	25.00	Dilantin Sodium [GO]

phenytoin 30 mg/5 mL oral liquid, 500 mL

13841L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡2	3	0.00	*39.80	25.00	Dilantin [GO]

phenytoin 50 mg chewable tablet, 200

13894G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	2	0.00	*115.66	25.00	Dilantin Infatabs [GO]

phenytoin sodium 100 mg capsule, 200

13972J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	2	0.00	*53.78	25.00	Dilantin Sodium [GO]

Succinimide derivatives

ETHOSUXIMIDE

Restricted benefit

16524

For prescribing by certain health practitioners

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

ethosuximide 250 mg capsule, 100

11703Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	2	0.00	*288.60	25.00	ZARONTIN [IX]

ethosuximide 250 mg/5 mL oral liquid, 200 mL

1414K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	5	0.00	73.13	25.00	Zarontin [IX]

ETHOSUXIMIDE

Restricted benefit

16493

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

ethosuximide 250 mg/5 mL oral liquid, 200 mL

14014N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡2	5	0.00	*132.78	25.00	Zarontin [IX]

Benzodiazepine derivatives

CLONAZEPAM

Restricted benefit

16520

Epilepsy

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

clonazepam 1 mg/mL injection [5 x 1 mL ampoules] (&) inert substance diluent [5 x 1 mL ampoules], 1 pack

1807D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	0	0.00	24.61	25.00	Rivotril [PB]

CLONAZEPAM

Caution Abuse of clonazepam has been reported. Refer to the current product information.

Authority Required

16517

Epilepsy

Clinical criteria:

- The condition must be neurologically proven.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

clonazepam 2 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1806C NP	2	2	0.00	*32.78	25.00	Paxam 2 [AF]

clonazepam 2.5 mg/mL (0.1 mg/drop) oral liquid, 10 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1808E NP	2	0	0.00	*21.84	23.38	Rivotril [PB]

CLONAZEPAM

Caution Abuse of clonazepam has been reported. Refer to the current product information.

Note Pharmaceutical benefits that have form pack size clonazepam 500 microgram tablet, 100 and clonazepam 500 microgram tablet, 50 are equivalent for the purposes of substitution.

Authority Required

16517

Epilepsy

Clinical criteria:

- The condition must be neurologically proven.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

clonazepam 500 microgram tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1805B NP	2	2	0.00	*27.50	25.00	[a] Paxam 0.5 [AF]

clonazepam 500 microgram tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11559J NP	4	2	3.44	*31.36	25.00	[a] Rivotril [PB]

NITRAZEPAM

Authority Required

16653

Myoclonic epilepsy

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authority Required

16692

Malignant neoplasia (late stage)

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authority Required

5950

Insomnia

Clinical criteria:

- Patient must be receiving this drug for the management of insomnia, **AND**
- Patient must be receiving long-term nursing care on account of age, infirmity or other condition in a hospital, nursing home or residential facility, **AND**
- Patient must have demonstrated, within the past 6 months, benzodiazepine dependence by an unsuccessful attempt at gradual withdrawal.

Authority Required

5941
Insomnia
Clinical criteria:

- Patient must be receiving this drug for the management of insomnia, **AND**
- Patient must be receiving long-term nursing care, **AND**
- Patient must be one in respect of whom a Carer Allowance is payable as a disabled adult, **AND**
- Patient must have demonstrated, within the past 6 months, benzodiazepine dependence by an unsuccessful attempt at gradual withdrawal.

nitrazepam 5 mg tablet, 25

2732T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*19.84	21.38	[a] Alodorm [AF]	[a] Mogadon [IL]

Carboxamide derivatives

CARBAMAZEPINE

carbamazepine 100 mg tablet, 100

5039F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
DP	2	0	0.00	*27.32	25.00	[a] AVLOIRE [VQ]	
			[B]1.60	*28.92	25.00	[a] Tegretol 100 [NV]	

carbamazepine 100 mg/5 mL oral liquid, 300 mL

5041H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
DP	‡1	0	0.00	30.47	25.00	Tegretol Liquid [NV]

carbamazepine 200 mg tablet, 100

1724R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
DP	2	0	0.00	*35.86	25.00	[a] AVLOIRE [VQ]	[a] Tegretol 200 [NV]

carbamazepine 200 mg modified release tablet, 100

14671E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
DP	2	0	0.00	*36.32	25.00	Tegretol CR 200 [NV]

carbamazepine 400 mg modified release tablet, 100

14680P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
DP	2	0	0.00	*56.08	25.00	Tegretol CR 400 [NV]

CARBAMAZEPINE

Restricted benefit
16524
For prescribing by certain health practitioners
Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

carbamazepine 100 mg tablet, 100

2422L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	2	0.00	*27.32	25.00	[a] AVLOIRE [VQ]	
			[B]1.60	*28.92	25.00	[a] Tegretol 100 [NV]	

carbamazepine 100 mg/5 mL oral liquid, 300 mL

2427R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	5	0.00	30.47	25.00	Tegretol Liquid [NV]

carbamazepine 200 mg tablet, 100

1706T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	2	0.00	*35.86	25.00	[a] AVLOIRE [VQ]	[a] Tegretol 200 [NV]

carbamazepine 200 mg modified release tablet, 100

14681Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	2	0.00	*36.32	25.00	Tegretol CR 200 [NV]

carbamazepine 400 mg modified release tablet, 100

14666X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	2	0.00	*56.08	25.00	Tegretol CR 400 [NV]

CARBAMAZEPINE

Restricted benefit

16493

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

carbamazepine 100 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14509P NP	4	2	0.00	*40.28	25.00	[a] AVLOIRE [VQ]	
			[B]3.20	*43.48	25.00	[a] Tegretol 100 [NV]	

carbamazepine 100 mg/5 mL oral liquid, 300 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14051M NP	‡2	5	0.00	*46.58	25.00	Tegretol Liquid [NV]

carbamazepine 200 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14338P NP	4	2	0.00	*57.36	25.00	[a] AVLOIRE [VQ]	[a] Tegretol 200 [NV]

carbamazepine 200 mg modified release tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14673G NP	4	2	0.00	*58.28	25.00	Tegretol CR 200 [NV]

carbamazepine 400 mg modified release tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14662Q NP	4	2	0.00	*97.80	25.00	Tegretol CR 400 [NV]

OXCARBAZEPINE

Authority Required (STREAMLINED)

17478

Seizures

Clinical criteria:

- Patient must have focal onset seizures; **OR**
- Patient must have primary generalised tonic-clonic seizures, **AND**
- The condition must have failed to be controlled satisfactorily by at least one other antiseizure medication.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

oxcarbazepine 60 mg/mL oral liquid, 250 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8588B NP	2	5	0.00	*98.22	25.00	Trileptal [NV]

oxcarbazepine 150 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8584T NP	1	5	0.00	56.29	25.00	Trileptal [NV]

oxcarbazepine 300 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8585W NP	1	5	0.00	83.55	25.00	Trileptal [NV]

oxcarbazepine 600 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8586X NP	1	5	0.00	130.75	25.00	Trileptal [NV]

OXCARBAZEPINE

Authority Required (STREAMLINED)

17509

Seizures

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have focal onset seizures; **OR**

- Patient must have primary generalised tonic-clonic seizures, **AND**
- The condition must have failed to be controlled satisfactorily by at least one other antiseizure medication.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

oxcarbazepine 60 mg/mL oral liquid, 250 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13936L NP	4	5	0.00	*185.48	25.00	Trileptal [NV]

oxcarbazepine 150 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14562K NP	2	5	0.00	*98.22	25.00	Trileptal [NV]

oxcarbazepine 300 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14033N NP	2	5	0.00	*154.66	25.00	Trileptal [NV]

oxcarbazepine 600 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13935K NP	2	5	0.00	*252.14	25.00	Trileptal [NV]

Fatty acid derivatives

TIAGABINE

Authority Required (STREAMLINED)

17445

Focal onset seizures

Clinical criteria:

- The condition must have failed to be controlled satisfactorily by at least one other antiseizure medication.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

tiagabine 5 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8221Q NP	2	5	0.00	*61.78	25.00	Gabitril [TB]

tiagabine 10 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8222R NP	2	5	0.00	*109.22	25.00	Gabitril [TB]

tiagabine 15 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8223T NP	2	5	0.00	*152.60	25.00	Gabitril [TB]

TIAGABINE

Authority Required (STREAMLINED)

17444

Focal onset seizures

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must have failed to be controlled satisfactorily by at least one other antiseizure medication.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

tiagabine 5 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13892E NP	4	5	0.00	*109.20	25.00	Gabitril [TB]

tiagabine 10 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13947C NP	4	5	0.00	*208.56	25.00	Gabitril [TB]

tiagabine 15 mg tablet, 50

13893F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	4	5	0.00	*295.84	25.00	Gabitril [TB]

VALPROATE

Caution There are reports of fatal hepatotoxicity, particularly in children.

There is increasing evidence of dose-related teratogenesis from this drug.

Restricted benefit

16524

For prescribing by certain health practitioners

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

valproate sodium 100 mg tablet, 100

2294R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	2	0.00	*35.92	25.00	Epilim [SW]

valproate sodium 200 mg enteric tablet, 100

2289L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	2	0.00	*25.08	25.00	[a] APO-Sodium Valproate [TX]	[a] Sodium Valproate Sandoz [SZ]
						[a] Valproate Winthrop EC 200 [WA]	[a] Valpro EC 200 [AF]
			[B]1.78	26.86	25.00	[a] Epilim EC [SW]	

valproate sodium 200 mg/5 mL oral liquid, 300 mL

2293Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	2	0.00	*42.32	25.00	Epilim Liquid [SW]

valproate sodium 200 mg/5 mL oral liquid, 300 mL

2295T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	2	0.00	*42.32	25.00	Epilim Syrup [SW]

valproate sodium 500 mg enteric tablet, 100

2290M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	2	0.00	*35.12	25.00	[a] APO-Sodium Valproate [TX]	[a] Sodium Valproate Sandoz [SZ]
						[a] Valproate Winthrop EC 500 [WA]	[a] Valpro EC 500 [AF]
			[B]1.76	36.88	25.00	[a] Epilim EC [SW]	

VALPROATE

Caution There are reports of fatal hepatotoxicity, particularly in children.

There is increasing evidence of dose-related teratogenesis from this drug.

Restricted benefit

16493

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

valproate sodium 100 mg tablet, 100

13840K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	4	2	0.00	*57.48	25.00	Epilim [SW]

valproate sodium 200 mg enteric tablet, 100

14017R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	4	2	0.00	*35.80	25.00	[a] APO-Sodium Valproate [TX]	[a] Sodium Valproate Sandoz [SZ]
						[a] Valproate Winthrop EC 200 [WA]	[a] Valpro EC 200 [AF]
			[B]3.56	39.36	25.00	[a] Epilim EC [SW]	

valproate sodium 200 mg/5 mL oral liquid, 300 mL

13950F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	4	2	0.00	*70.28	25.00	Epilim Syrup [SW]

valproate sodium 200 mg/5 mL oral liquid, 300 mL

13973K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	4	2	0.00	*70.28	25.00	Epilim Liquid [SW]

valproate sodium 500 mg enteric tablet, 100

13917L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	4	2	0.00	*55.88	25.00	[a] APO-Sodium Valproate [TX]	[a] Sodium Valproate Sandoz [SZ]
						[a] Valproate Winthrop EC 500 [WA]	[a] Valpro EC 500 [AF]
			[B]3.52	59.40	25.00	[a] Epilim EC [SW]	

VIGABATRIN

Caution Visual field defects have been reported with this drug.

Authority Required (STREAMLINED)

17445

Focal onset seizures

Clinical criteria:

- The condition must have failed to be controlled satisfactorily by at least one other antiseizure medication.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

vigabatrin 500 mg tablet, 100

2667J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	85.91	25.00	Sabril [SW]

vigabatrin 500 mg powder for oral liquid, 60 sachets

2668K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	60.68	25.00	Sabril [SW]

VIGABATRIN

Caution Visual field defects have been reported with this drug.

Authority Required (STREAMLINED)

17444

Focal onset seizures

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must have failed to be controlled satisfactorily by at least one other antiseizure medication.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

vigabatrin 500 mg tablet, 100

13919N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*159.62	25.00	Sabril [SW]

vigabatrin 500 mg powder for oral liquid, 60 sachets

13974L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*107.00	25.00	Sabril [SW]

Other antiepileptics

BRIVARACETAM

Authority Required (STREAMLINED)

17452

Intractable focal onset seizures

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously been treated with PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must not be given concomitantly with levetiracetam.

brivaracetam 25 mg tablet, 56

11327E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	153.74	25.00	Briviact [UC]

brivaracetam 50 mg tablet, 56

11338R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	153.74	25.00	Briviact [UC]

brivaracetam 75 mg tablet, 56

11350J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	153.74	25.00	Briviact [UC]

brivaracetam 100 mg tablet, 56

11357R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	153.74	25.00	Briviact [UC]

BRIVARACETAM

Authority Required (STREAMLINED)

17451

Intractable focal onset seizures

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by a neurologist.

Clinical criteria:

- The treatment must be in combination with two or more antiseizure medications which include one second-line adjunctive agent, **AND**
- The condition must have failed to be controlled satisfactorily by other antiseizure medications, which include at least one first-line antiseizure agent and at least two second-line adjunctive antiseizure agents, **AND**
- The treatment must not be given concomitantly with levetiracetam, except for cross titration.

brivaracetam 25 mg tablet, 56

11328F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	0.00	153.74	25.00	Briviact [UC]

brivaracetam 50 mg tablet, 56

11334M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	0.00	153.74	25.00	Briviact [UC]

brivaracetam 75 mg tablet, 56

11356Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	0.00	153.74	25.00	Briviact [UC]

brivaracetam 100 mg tablet, 56

11339T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	0.00	153.74	25.00	Briviact [UC]

BRIVARACETAM

Authority Required (STREAMLINED)

17561

Intractable focal onset seizures

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by a neurologist.

Clinical criteria:

- The treatment must be in combination with two or more antiseizure medications which include one second-line adjunctive agent, **AND**
- The condition must have failed to be controlled satisfactorily by other antiseizure medications, which include at least one first-line antiseizure agent and at least two second-line adjunctive antiseizure agents, **AND**
- Patient must be unable to take a solid dose form of this drug, **AND**
- The treatment must not be given concomitantly with levetiracetam, except for cross titration.

brivaracetam 10 mg/mL oral liquid, 300 mL

11349H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	0.00	189.83	25.00	Briviact [UC]

BRIVARACETAM

Authority Required (STREAMLINED)

17540
Intractable focal onset seizures
Treatment Phase: Continuing treatment
Clinical criteria:

- Patient must have previously been treated with PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must be unable to take a solid dose form of this drug, **AND**
- The treatment must not be given concomitantly with levetiracetam.

brivaracetam 10 mg/mL oral liquid, 300 mL

11358T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	189.83	25.00	Briviact [UC]

CANNABIDIOL

Note Requests for increased quantities may be sought based on daily doses not exceeding 20 mg/kg/day (in line with the Product Information) for up to 4 weeks per dispensing.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)
17678
Seizures of the Lennox-Gastaut syndrome
Clinical criteria:

- Patient must have a diagnosis of Lennox-Gastaut syndrome; the diagnosis should be confirmed by an electroencephalogram (EEG) where possible, **AND**
- Patient must have (as an initiating patient)/have had (as a continuing patient) more than one type of seizure that is not adequately controlled with at least two other antiseizure medications prior to initiating treatment with this medicine, **AND**
- The treatment must be as adjunctive therapy to other antiseizure medication.

Treatment criteria:

- Must be treated by a prescriber who is either: (i) a neurologist, (ii) a paediatrician if treatment is being initiated; **OR**
- Must be treated by a prescriber who is either: (i) a neurologist, (ii) a paediatrician if treatment is being continued or re-initiated; **OR**
- Must be treated by a general practitioner in consultation with either: (i) a neurologist, (ii) a paediatrician if treatment is being continued.

Confirmation of eligibility for treatment with diagnostic reports must be documented in the patient's medical records.

cannabidiol 100 mg/mL oral liquid, 100 mL

13277T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	0.00	1,532.91	25.00	Epidyolex [JA]

CANNABIDIOL

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.
Note Requests for increased quantities may be sought based on daily doses not exceeding 20 mg/kg/day (in line with the Product Information) for up to 4 weeks per dispensing.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority Required
17521
Severe myoclonic epilepsy in infancy (Dravet syndrome)
Clinical criteria:

- Patient must have (as an initiating patient)/have had (as a continuing patient), generalised tonic-clonic seizures or generalised clonic seizures that are not adequately controlled with at least two other antiseizure medications, **AND**
- The treatment must be as adjunctive therapy to at least two other antiseizure medications.

Treatment criteria:

- Must be treated by a neurologist if treatment is being initiated; **OR**
- Must be treated by a neurologist if treatment is being continued or re-initiated; **OR**
- Must be treated by a paediatrician in consultation with a neurologist if treatment is being continued; **OR**
- Must be treated by a general practitioner in consultation with a neurologist if treatment is being continued.

cannabidiol 100 mg/mL oral liquid, 100 mL

12467E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	0.00	1,532.91	25.00	Epidyolex [JA]

FENFLURAMINE

Note Cardiac monitoring must be carried out in accordance with the approved Product Information while on treatment with this drug for this condition.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

17457

Severe myoclonic epilepsy in infancy (Dravet syndrome)

Clinical criteria:

- Patient must have (if initiating) generalised tonic-clonic seizures or generalised clonic seizures that are not adequately controlled with at least two other antiseizure medications; **OR**
- Patient must have had (if continuing) generalised tonic-clonic seizures or generalised clonic seizures that are not adequately controlled with at least two other antiseizure medications, **AND**
- The treatment must be as adjunctive therapy to at least two other antiseizure medications.

Treatment criteria:

- Must be treated by a neurologist if treatment is being initiated; **OR**
- Must be treated by a neurologist if treatment is being continued or re-initiated; **OR**
- Must be treated by a paediatrician in consultation with a neurologist if treatment is being continued; **OR**
- Must be treated by a general practitioner in consultation with a neurologist if treatment is being continued.

fenfluramine hydrochloride 2.2 mg/mL oral liquid, 360 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14833Q	‡1	5	0.00	4,696.70	25.00	Fintepla [UC]

GABAPENTIN

Authority Required (STREAMLINED)

17445

Focal onset seizures

Clinical criteria:

- The condition must have failed to be controlled satisfactorily by at least one other antiseizure medication.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

gabapentin 100 mg capsule, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8505P							
NP	1	5	0.00	18.36	19.90	[a] APX-Gabapentin [GX]	[a] Gabacor [CR]
						[a] GAPENTIN [RF]	[a] Nupentin 100 [AF]
			[B]2.17	20.53	19.90	[a] Neurontin [GO]	

gabapentin 300 mg capsule, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1834M							
NP	1	5	0.00	23.72	25.00	[a] APX-Gabapentin [GX]	[a] Gabacor [CR]
						[a] Gabapentin Sandoz [SZ]	[a] GABAPENTIN-WGR [WG]
						[a] GAPENTIN [RF]	[a] Nupentin 300 [AF]
			[B]2.12	25.84	25.00	[a] Neurontin [GO]	

gabapentin 400 mg capsule, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1835N							
NP	1	5	0.00	27.12	25.00	[a] APX-Gabapentin [GX]	[a] Gabacor [CR]
						[a] Gabapentin Sandoz [SZ]	[a] GABAPENTIN-WGR [WG]
						[a] GAPENTIN [RF]	[a] Nupentin 400 [AF]
			[B]2.13	29.25	25.00	[a] Neurontin [GO]	

gabapentin 600 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8559L							
NP	1	5	0.00	34.34	25.00	[a] APX-GABAPENTIN [TX]	[a] GAPENTIN [RF]
						[a] Pharmacor Gabapentin 600 [CR]	
			[B]2.14	36.48	25.00	[a] Neurontin [GO]	

gabapentin 800 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8389M							
NP	1	5	0.00	41.35	25.00	[a] APX-GABAPENTIN [XT]	[a] GAPENTIN [RF]

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8389M						[a] Neurontin [GO]	[a] Pharmacor Gabapentin 800 [CR]

LACOSAMIDE

Authority Required (STREAMLINED)

17541

Intractable focal onset seizures

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by a neurologist.

Clinical criteria:

- The treatment must be in combination with two or more antiseizure medications which include one second-line adjunctive agent, **AND**
- The condition must have failed to be controlled satisfactorily by other antiseizure medications, which include at least one first-line antiseizure agent and at least two second-line adjunctive antiseizure agents, **AND**
- The treatment must be for dose titration purposes.

lacosamide 50 mg tablet, 14

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9333F	1	1	0.00	20.31	21.85	[a] LACOMED [DZ]	[a] Lacosam [AF]
						[a] Lacosamide ARX [XT]	[a] Lacosamide Lupin [GQ]
						[a] Lacosamide Sandoz [SZ]	[a] Vimcosa [CR]
						[a] Vimpat [UC]	

lacosamide 100 mg tablet, 14

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9334G	1	1	0.00	26.27	25.00	[a] LACOMED [DZ]	[a] Lacosamide Sandoz [SZ]
						[a] Vimcosa [CR]	[a] Vimpat [UC]

lacosamide 150 mg tablet, 14

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9336J	1	1	0.00	32.22	25.00	[a] LACOMED [DZ]	[a] Vimcosa [CR]
						[a] Vimpat [UC]	

LACOSAMIDE

Authority Required (STREAMLINED)

17455

Intractable focal onset seizures

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition.

lacosamide 50 mg tablet, 14

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10293R							
NP	4	5	0.00	*38.16	25.00	[a] LACOMED [DZ]	[a] Lacosam [AF]
						[a] Lacosamide ARX [XT]	[a] Lacosamide Lupin [GQ]
						[a] Lacosamide Sandoz [SZ]	[a] Vimcosa [CR]
						[a] Vimpat [UC]	

LACOSAMIDE

Authority Required (STREAMLINED)

17560

Intractable focal onset seizures

Treatment Phase: Continuing treatment

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition.

lacosamide 50 mg tablet, 14

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14011K							
NP	8	5	0.00	*61.96	25.00	[a] LACOMED [DZ]	[a] Lacosam [AF]
						[a] Lacosamide ARX [XT]	[a] Lacosamide Lupin [GQ]
						[a] Lacosamide Sandoz [SZ]	[a] Vimcosa [CR]

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14011K						[a] Vimpat [UC]	

lacosamide 100 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13867W	2	5	0.00	*109.64	25.00	[a] LACOMED [DZ]	[a] Lacosam [AF]
NP						[a] Lacosamide ARX [XT]	[a] Lacosamide Lupin [GQ]
						[a] Lacosamide Sandoz [SZ]	[a] Vimcosa [CR]
						[a] Vimpat [UC]	

LACOSAMIDE

Note No increase in the maximum quantity or number of units may be authorised.

Authority Required (STREAMLINED)

17560

Intractable focal onset seizures

Treatment Phase: Continuing treatment

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition.

lacosamide 10 mg/mL oral liquid, 200 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14048J	‡12	5	0.00	*688.92	25.00	[a] LACOMED [DZ]	[a] Vimpat [UC]
NP							

lacosamide 150 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14053P	2	5	0.00	*159.34	25.00	[a] LACOMED [DZ]	[a] Lacosam [AF]
NP						[a] Lacosamide ARX [XT]	[a] Lacosamide Lupin [GQ]
						[a] Lacosamide Sandoz [SZ]	[a] Vimcosa [CR]
						[a] Vimpat [UC]	

lacosamide 200 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13951G	2	5	0.00	*209.34	25.00	[a] LACOMED [DZ]	[a] Lacosam [AF]
NP						[a] Lacosamide ARX [XT]	[a] Lacosamide Lupin [GQ]
						[a] Lacosamide Sandoz [SZ]	[a] Vimcosa [CR]
						[a] Vimpat [UC]	

LACOSAMIDE

Authority Required (STREAMLINED)

17520

Intractable focal onset seizures

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by a neurologist.

Clinical criteria:

- The treatment must be in combination with two or more antiseizure medications which include one second-line adjunctive agent, **AND**
- The condition must have failed to be controlled satisfactorily by other antiseizure medications, which include at least one first-line antiseizure agent and at least two second-line adjunctive antiseizure agents.

Authority Required (STREAMLINED)

17455

Intractable focal onset seizures

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition.

lacosamide 100 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9335H	1	5	0.00	62.00	25.00	[a] LACOMED [DZ]	[a] Lacosam [AF]
NP						[a] Lacosamide ARX [XT]	[a] Lacosamide Lupin [GQ]
						[a] Lacosamide Sandoz [SZ]	[a] Vimcosa [CR]
						[a] Vimpat [UC]	

LACOSAMIDE

Note Requests for increases in the maximum quantity (packs) up to 3 times that stated may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

17513

Idiopathic generalised epilepsy with primary generalised tonic-clonic seizures

Treatment criteria:

- Must be treated by a neurologist; **OR**
- Must be treated by a paediatrician; **OR**
- Must be treated by an eligible practitioner type who has consulted at least one of the above mentioned specialist types, with agreement reached that the patient should be treated with this pharmaceutical benefit on this occasion.

Clinical criteria:

- The condition must have failed to be controlled satisfactorily by at least two antiseizure medications prior to when the drug is/was first commenced, **AND**
- The treatment must be (for initiating treatment)/have been (for continuing treatment) in combination with at least one PBS-subsidised antiseizure medication at the time the drug is/was first commenced.

lacosamide 10 mg/mL oral liquid, 200 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
12628P							
NP	‡2	5	0.00	*122.62	25.00	[a] LACOMED [DZ]	[a] Vimpat [UC]

LACOSAMIDE

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

17515

Idiopathic generalised epilepsy with primary generalised tonic-clonic seizures

Treatment Phase: Dose titration at the start of therapy, during therapy or to gradually cease treatment

Treatment criteria:

- Must be treated by a neurologist; **OR**
- Must be treated by a paediatrician.

Clinical criteria:

- The condition must have failed to be controlled satisfactorily by at least two antiseizure medications prior to when the drug is/was first commenced, **AND**
- The treatment must be (for initiating treatment)/have been (for continuing treatment) in combination with at least one PBS-subsidised antiseizure medication at the time the drug is/was first commenced, **AND**
- The treatment must be for dose titration purposes.

lacosamide 100 mg tablet, 14

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
12633X	1	1	0.00	26.27	25.00	[a] LACOMED [DZ]	[a] Lacosamide Sandoz [SZ]
						[a] Vimcosa [CR]	[a] Vimpat [UC]

lacosamide 150 mg tablet, 14

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
12649R	1	1	0.00	32.22	25.00	[a] LACOMED [DZ]	[a] Vimcosa [CR]
						[a] Vimpat [UC]	

LACOSAMIDE

Note Requests for increases in the maximum quantity (packs) up to 3 times that stated may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

17516

Idiopathic generalised epilepsy with primary generalised tonic-clonic seizures

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Treatment criteria:

- Must be treated by a neurologist; **OR**
- Must be treated by a paediatrician; **OR**
- Must be treated by an eligible practitioner type who has consulted at least one of the above mentioned specialist types, with agreement reached that the patient should be treated with this pharmaceutical benefit on this occasion.

Clinical criteria:

- The condition must have failed to be controlled satisfactorily by at least two antiseizure medications prior to when the drug is/was first commenced, **AND**

- The treatment must have been in combination with at least one PBS-subsidised antiseizure medication at the time the drug was first commenced.

lacosamide 10 mg/mL oral liquid, 200 mL

14013M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	‡4	5	0.00	*235.88	25.00	[a] LACOMED [DZ]	[a] Vimpat [UC]

LACOSAMIDE

Note No increase in the maximum quantity or number of units may be authorised.

Authority Required (STREAMLINED)

17520

Intractable focal onset seizures

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by a neurologist.

Clinical criteria:

- The treatment must be in combination with two or more antiseizure medications which include one second-line adjunctive agent, **AND**
- The condition must have failed to be controlled satisfactorily by other antiseizure medications, which include at least one first-line antiseizure agent and at least two second-line adjunctive antiseizure agents.

Authority Required (STREAMLINED)

17455

Intractable focal onset seizures

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition.

lacosamide 10 mg/mL oral liquid, 200 mL

11694L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	‡6	5	0.00	*349.14	25.00	[a] LACOMED [DZ]	[a] Vimpat [UC]

lacosamide 150 mg tablet, 56

9337K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	85.78	25.00	[a] LACOMED [DZ]	[a] Lacosam [AF]
						[a] Lacosamide ARX [XT]	[a] Lacosamide Lupin [GQ]
						[a] Lacosamide Sandoz [SZ]	[a] Vimcosa [CR]
						[a] Vimpat [UC]	

lacosamide 200 mg tablet, 56

9338L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	109.59	25.00	[a] LACOMED [DZ]	[a] Lacosam [AF]
						[a] Lacosamide ARX [XT]	[a] Lacosamide Lupin [GQ]
						[a] Lacosamide Sandoz [SZ]	[a] Vimcosa [CR]
						[a] Vimpat [UC]	

LACOSAMIDE

Note For dose titration involving the 100 mg or 150 mg strength, refer to the dose titration listing for these strengths with pack sizes of 14 units. Avoid prescribing a 'broken' quantity under this listing.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

17513

Idiopathic generalised epilepsy with primary generalised tonic-clonic seizures

Treatment criteria:

- Must be treated by a neurologist; **OR**
- Must be treated by a paediatrician; **OR**
- Must be treated by an eligible practitioner type who has consulted at least one of the above mentioned specialist types, with agreement reached that the patient should be treated with this pharmaceutical benefit on this occasion.

Clinical criteria:

- The condition must have failed to be controlled satisfactorily by at least two antiseizure medications prior to when the drug is/was first commenced, **AND**
- The treatment must be (for initiating treatment)/have been (for continuing treatment) in combination with at least one PBS-subsidised antiseizure medication at the time the drug is/was first commenced.

lacosamide 50 mg tablet, 14

12626M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	4	5	0.00	*38.16	25.00	[a] LACOMED [DZ]	[a] Lacosam [AF]
						[a] Lacosamide ARX [XT]	[a] Lacosamide Lupin [GQ]
						[a] Lacosamide Sandoz [SZ]	[a] Vimcosa [CR]
						[a] Vimpat [UC]	

lacosamide 100 mg tablet, 56

12634Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	62.00	25.00	[a] LACOMED [DZ]	[a] Lacosam [AF]
						[a] Lacosamide ARX [XT]	[a] Lacosamide Lupin [GQ]
						[a] Lacosamide Sandoz [SZ]	[a] Vimcosa [CR]
						[a] Vimpat [UC]	

lacosamide 150 mg tablet, 56

12627N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	85.78	25.00	[a] LACOMED [DZ]	[a] Lacosam [AF]
						[a] Lacosamide ARX [XT]	[a] Lacosamide Lupin [GQ]
						[a] Lacosamide Sandoz [SZ]	[a] Vimcosa [CR]
						[a] Vimpat [UC]	

lacosamide 200 mg tablet, 56

12658F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	109.59	25.00	[a] LACOMED [DZ]	[a] Lacosam [AF]
						[a] Lacosamide ARX [XT]	[a] Lacosamide Lupin [GQ]
						[a] Lacosamide Sandoz [SZ]	[a] Vimcosa [CR]
						[a] Vimpat [UC]	

LACOSAMIDE

Note For dose titration involving the 100 mg or 150 mg strength, refer to the dose titration listing for these strengths with pack sizes of 14 units. Avoid prescribing a 'broken' quantity under this listing.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

17516

Idiopathic generalised epilepsy with primary generalised tonic-clonic seizures

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Treatment criteria:

- Must be treated by a neurologist; **OR**
- Must be treated by a paediatrician; **OR**
- Must be treated by an eligible practitioner type who has consulted at least one of the above mentioned specialist types, with agreement reached that the patient should be treated with this pharmaceutical benefit on this occasion.

Clinical criteria:

- The condition must have failed to be controlled satisfactorily by at least two antiseizure medications prior to when the drug is/was first commenced, **AND**
- The treatment must have been in combination with at least one PBS-subsidised antiseizure medication at the time the drug was first commenced.

lacosamide 50 mg tablet, 14

14049K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	8	5	0.00	*61.96	25.00	[a] LACOMED [DZ]	[a] Lacosam [AF]
						[a] Lacosamide ARX [XT]	[a] Lacosamide Lupin [GQ]
						[a] Lacosamide Sandoz [SZ]	[a] Vimcosa [CR]
						[a] Vimpat [UC]	

lacosamide 100 mg tablet, 56

13839J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*109.64	25.00	[a] LACOMED [DZ]	[a] Lacosam [AF]
						[a] Lacosamide ARX [XT]	[a] Lacosamide Lupin [GQ]
						[a] Lacosamide Sandoz [SZ]	[a] Vimcosa [CR]

13839J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
						[a] Vimpat [UC]	

lacosamide 150 mg tablet, 56

13838H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*159.34	25.00	[a] LACOMED [DZ]	[a] Lacosam [AF]
						[a] Lacosamide ARX [XT]	[a] Lacosamide Lupin [GQ]
						[a] Lacosamide Sandoz [SZ]	[a] Vimcosa [CR]
						[a] Vimpat [UC]	

lacosamide 200 mg tablet, 56

13949E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*209.34	25.00	[a] LACOMED [DZ]	[a] Lacosam [AF]
						[a] Lacosamide ARX [XT]	[a] Lacosamide Lupin [GQ]
						[a] Lacosamide Sandoz [SZ]	[a] Vimcosa [CR]
						[a] Vimpat [UC]	

LAMOTRIGINE

Restricted benefit

17446

Epileptic seizures

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

lamotrigine 5 mg tablet, 56

8063J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	19.39	20.93	Lamictal [AS]

lamotrigine 25 mg tablet, 56

2848X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	18.60	20.14	[a] APX-Lamotrigine [TY]	[a] LAMITAN [RF]
						[a] Lamotrigine GH [GQ]	[a] LAMOTRIGINE-WGR [WG]
						[a] Logem [AL]	[a] Reedos 25 [ZS]
						[a] Sandoz Lamotrigine [HX]	
			[B]4.08	22.68	20.14	[a] Lamictal [AS]	

lamotrigine 50 mg tablet, 56

2849Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	19.31	20.85	[a] APX-Lamotrigine [TY]	[a] LAMITAN [RF]
						[a] Lamotrigine GH [GQ]	[a] LAMOTRIGINE-WGR [WG]
						[a] Logem [AL]	[a] Reedos 50 [ZS]
						[a] Sandoz Lamotrigine [HX]	
			[B]3.44	22.75	20.85	[a] Lamictal [AS]	

lamotrigine 100 mg tablet, 56

2850B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	22.54	24.08	[a] APX-Lamotrigine [TY]	[a] LAMITAN [RF]
						[a] Lamotrigine GH [GQ]	[a] LAMOTRIGINE-WGR [WG]
						[a] Logem [AL]	[a] Reedos 100 [ZS]
						[a] Sandoz Lamotrigine [HX]	
			[B]3.45	25.99	24.08	[a] Lamictal [AS]	

lamotrigine 200 mg tablet, 56

2851C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	28.11	25.00	[a] APX-Lamotrigine [TY]	[a] LAMITAN [RF]
						[a] Lamotrigine GH [GQ]	[a] LAMOTRIGINE-WGR [WG]
						[a] Logem [AL]	[a] Reedos 200 [ZS]
						[a] Sandoz Lamotrigine [HX]	
			[B]3.46	31.57	25.00	[a] Lamictal [AS]	

LAMOTRIGINE

Restricted benefit

17512

Epileptic seizures

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

lamotrigine 5 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14047H NP	2	5	0.00	*24.42	25.00	Lamictal [AS]

lamotrigine 25 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13842M NP	2	5	0.00	*22.84	24.38	[a] APX-Lamotrigine [TY]	[a] LAMITAN [RF]
						[a] Lamotrigine GH [GQ]	[a] LAMOTRIGINE-WGR [WG]
						[a] Logem [AL]	[a] Reedos 25 [ZS]
						[a] Sandoz Lamotrigine [HX]	
			[B]8.16	31.00	24.38	[a] Lamictal [AS]	

lamotrigine 50 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13975M NP	2	5	0.00	*24.26	25.00	[a] APX-Lamotrigine [TY]	[a] LAMITAN [RF]
						[a] Lamotrigine GH [GQ]	[a] LAMOTRIGINE-WGR [WG]
						[a] Logem [AL]	[a] Reedos 50 [ZS]
						[a] Sandoz Lamotrigine [HX]	
			[B]6.88	31.14	25.00	[a] Lamictal [AS]	

lamotrigine 100 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14052N NP	2	5	0.00	*30.72	25.00	[a] APX-Lamotrigine [TY]	[a] LAMITAN [RF]
						[a] Lamotrigine GH [GQ]	[a] LAMOTRIGINE-WGR [WG]
						[a] Logem [AL]	[a] Reedos 100 [ZS]
						[a] Sandoz Lamotrigine [HX]	
			[B]6.90	37.62	25.00	[a] Lamictal [AS]	

lamotrigine 200 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13843N NP	2	5	0.00	*41.86	25.00	[a] APX-Lamotrigine [TY]	[a] LAMITAN [RF]
						[a] Lamotrigine GH [GQ]	[a] LAMOTRIGINE-WGR [WG]
						[a] Logem [AL]	[a] Reedos 200 [ZS]
						[a] Sandoz Lamotrigine [HX]	
			[B]6.92	48.78	25.00	[a] Lamictal [AS]	

LAMOTRIGINE

Restricted benefit

18507

Bipolar disorder

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

lamotrigine 5 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15341K NP	1	5	0.00	19.39	20.93	Lamictal [AS]

lamotrigine 25 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
15338G NP	1	5	0.00	18.60	20.14	[a] Lamotrigine GH [GQ]	[a] Sandoz Lamotrigine [HX]

15338G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
			[B]4.08	22.68	20.14	[a] Lamictal [AS]	

lamotrigine 50 mg tablet, 56

15349W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	19.31	20.85	[a] Lamotrigine GH [GQ]	[a] Sandoz Lamotrigine [HX]
			[B]3.44	22.75	20.85	[a] Lamictal [AS]	

lamotrigine 100 mg tablet, 56

15343M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	22.54	24.08	[a] Lamotrigine GH [GQ]	[a] Sandoz Lamotrigine [HX]
			[B]3.45	25.99	24.08	[a] Lamictal [AS]	

lamotrigine 200 mg tablet, 56

15350X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	28.11	25.00	[a] Lamotrigine GH [GQ]	[a] Sandoz Lamotrigine [HX]
			[B]3.46	31.57	25.00	[a] Lamictal [AS]	

LAMOTRIGINE

Restricted benefit

18508

Bipolar disorder

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

lamotrigine 5 mg tablet, 56

15339H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	
NP	2	5	0.00	*24.42	25.00	Lamictal [AS]	

lamotrigine 25 mg tablet, 56

15346Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*22.84	24.38	[a] Lamotrigine GH [GQ]	[a] Sandoz Lamotrigine [HX]
			[B]8.16	*31.00	24.38	[a] Lamictal [AS]	

lamotrigine 50 mg tablet, 56

15342L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*24.26	25.00	[a] Lamotrigine GH [GQ]	[a] Sandoz Lamotrigine [HX]
			[B]6.88	*31.14	25.00	[a] Lamictal [AS]	

lamotrigine 100 mg tablet, 56

15340J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*30.72	25.00	[a] Lamotrigine GH [GQ]	[a] Sandoz Lamotrigine [HX]
			[B]6.90	*37.62	25.00	[a] Lamictal [AS]	

lamotrigine 200 mg tablet, 56

15351Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*41.86	25.00	[a] Lamotrigine GH [GQ]	[a] Sandoz Lamotrigine [HX]
			[B]6.92	*48.78	25.00	[a] Lamictal [AS]	

LEVETIRACETAM

Restricted benefit

17460

Epileptic seizures

Clinical criteria:

- The treatment must not be given concomitantly with brivaracetam, except for cross titration.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

levetiracetam 250 mg tablet, 60

8654L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	21.85	23.39	[a] APO-Levetiracetam [TX]	[a] Keppra [UC]
						[a] Levactam [ZS]	[a] Levetiracetam GH [GQ]
						[a] Levetiracetam SZ [SZ]	[a] Levetiracetam Viatris [MQ]
						[a] LEVETIRACETAM-WGR [WG]	[a] Levi 250 [RW]

levetiracetam 500 mg tablet, 60

8655M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	26.83	25.00	[a] APO-Levetiracetam [TX]	[a] Keppra [UC]
						[a] Levactam [ZS]	[a] Levetiracetam GH [GQ]
						[a] Levetiracetam SZ [SZ]	[a] Levetiracetam Viatris [MQ]
						[a] LEVETIRACETAM-WGR [WG]	[a] Levi 500 [RW]

levetiracetam 1 g tablet, 60

8656N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	41.23	25.00	[a] APO-Levetiracetam [TX]	[a] Keppra [UC]
						[a] Levactam [ZS]	[a] Levetiracetam GH [GQ]
						[a] Levetiracetam SZ [SZ]	[a] Levetiracetam Viatris [MQ]
						[a] LEVETIRACETAM-WGR [WG]	[a] Levi 1000 [RW]

LEVETIRACETAM

Restricted benefit

17563

Epileptic seizures

Clinical criteria:

- Patient must be unable to take a solid dose form of levetiracetam, **AND**
- The treatment must not be given concomitantly with brivaracetam, except for cross titration.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

levetiracetam 100 mg/mL oral liquid, 300 mL

9169N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	‡1	5	0.00	77.07	25.00	[a] APO-Levetiracetam [TX]	[a] Keppra [UC]
						[a] Kerron [ZS]	[a] Levetiracetam-AFT [AE]
						[a] Levetiracetam GH [GQ]	

LEVETIRACETAM

Restricted benefit

17543

Epileptic seizures

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The treatment must not be given concomitantly with brivaracetam, except for cross titration.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

levetiracetam 250 mg tablet, 60

13992K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*29.34	25.00	[a] APO-Levetiracetam [TX]	[a] Keppra [UC]
						[a] Levactam [ZS]	[a] Levetiracetam GH [GQ]
						[a] Levetiracetam SZ [SZ]	[a] Levetiracetam Viatris [MQ]
						[a] LEVETIRACETAM-WGR [WG]	[a] Levi 250 [RW]

levetiracetam 500 mg tablet, 60

14034P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*39.30	25.00	[a] APO-Levetiracetam [TX]	[a] Keppra [UC]
						[a] Levactam [ZS]	[a] Levetiracetam GH [GQ]
						[a] Levetiracetam SZ [SZ]	[a] Levetiracetam Viatris [MQ]
						[a] LEVETIRACETAM-WGR [WG]	[a] Levi 500 [RW]

levetiracetam 1 g tablet, 60

13937M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*68.10	25.00	[a] APO-Levetiracetam [TX]	[a] Keppra [UC]
						[a] Levactam [ZS]	[a] Levetiracetam GH [GQ]
						[a] Levetiracetam SZ [SZ]	[a] Levetiracetam Viatris [MQ]
						[a] LEVETIRACETAM-WGR [WG]	[a] Levi 1000 [RW]

LEVETIRACETAM

Restricted benefit

17564

Epileptic seizures

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must be unable to take a solid dose form of levetiracetam, **AND**
- The treatment must not be given concomitantly with brivaracetam, except for cross titration.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

levetiracetam 100 mg/mL oral liquid, 300 mL

13993L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	‡2	5	0.00	*141.06	25.00	[a] APO-Levetiracetam [TX]	[a] Keppra [UC]
						[a] Kerron [ZS]	[a] Levetiracetam-AFT [AE]
						[a] Levetiracetam GH [GQ]	

PERAMPANEL

Authority Required (STREAMLINED)

17517

Intractable focal onset seizures

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously been issued with an authority prescription for this drug.

perampanel 4 mg tablet, 28

10162W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	145.38	25.00	Fycompa [EI]

perampanel 6 mg tablet, 28

10163X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	213.39	25.00	Fycompa [EI]

perampanel 8 mg tablet, 28

10160R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	281.37	25.00	Fycompa [EI]

perampanel 10 mg tablet, 28

10151G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	281.37	25.00	Fycompa [EI]

perampanel 12 mg tablet, 28

10159Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	281.37	25.00	Fycompa [EI]

PERAMPANEL

Authority Required (STREAMLINED)

17577
Intractable focal onset seizures
Treatment Phase: Initial treatment
Clinical criteria:

- The treatment must be in combination with two or more antiseizure medications which include one second-line adjunctive agent, **AND**
- The condition must have failed to be controlled satisfactorily by other antiseizure medications, which include at least one first-line antiseizure agent and at least two second-line adjunctive antiseizure agents.

Treatment criteria:

- Must be treated by a neurologist.

perampanel 2 mg tablet, 7

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10157N	2	1	0.00	*46.74	25.00	Fycompa [EI]

PERAMPANEL

Authority Required (STREAMLINED)
17481
Intractable focal onset seizures
Treatment Phase: Continuing treatment
Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have previously been issued with an authority prescription for this drug.

perampanel 4 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13948D NP	2	5	0.00	*281.40	25.00	Fycompa [EI]

perampanel 6 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14010J NP	2	5	0.00	*417.42	25.00	Fycompa [EI]

perampanel 8 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13970G NP	2	5	0.00	*553.38	25.00	Fycompa [EI]

perampanel 10 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13914H NP	2	5	0.00	*553.38	25.00	Fycompa [EI]

perampanel 12 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13865R NP	2	5	0.00	*553.38	25.00	Fycompa [EI]

PERAMPANEL

Note No increase in the maximum quantity or number of units may be authorised.

Authority Required (STREAMLINED)
17570
Idiopathic generalised epilepsy with primary generalised tonic-clonic seizures
Treatment Phase: Initial treatment
Treatment criteria:

- Must be treated by a neurologist.

Clinical criteria:

- The condition must have failed to be controlled satisfactorily by at least two antiseizure medications, **AND**
- The treatment must be in combination with at least one PBS-subsidised antiseizure medication.

Population criteria:

- Patient must be aged 12 years or older.

perampanel 2 mg tablet, 7

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11436X	2	1	0.00	*46.74	25.00	Fycompa [EI]

PERAMPANEL

Note No increase in the maximum quantity or number of units may be authorised.
Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)

7789
Idiopathic generalised epilepsy with primary generalised tonic-clonic seizures
Treatment Phase: Continuing treatment
Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition.

Population criteria:

- Patient must be aged 12 years or older.

perampanel 4 mg tablet, 28

11418Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	2	0.00	145.38	25.00	Fycompa [EI]

perampanel 6 mg tablet, 28

11407J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	2	0.00	213.39	25.00	Fycompa [EI]

perampanel 8 mg tablet, 28

11429M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	281.37	25.00	Fycompa [EI]

perampanel 10 mg tablet, 28

11428L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	281.37	25.00	Fycompa [EI]

perampanel 12 mg tablet, 28

11409L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	281.37	25.00	Fycompa [EI]

PERAMPANEL

Note No increase in the maximum quantity or number of units may be authorised.
Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)
14847
Idiopathic generalised epilepsy with primary generalised tonic-clonic seizures
Treatment Phase: Continuing treatment
Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition.

Population criteria:

- Patient must be aged 12 years or older.

perampanel 4 mg tablet, 28

13864Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*281.40	25.00	Fycompa [EI]

perampanel 6 mg tablet, 28

14046G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*417.42	25.00	Fycompa [EI]

perampanel 8 mg tablet, 28

13915J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*553.38	25.00	Fycompa [EI]

perampanel 10 mg tablet, 28

13971H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*553.38	25.00	Fycompa [EI]

perampanel 12 mg tablet, 28

14012L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*553.38	25.00	Fycompa [EI]

STIRIPENTOL

Authority Required (STREAMLINED)
17456
Severe myoclonic epilepsy in infancy (Dravet syndrome)
Clinical criteria:

- Patient must have (as an initiating patient)/have had (as a continuing patient), generalised tonic-clonic seizures or generalised clonic seizures that are not adequately controlled with at least two other antiseizure medications, **AND**
- The treatment must be as adjunctive therapy to at least two other antiseizure medications.

Treatment criteria:

- Must be treated by a neurologist if treatment is being initiated; **OR**
- Must be treated by a neurologist if treatment is being continued or re-initiated; **OR**
- Must be treated by a paediatrician in consultation with a neurologist if treatment is being continued; **OR**
- Must be treated by a general practitioner in consultation with a neurologist if treatment is being continued.

stiripentol 250 mg capsule, 60

12103B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	3	0.00	*651.12	25.00	Diacomit [EU]

stiripentol 250 mg powder for oral liquid, 60 sachets

12106E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	3	0.00	*651.12	25.00	Diacomit [EU]

stiripentol 500 mg powder for oral liquid, 60 sachets

12088F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	3	0.00	*1,292.88	25.00	Diacomit [EU]

stiripentol 500 mg capsule, 60

12107F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	3	0.00	*1,292.88	25.00	Diacomit [EU]

SULTHIAME

Restricted benefit

16524

For prescribing by certain health practitioners

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

sulthiame 50 mg tablet, 200

2099L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	2	0.00	68.84	25.00	Ospolot [FF]

sulthiame 200 mg tablet, 200

2100M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	2	0.00	159.58	25.00	Ospolot [FF]

SULTHIAME

Restricted benefit

16493

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

sulthiame 50 mg tablet, 200

13916K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	2	0.00	*123.76	25.00	Ospolot [FF]

sulthiame 200 mg tablet, 200

14016Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	2	0.00	*309.80	25.00	Ospolot [FF]

TOPIRAMATE

Authority Required (STREAMLINED)

17487

Seizures

Clinical criteria:

- Patient must have focal onset seizures; **OR**
- Patient must have primary generalised tonic-clonic seizures; **OR**
- Patient must have seizures of the Lennox-Gastaut syndrome, **AND**

- The condition must have failed to be controlled satisfactorily by at least one other antiseizure medication.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

topiramate 200 mg tablet, 60

8166T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	28.87	25.00	[a] APO-Topiramate [TX]	[a] Epiramax 200 [RW]
						[a] RBX Topiramate [RA]	[a] Tamate [AF]
						[a] Topiramate Sandoz [SZ]	[a] TOPIRAMATE-WGR [WG]

TOPIRAMATE

Authority Required (STREAMLINED)

17488

Seizures

Clinical criteria:

- Patient must have focal onset seizures; **OR**
- Patient must have primary generalised tonic-clonic seizures; **OR**
- Patient must have seizures of the Lennox-Gastaut syndrome, **AND**
- The condition must have failed to be controlled satisfactorily by at least one other antiseizure medication, **AND**
- Patient must be unable to take a solid dose form of topiramate.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

topiramate 15 mg capsule, 60

8371N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	25.33	25.00	Topamax Sprinkle [JC]

topiramate 25 mg capsule, 60

8372P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	23.39	24.93	Topamax Sprinkle [JC]

topiramate 50 mg capsule, 60

8520K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	29.42	25.00	Topamax Sprinkle [JC]

TOPIRAMATE

Authority Required (STREAMLINED)

17525

Seizures

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have focal onset seizures; **OR**
- Patient must have primary generalised tonic-clonic seizures; **OR**
- Patient must have seizures of the Lennox-Gastaut syndrome, **AND**
- The condition must have failed to be controlled satisfactorily by at least one other antiseizure medication, **AND**
- Patient must be unable to take a solid dose form of topiramate.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

topiramate 15 mg capsule, 60

14063E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*36.30	25.00	Topamax Sprinkle [JC]

topiramate 25 mg capsule, 60

13905W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*32.42	25.00	Topamax Sprinkle [JC]

topiramate 50 mg capsule, 60

13878K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*44.48	25.00	Topamax Sprinkle [JC]

TOPIRAMATE

Authority Required (STREAMLINED)

17562

Seizures

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have focal onset seizures; **OR**
- Patient must have primary generalised tonic-clonic seizures; **OR**
- Patient must have seizures of the Lennox-Gastaut syndrome, **AND**
- The condition must have failed to be controlled satisfactorily by at least one other antiseizure medication.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

topiramate 200 mg tablet, 60

14009H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*43.38	25.00	[a] APO-Topiramate [TX]	[a] Epiramax 200 [RW]
						[a] RBX Topiramate [RA]	[a] Tamate [AF]
						[a] Topiramate Sandoz [SZ]	[a] TOPIRAMATE-WGR [WG]

TOPIRAMATE

Authority Required (STREAMLINED)

17487

Seizures

Clinical criteria:

- Patient must have focal onset seizures; **OR**
- Patient must have primary generalised tonic-clonic seizures; **OR**
- Patient must have seizures of the Lennox-Gastaut syndrome, **AND**
- The condition must have failed to be controlled satisfactorily by at least one other antiseizure medication.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authority Required (STREAMLINED)

5325

Migraine

Clinical criteria:

- The treatment must be for prophylaxis, **AND**
- Patient must have experienced an average of 3 or more migraines per month over a period of at least 6 months, **AND**
- Patient must have a contraindication to beta-blockers, as described in the relevant TGA-approved Product Information; **OR**
- Patient must have experienced intolerance of a severity necessitating permanent withdrawal during treatment with a beta-blocker, **AND**
- Patient must have a contraindication to pizotifen because the weight gain associated with this drug poses an unacceptable risk; **OR**
- Patient must have experienced intolerance of a severity necessitating permanent withdrawal during treatment with pizotifen.

Details of the contraindication and/or intolerance(s) must be documented in the patient's medical records when treatment is initiated.

topiramate 25 mg tablet, 60

8163P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	18.60	20.14	[a] APO-Topiramate [TX]	[a] Epiramax 25 [RW]
						[a] RBX Topiramate [RA]	[a] Tamate [AF]
						[a] Topiramate Sandoz [SZ]	[a] TOPIRAMATE-WGR [WG]

topiramate 50 mg tablet, 60

8164Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	19.86	21.40	[a] APO-Topiramate [TX]	[a] Epiramax 50 [RW]
						[a] RBX Topiramate [RA]	[a] Tamate [AF]
						[a] Topiramate Sandoz [SZ]	[a] TOPIRAMATE-WGR [WG]

topiramate 100 mg tablet, 60

8165R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	22.99	24.53	[a] APO-Topiramate [TX]	[a] Epiramax 100 [RW]
						[a] RBX Topiramate [RA]	[a] Tamate [AF]
						[a] Topiramate Sandoz [SZ]	[a] TOPIRAMATE-WGR [WG]

TOPIRAMATE

Authority Required (STREAMLINED)

17562

Seizures

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have focal onset seizures; **OR**
- Patient must have primary generalised tonic-clonic seizures; **OR**
- Patient must have seizures of the Lennox-Gastaut syndrome, **AND**
- The condition must have failed to be controlled satisfactorily by at least one other antiseizure medication.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authority Required (STREAMLINED)

14901

Migraine

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The treatment must be for prophylaxis, **AND**
- Patient must have experienced an average of 3 or more migraines per month over a period of at least 6 months, **AND**
- Patient must have a contraindication to beta-blockers, as described in the relevant TGA-approved Product Information; **OR**
- Patient must have experienced intolerance of a severity necessitating permanent withdrawal during treatment with a beta-blocker, **AND**
- Patient must have a contraindication to pizotifen because the weight gain associated with this drug poses an unacceptable risk; **OR**
- Patient must have experienced intolerance of a severity necessitating permanent withdrawal during treatment with pizotifen.

Details of the contraindication and/or intolerance(s) must be documented in the patient's medical records when treatment is initiated.

topiramate 25 mg tablet, 60

13969F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*22.84	24.38	[a] APO-Topiramate [TX]	[a] Epiramax 25 [RW]
						[a] RBX Topiramate [RA]	[a] Tamate [AF]
						[a] Topiramate Sandoz [SZ]	[a] TOPIRAMATE-WGR [WG]

topiramate 50 mg tablet, 60

13913G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*25.36	25.00	[a] APO-Topiramate [TX]	[a] Epiramax 50 [RW]
						[a] RBX Topiramate [RA]	[a] Tamate [AF]
						[a] Topiramate Sandoz [SZ]	[a] TOPIRAMATE-WGR [WG]

topiramate 100 mg tablet, 60

14008G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*31.62	25.00	[a] APO-Topiramate [TX]	[a] Epiramax 100 [RW]
						[a] RBX Topiramate [RA]	[a] Tamate [AF]
						[a] Topiramate Sandoz [SZ]	[a] TOPIRAMATE-WGR [WG]

ZONISAMIDE

Authority Required (STREAMLINED)

17445

Focal onset seizures

Clinical criteria:

- The condition must have failed to be controlled satisfactorily by at least one other antiseizure medication.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

zonisamide 25 mg capsule, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9388D NP	1	5	0.00	25.22	25.00	Zonegran [GH]

zonisamide 50 mg capsule, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9389E NP	1	5	0.00	32.47	25.00	Zonegran [GH]

zonisamide 100 mg capsule, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9390F NP	2	5	0.00	*74.70	25.00	Zonegran [GH]

ZONISAMIDE

Authority Required (STREAMLINED)

17444

Focal onset seizures

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must have failed to be controlled satisfactorily by at least one other antiseizure medication.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

zonisamide 25 mg capsule, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13853D NP	2	5	0.00	*36.08	25.00	Zonegran [GH]

zonisamide 50 mg capsule, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13988F NP	2	5	0.00	*50.58	25.00	Zonegran [GH]

zonisamide 100 mg capsule, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13854E NP	4	5	0.00	*136.08	25.00	Zonegran [GH]

ANTI-PARKINSON DRUGS

ANTICHOLINERGIC AGENTS

Tertiary amines

TRIHEXYPHENIDYL

trihexyphenidyl (benzhexol) hydrochloride 2 mg tablet, 200

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1109J NP	1	2	0.00	19.40	20.94	Artane [RW]

trihexyphenidyl (benzhexol) hydrochloride 5 mg tablet, 200

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1110K NP	1	1	0.00	23.01	24.55	Artane [RW]

Ethers of tropine or tropine derivatives

BENZATROPINE

benzatropine mesilate 2 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2362H NP	1	2	0.00	19.05	20.59	Benztrop [FF]

benzatropine mesilate 2 mg/2 mL injection, 5 x 2 mL vials

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11249C DP	1	0	0.00	116.21	25.00	Benzatropine Injection [FF]

benzatropine mesilate 2 mg/2 mL injection, 5 x 2 mL vials

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11255J NP	1	0	0.00	116.21	25.00	Benzatropine Injection [FF]

DOPAMINERGIC AGENTS

Dopa and dopa derivatives

FOSLEVODOPA + FOSCARBIDOPA

Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)

16951

Advanced Parkinson disease

Treatment Phase: Maintenance therapy

Clinical criteria:

- The treatment must have been commenced by a specialist physician; **OR**
- The treatment must have been commenced by a physician who has consulted a specialist physician with expertise in the management of Parkinson's disease, **AND**
- Patient must have severe disabling motor fluctuations not adequately controlled by oral therapy, **AND**
- Patient must require continuous administration of foslevodopa without an overnight break; **OR**
- Patient must require a total daily dose of more than 2,400 mg of foslevodopa.

Note Patients should have adequate cognitive function to manage administration with a portable continuous infusion pump.

foslevodopa 2.4 g/10 mL + foscarbidopa 120 mg/10 mL injection, 7 x 10 mL vials

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14876Y NP	8	5	0.00	*10,445.80	25.00	Vyalev [VE]

FOSLEVODOPA + FOSCARBIDOPA

Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)

16853

Advanced Parkinson disease

Treatment criteria:

- Must be treated by a specialist physician; **OR**
- Must be treated by a physician who has consulted a specialist physician with expertise in the management of Parkinson's disease.

Clinical criteria:

- Patient must have severe disabling motor fluctuations not adequately controlled by oral therapy, **AND**
- Patient must require continuous administration of foslevodopa without an overnight break; **OR**
- Patient must require a total daily dose of more than 2,400 mg of foslevodopa.

Note Patients should have adequate cognitive function to manage administration with a portable continuous infusion pump.

foslevodopa 2.4 g/10 mL + foscarbidopa 120 mg/10 mL injection, 7 x 10 mL vials

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14886L	8	5	0.00	*10,445.80	25.00	Vyalev [VE]

FOSLEVODOPA + FOSCARBIDOPA

Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)

16812

Advanced Parkinson disease

Treatment criteria:

- Must be treated by a specialist physician; **OR**
- Must be treated by a physician who has consulted a specialist physician with expertise in the management of Parkinson's disease.

Clinical criteria:

- Patient must have severe disabling motor fluctuations not adequately controlled by oral therapy.

Note Patients should have adequate cognitive function to manage administration with a portable continuous infusion pump.

foslevodopa 2.4 g/10 mL + foscarbidopa 120 mg/10 mL injection, 7 x 10 mL vials

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14887M	4	5	0.00	*5,277.56	25.00	Vyalev [VE]

FOSLEVODOPA + FOSCARBIDOPA

Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)

16882

Advanced Parkinson disease

Treatment Phase: Maintenance therapy

Clinical criteria:

- The treatment must have been commenced by a specialist physician; **OR**
- The treatment must have been commenced by a physician who has consulted a specialist physician with expertise in the management of Parkinson's disease, **AND**
- Patient must have severe disabling motor fluctuations not adequately controlled by oral therapy.

Note Patients should have adequate cognitive function to manage administration with a portable continuous infusion pump.

foslevodopa 2.4 g/10 mL + foscarbidopa 120 mg/10 mL injection, 7 x 10 mL vials

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14896B NP	4	5	0.00	*5,277.56	25.00	Vyalev [VE]

LEVODOPA + BENSERAZIDE

Restricted benefit

16524

For prescribing by certain health practitioners

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

levodopa 50 mg + benserazide 12.5 mg capsule, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2227F NP	1	5	0.00	25.72	25.00	Madopar 62.5 [RO]

levodopa 50 mg + benserazide 12.5 mg dispersible tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8218M NP	1	5	0.00	25.72	25.00	Madopar Rapid 62.5 [RO]

levodopa 100 mg + benserazide 25 mg capsule, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2225D NP	1	5	0.00	29.95	25.00	Madopar 125 [RO]

levodopa 100 mg + benserazide 25 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2229H NP	1	5	0.00	29.95	25.00	Madopar 125 [RO]

levodopa 100 mg + benserazide 25 mg modified release capsule, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2231K NP	1	5	0.00	33.41	25.00	Madopar HBS [RO]

levodopa 100 mg + benserazide 25 mg dispersible tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8219N NP	1	5	0.00	35.51	25.00	Madopar Rapid 125 [RO]

levodopa 200 mg + benserazide 50 mg capsule, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2226E NP	1	5	0.00	39.61	25.00	Madopar [RO]

levodopa 200 mg + benserazide 50 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2228G NP	1	5	0.00	39.61	25.00	Madopar [RO]

LEVODOPA + BENSERAZIDE

Restricted benefit

16493
The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

levodopa 50 mg + benserazide 12.5 mg dispersible tablet, 100

14356N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*37.08	25.00	Madopar Rapid 62.5 [RO]

levodopa 50 mg + benserazide 12.5 mg capsule, 100

14388G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*37.08	25.00	Madopar 62.5 [RO]

levodopa 100 mg + benserazide 25 mg capsule, 100

14387F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*45.54	25.00	Madopar 125 [RO]

levodopa 100 mg + benserazide 25 mg tablet, 100

14455T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*45.54	25.00	Madopar 125 [RO]

levodopa 100 mg + benserazide 25 mg modified release capsule, 100

14525L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*52.46	25.00	Madopar HBS [RO]

levodopa 100 mg + benserazide 25 mg dispersible tablet, 100

14552X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*56.66	25.00	Madopar Rapid 125 [RO]

levodopa 200 mg + benserazide 50 mg tablet, 100

14428J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*64.86	25.00	Madopar [RO]

levodopa 200 mg + benserazide 50 mg capsule, 100

14551W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*64.86	25.00	Madopar [RO]

LEVODOPA + CARBIDOPA

Restricted benefit

16524
For prescribing by certain health practitioners

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

levodopa 100 mg + carbidopa 25 mg tablet, 100

1242J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	32.77	25.00	[a] APO-Levodopa/Carbidopa [TX]	[a] Kinson [AF]
						[a] ORIDOPA 100/25 [OX]	[a] SINADOPA 100/25 [RW]
						[a] Sinemet 100/25 [AL]	

levodopa 250 mg + carbidopa 25 mg tablet, 100

1245M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	37.07	25.00	[a] APO-Levodopa/Carbidopa [TX]	[a] SINADOPA 250/25 [RW]
						[a] Sinemet [AL]	

LEVODOPA + CARBIDOPA

Restricted benefit

16688
Parkinson disease

Clinical criteria:

- The condition must be one in which fluctuations in motor function are not adequately controlled by frequent dosing with conventional formulations of levodopa with decarboxylase inhibitor.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

levodopa 200 mg + carbidopa 50 mg modified release tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1255C NP	1	5	0.00	68.54	25.00	Sinemet CR [AL]

LEVODOPA + CARBIDOPA

Restricted benefit

16624

Parkinson disease

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must be one in which fluctuations in motor function are not adequately controlled by frequent dosing with conventional formulations of levodopa with decarboxylase inhibitor.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

levodopa 200 mg + carbidopa 50 mg modified release tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14322T NP	2	5	0.00	*123.14	25.00	Sinemet CR [AL]

LEVODOPA + CARBIDOPA

Restricted benefit

16493

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

levodopa 100 mg + carbidopa 25 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14427H NP	2	5	0.00	*51.18	25.00	[a] APO-Levodopa/Carbidopa [TX]	[a] Kinson [AF]
						[a] ORIDOPA 100/25 [OX]	[a] SINADOPA 100/25 [RW]
						[a] Sinemet 100/25 [AL]	

levodopa 250 mg + carbidopa 25 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14454R NP	2	5	0.00	*59.78	25.00	[a] APO-Levodopa/Carbidopa [TX]	[a] SINADOPA 250/25 [RW]
						[a] Sinemet [AL]	

LEVODOPA + CARBIDOPA

Note Patients should have adequate cognitive function to manage administration with a portable continuous infusion pump.

Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)

10386

Advanced Parkinson disease

Treatment Phase: Maintenance therapy

Clinical criteria:

- Patient must have severe disabling motor fluctuations not adequately controlled by oral therapy, **AND**
- Patient must have been commenced on treatment in a hospital-based movement disorder clinic, **AND**
- Patient must require continuous administration of levodopa without an overnight break; **OR**
- Patient must require a total daily dose of more than 2000 mg of levodopa.

levodopa 20 mg/mL + carbidopa monohydrate 5 mg/mL intestinal gel, 7 x 100 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8970D NP	8	5	0.00	*12,060.12	25.00	Duodopa [VE]

LEVODOPA + CARBIDOPA

Note Patients should have adequate cognitive function to manage administration with a portable continuous infusion pump.
Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)
10197
Advanced Parkinson disease
Treatment Phase: Maintenance therapy
Clinical criteria:

- Patient must have severe disabling motor fluctuations not adequately controlled by oral therapy, **AND**
- Patient must have been commenced on treatment in a hospital-based movement disorder clinic.

levodopa 20 mg/mL + carbidopa monohydrate 5 mg/mL intestinal gel, 7 x 100 mL

11919H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	4	5	0.00	*6,084.72	25.00	Duodopa [VE]

LEVODOPA + CARBIDOPA + ENTACAPONE

Restricted benefit
16592
Parkinson disease
Clinical criteria:

- Patient must be being treated with levodopa decarboxylase inhibitor combinations, **AND**
- Patient must be experiencing fluctuations in motor function due to end-of-dose effect.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Restricted benefit
16591
Parkinson disease
Clinical criteria:

- Patient must be stabilised on concomitant treatment with levodopa decarboxylase inhibitor combinations and entacapone.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

levodopa 50 mg + carbidopa 12.5 mg + entacapone 200 mg tablet, 100

8797B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	4	0.00	*97.72	25.00	[a] Carlevent [TX]	[a] L.C.E. Sandoz [HX]
						[a] Lecteva [TB]	[a] Stalevo 50/12.5/200mg [SZ]

levodopa 75 mg + carbidopa 18.75 mg + entacapone 200 mg tablet, 100

9344T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	4	0.00	*101.56	25.00	[a] Carlevent [TX]	[a] L.C.E. Sandoz [HX]
						[a] Lecteva [TB]	[a] Stalevo 75/18.75/200mg [SZ]

levodopa 100 mg + carbidopa 25 mg + entacapone 200 mg tablet, 100

8798C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	4	0.00	*106.44	25.00	[a] Carlevent [TX]	[a] L.C.E. Sandoz [HX]
						[a] Lecteva [TB]	[a] Stalevo 100/25/200mg [SZ]

levodopa 125 mg + carbidopa 31.25 mg + entacapone 200 mg tablet, 100

9345W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	4	0.00	*109.92	25.00	[a] Carlevent [TX]	[a] L.C.E. Sandoz [HX]
						[a] Lecteva [TB]	[a] Stalevo 125/31.25/200mg [SZ]

levodopa 150 mg + carbidopa 37.5 mg + entacapone 200 mg tablet, 100

8799D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	4	0.00	*115.20	25.00	[a] Carlevent [TX]	[a] L.C.E. Sandoz [HX]
						[a] Lecteva [TB]	[a] Stalevo 150/37.5/200mg [SZ]

levodopa 200 mg + carbidopa 50 mg + entacapone 200 mg tablet, 100

9292C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	4	0.00	*123.60	25.00	[a] Carlevent [TX]	[a] L.C.E. Sandoz [HX]

9292C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
						[a] Lecteva [TB]	[a] Stalevo 200/50/200mg [SZ]

LEVODOPA + CARBIDOPA + ENTACAPONE

Restricted benefit

16534

Parkinson disease

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must be being treated with levodopa decarboxylase inhibitor combinations, **AND**
- Patient must be experiencing fluctuations in motor function due to end-of-dose effect.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Restricted benefit

16533

Parkinson disease

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must be stabilised on concomitant treatment with levodopa decarboxylase inhibitor combinations and entacapone.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

levodopa 50 mg + carbidopa 12.5 mg + entacapone 200 mg tablet, 100

14456W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	4	4	0.00	*184.40	25.00	[a] Carlevent [TX]	[a] L.C.E. Sandoz [HX]
						[a] Lecteva [TB]	[a] Stalevo 50/12.5/200mg [SZ]

levodopa 75 mg + carbidopa 18.75 mg + entacapone 200 mg tablet, 100

14498C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	4	4	0.00	*192.48	25.00	[a] Carlevent [TX]	[a] L.C.E. Sandoz [HX]
						[a] Lecteva [TB]	[a] Stalevo 75/18.75/200mg [SZ]

levodopa 100 mg + carbidopa 25 mg + entacapone 200 mg tablet, 100

14554B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	4	4	0.00	*202.72	25.00	[a] Carlevent [TX]	[a] L.C.E. Sandoz [HX]
						[a] Lecteva [TB]	[a] Stalevo 100/25/200mg [SZ]

levodopa 125 mg + carbidopa 31.25 mg + entacapone 200 mg tablet, 100

14527N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	4	4	0.00	*210.04	25.00	[a] Carlevent [TX]	[a] L.C.E. Sandoz [HX]
						[a] Lecteva [TB]	[a] Stalevo 125/31.25/200mg [SZ]

levodopa 150 mg + carbidopa 37.5 mg + entacapone 200 mg tablet, 100

14357P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	4	4	0.00	*221.04	25.00	[a] Carlevent [TX]	[a] L.C.E. Sandoz [HX]
						[a] Lecteva [TB]	[a] Stalevo 150/37.5/200mg [SZ]

levodopa 200 mg + carbidopa 50 mg + entacapone 200 mg tablet, 100

14457X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	4	4	0.00	*237.84	25.00	[a] Carlevent [TX]	[a] L.C.E. Sandoz [HX]
						[a] Lecteva [TB]	[a] Stalevo 200/50/200mg [SZ]

Adamantane derivatives

AMANTADINE

Restricted benefit

16670

Parkinson disease

Clinical criteria:

- The condition must not be drug induced.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

amantadine hydrochloride 100 mg capsule, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3016R NP	1	5	0.00	37.56	25.00	[a] AMANTAMED [DZ]	[a] Symmetrel 100 [NV]

AMANTADINE

Restricted benefit

16621

Parkinson disease

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must not be drug induced.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

amantadine hydrochloride 100 mg capsule, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14486K NP	2	5	0.00	*60.76	25.00	[a] AMANTAMED [DZ]	[a] Symmetrel 100 [NV]

Dopamine agonists

APOMORPHINE

Authority Required (STREAMLINED)

10844

Parkinson disease

Treatment Phase: Maintenance therapy

Clinical criteria:

- Patient must have experienced severely disabling motor fluctuations which have not responded to other therapy, **AND**
- Patient must have been commenced on treatment in a specialist unit in a hospital setting.

apomorphine hydrochloride hemihydrate 50 mg/5 mL injection, 5 x 5 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12306Q NP	36	5	0.00	*6,398.16	25.00	Movapo [TD]

apomorphine hydrochloride hemihydrate 50 mg/10 mL injection, 5 x 10 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12319J NP	36	5	0.00	*8,471.40	25.00	Movapo PFS [TD]

apomorphine hydrochloride hemihydrate 100 mg/20 mL injection, 5 x 20 mL vials

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12142C NP	18	5	0.00	*7,855.98	25.00	Apomine Solution for Infusion [IT]

Apomorphine hydrochloride hemihydrate 100 mg/20 mL injection, 5 x 20 mL cartridges

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15118Q NP	18	5	0.00	*7,855.98	25.00	MOVAPO POD [TD]

APOMORPHINE

Authority Required (STREAMLINED)

15542

Parkinson disease

Treatment Phase: Maintenance therapy

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have experienced severely disabling motor fluctuations which have not responded to other therapy, **AND**
- Patient must have been commenced on treatment in a specialist unit in a hospital setting.

apomorphine hydrochloride hemihydrate 50 mg/5 mL injection, 5 x 5 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14407G NP	72	5	0.00	*12,687.00	25.00	Movapo [TD]

apomorphine hydrochloride hemihydrate 50 mg/10 mL injection, 5 x 10 mL syringes

14377Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	72	5	0.00	*16,833.48	25.00	Movapo PFS [TD]

apomorphine hydrochloride hemihydrate 100 mg/20 mL injection, 5 x 20 mL vials

14375N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	36	5	0.00	*15,602.64	25.00	Apomine Solution for Infusion [IT]

Apomorphine hydrochloride hemihydrate 100 mg/20 mL injection, 5 x 20 mL cartridges

15121W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	36	5	0.00	*15,602.64	25.00	MOVAPO POD [TD]

APOMORPHINE

Note Pharmaceutical benefits that have the form apomorphine injection 30 mg/3 mL pen device and pharmaceutical benefits that have the form apomorphine injection 30 mg/3 mL cartridge are equivalent for the purposes of substitution.

Note No increase in the maximum quantity or number of units may be authorised.

Authority Required (STREAMLINED)

10844

Parkinson disease

Treatment Phase: Maintenance therapy

Clinical criteria:

- Patient must have experienced severely disabling motor fluctuations which have not responded to other therapy, **AND**
- Patient must have been commenced on treatment in a specialist unit in a hospital setting.

apomorphine hydrochloride hemihydrate 30 mg/3 mL injection, 5 x 3 mL cartridges

12133N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	20	5	0.00	*2,808.64	25.00	[a] Apomine Intermittent [IT]

apomorphine hydrochloride hemihydrate 30 mg/3 mL injection, 5 x 3 mL pen devices

12137T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	20	5	0.00	*2,808.64	25.00	[a] Movapo Pen [TD]

APOMORPHINE

Note Pharmaceutical benefits that have the form apomorphine injection 30 mg/3 mL pen device and pharmaceutical benefits that have the form apomorphine injection 30 mg/3 mL cartridge are equivalent for the purposes of substitution.

Note No increase in the maximum quantity or number of units may be authorised.

Authority Required (STREAMLINED)

15542

Parkinson disease

Treatment Phase: Maintenance therapy

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have experienced severely disabling motor fluctuations which have not responded to other therapy, **AND**
- Patient must have been commenced on treatment in a specialist unit in a hospital setting.

apomorphine hydrochloride hemihydrate 30 mg/3 mL injection, 5 x 3 mL cartridges

14309D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	40	5	0.00	*5,507.64	25.00	[a] Apomine Intermittent [IT]

apomorphine hydrochloride hemihydrate 30 mg/3 mL injection, 5 x 3 mL pen devices

14485J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	40	5	0.00	*5,507.64	25.00	[a] Movapo Pen [TD]

BROMOCRIPTINE

Caution Care should be taken when treating patients with advanced age and significant cognitive impairment with dopamine agonists.

Restricted benefit

6717

Acromegaly

Caution Care should be taken when treating patients with advanced age and significant cognitive impairment with dopamine agonists.

Restricted benefit

6718

Parkinson disease

Caution Care should be taken when treating patients with advanced age and significant cognitive impairment with dopamine agonists.

Restricted benefit

6787

Pathological hyperprolactinaemia

Clinical criteria:

- Patient must be one in whom surgery is not indicated.

Caution Care should be taken when treating patients with advanced age and significant cognitive impairment with dopamine agonists.

Restricted benefit

6706

Pathological hyperprolactinaemia

Clinical criteria:

- Patient must have had surgery for this condition with incomplete resolution.

Caution Care should be taken when treating patients with advanced age and significant cognitive impairment with dopamine agonists.

Restricted benefit

6707

Pathological hyperprolactinaemia

Clinical criteria:

- Patient must be one in whom radiotherapy is not indicated.

Caution Care should be taken when treating patients with advanced age and significant cognitive impairment with dopamine agonists.

Restricted benefit

6719

Pathological hyperprolactinaemia

Clinical criteria:

- Patient must have had radiotherapy for this condition with incomplete resolution.

Caution Care should be taken when treating patients with advanced age and significant cognitive impairment with dopamine agonists.

bromocriptine 2.5 mg tablet, 30

1443Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	0.00	*33.06	25.00	Parlodel [SZ]

BROMOCRIPTINE

Caution Care should be taken when treating patients with advanced age and significant cognitive impairment with dopamine agonists.

Restricted benefit

14914

Acromegaly

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Caution Care should be taken when treating patients with advanced age and significant cognitive impairment with dopamine agonists.

Restricted benefit

15028

Parkinson disease

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Caution Care should be taken when treating patients with advanced age and significant cognitive impairment with dopamine agonists.

Restricted benefit

15043

Pathological hyperprolactinaemia

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must be one in whom surgery is not indicated.

Caution Care should be taken when treating patients with advanced age and significant cognitive impairment with dopamine agonists.

Restricted benefit

14981

Pathological hyperprolactinaemia

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have had surgery for this condition with incomplete resolution.

Caution Care should be taken when treating patients with advanced age and significant cognitive impairment with dopamine agonists.

Restricted benefit

15044

Pathological hyperprolactinaemia

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must be one in whom radiotherapy is not indicated.

Caution Care should be taken when treating patients with advanced age and significant cognitive impairment with dopamine agonists.

Restricted benefit

15017

Pathological hyperprolactinaemia

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have had radiotherapy for this condition with incomplete resolution.

Caution Care should be taken when treating patients with advanced age and significant cognitive impairment with dopamine agonists.

bromocriptine 2.5 mg tablet, 30

13979R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	4	5	0.00	*51.76	25.00	Parlodel [SZ]

CABERGOLINE

Caution Care should be taken when treating patients with advanced age and significant cognitive impairment with dopamine agonists.

Restricted benefit

16536

Parkinson disease

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

cabergoline 1 mg tablet, 30

8393R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	36.93	25.00	Cabaser [PF]

cabergoline 2 mg tablet, 30

8394T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	49.06	25.00	Cabaser [PF]

CABERGOLINE

Caution Care should be taken when treating patients with advanced age and significant cognitive impairment with dopamine agonists.

Restricted benefit

16540

Parkinson disease

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

cabergoline 1 mg tablet, 30

14516B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*59.50	25.00	Cabaser [PF]

cabergoline 2 mg tablet, 30

14543K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*83.76	25.00	Cabaser [PF]

PRAMIPEXOLE

Caution Episodes of sudden onset of sleep without warning, during activity, have been reported with this drug.

Caution Care should be taken when treating patients with advanced age and significant cognitive impairment with dopamine agonists.

Restricted benefit

5411

Primary severe restless legs syndrome

Clinical criteria:

- Patient must manifest all 4 diagnostic criteria for Restless Legs Syndrome, **AND**
- Patient must have a baseline International Restless Legs Syndrome Rating Scale (IRLSRS) score greater than or equal to 21 points prior to initiation of pramipexole.

The date and IRLSRS score must be documented in the patient's medical records at the time pramipexole treatment is initiated.

The diagnostic criteria for Restless Legs Syndrome are:

(a) An urge to move the legs usually accompanied or caused by unpleasant sensations in the legs; and

(b) The urge to move or unpleasant sensations begin or worsen during periods of rest or inactivity such as lying or sitting; and

(c) The urge to move or unpleasant sensations are partially or totally relieved by movement, such as walking or stretching, at least as long as the activity continues; and

(d) The urge to move or unpleasant sensations are worse in the evening or night than during the day or only occur during the evening or night.

Caution Episodes of sudden onset of sleep without warning, during activity, have been reported with this drug.

Caution Care should be taken when treating patients with advanced age and significant cognitive impairment with dopamine agonists.

Note This drug is not PBS-subsidised for Restless Legs Syndrome secondary to other causes

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

pramipexole dihydrochloride monohydrate 125 microgram tablet, 30

9393J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	2	0.00	17.64	19.18	[a] APO-Pramipexole [TX]	[a] Simipex 0.125 [RW]
						[a] Simpral [AF]	
			[B]3.54	21.18	19.18	[a] Sifrol [BY]	

pramipexole dihydrochloride monohydrate 250 microgram tablet, 100

9394K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	2	0.00	28.70	25.00	[a] APO-Pramipexole [TX]	[a] Simipex 0.25 [RW]
						[a] Simpral [AF]	
			[B]3.65	32.35	25.00	[a] Sifrol [BY]	

PRAMIPEXOLE

Caution Episodes of sudden onset of sleep without warning, during activity, have been reported with this drug.

Restricted benefit

16536

Parkinson disease

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

pramipexole dihydrochloride monohydrate 125 microgram tablet, 30

9151P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	0	0.00	17.64	19.18	[a] APO-Pramipexole [TX]	[a] Simipex 0.125 [RW]
						[a] Simpral [AF]	
			[B]3.54	21.18	19.18	[a] Sifrol [BY]	

pramipexole dihydrochloride monohydrate 250 microgram tablet, 100

9152Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	28.70	25.00	[a] APO-Pramipexole [TX]	[a] Simipex 0.25 [RW]
						[a] Simpral [AF]	
			[B]3.65	32.35	25.00	[a] Sifrol [BY]	

pramipexole dihydrochloride monohydrate 1 mg tablet, 100

9153R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	76.94	25.00	[a] APO-Pramipexole [TX]	[a] Sifrol [BY]
						[a] Simipex 1 [RW]	[a] Simpral [AF]

PRAMIPEXOLE

Caution Episodes of sudden onset of sleep without warning, during activity, have been reported with this drug.

Restricted benefit

16540

Parkinson disease

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

pramipexole dihydrochloride monohydrate 250 microgram tablet, 100

14329E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*43.04	25.00	[a] APO-Pramipexole [TX]	[a] Simipex 0.25 [RW]
						[a] Simpral [AF]	
			[B]7.30	50.34	25.00	[a] Sifrol [BY]	

pramipexole dihydrochloride monohydrate 1 mg tablet, 100

14532W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*140.78	25.00	[a] APO-Pramipexole [TX]	[a] Sifrol [BY]
						[a] Simipex 1 [RW]	[a] Simpral [AF]

PRAMIPEXOLE

Caution Episodes of sudden onset of sleep without warning, during activity, have been reported with this drug.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Restricted benefit

16536

Parkinson disease

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

pramipexole dihydrochloride monohydrate 375 microgram modified release tablet, 30

3418X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	21.89	23.43	[a] Sifrol ER [BY]	[a] SIMIPEX XR [RW]

pramipexole dihydrochloride monohydrate 750 microgram modified release tablet, 30

3419Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	29.17	25.00	[a] Sifrol ER [BY]	[a] SIMIPEX XR [RW]

pramipexole dihydrochloride monohydrate 1.5 mg modified release tablet, 30

3420B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	43.98	25.00	[a] Sifrol ER [BY]	[a] SIMIPEX XR [RW]

pramipexole dihydrochloride monohydrate 2.25 mg modified release tablet, 30

5143Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	58.79	25.00	[a] Sifrol ER [BY]	[a] SIMIPEX XR [RW]

pramipexole dihydrochloride monohydrate 3 mg modified release tablet, 30

3421C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	78.99	25.00	[a] Sifrol ER [BY]	[a] SIMIPEX XR [RW]

pramipexole dihydrochloride monohydrate 3.75 mg modified release tablet, 30

5145T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	93.79	25.00	[a] Sifrol ER [BY]	[a] SIMIPEX XR [RW]

pramipexole dihydrochloride monohydrate 4.5 mg modified release tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3422D							
NP	1	5	0.00	111.31	25.00	[a] Sifrol ER [BY]	[a] SIMIPEX XR [RW]

PRAMIPEXOLE

Caution Episodes of sudden onset of sleep without warning, during activity, have been reported with this drug.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Restricted benefit

16540

Parkinson disease

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

pramipexole dihydrochloride monohydrate 375 microgram modified release tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14324X							
NP	2	5	0.00	*29.42	25.00	[a] Sifrol ER [BY]	[a] SIMIPEX XR [RW]

pramipexole dihydrochloride monohydrate 750 microgram modified release tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14459B							
NP	2	5	0.00	*43.98	25.00	[a] Sifrol ER [BY]	[a] SIMIPEX XR [RW]

pramipexole dihydrochloride monohydrate 1.5 mg modified release tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14360T							
NP	2	5	0.00	*73.60	25.00	[a] Sifrol ER [BY]	[a] SIMIPEX XR [RW]

pramipexole dihydrochloride monohydrate 2.25 mg modified release tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14556D							
NP	2	5	0.00	*103.22	25.00	[a] Sifrol ER [BY]	[a] SIMIPEX XR [RW]

pramipexole dihydrochloride monohydrate 3 mg modified release tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14460C							
NP	2	5	0.00	*145.08	25.00	[a] Sifrol ER [BY]	[a] SIMIPEX XR [RW]

pramipexole dihydrochloride monohydrate 3.75 mg modified release tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14461D							
NP	2	5	0.00	*176.16	25.00	[a] Sifrol ER [BY]	[a] SIMIPEX XR [RW]

pramipexole dihydrochloride monohydrate 4.5 mg modified release tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14325Y							
NP	2	5	0.00	*212.96	25.00	[a] Sifrol ER [BY]	[a] SIMIPEX XR [RW]

ROTIGOTINE

Restricted benefit

17323

Parkinson disease

Clinical criteria:

- The treatment must be as adjunctive therapy to a levodopa-decarboxylase inhibitor combination.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

rotigotine 2 mg/24 hours patch, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2385M						
NP	1	5	0.00	70.74	25.00	Neupro [UC]

rotigotine 4 mg/24 hours patch, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2384L						
NP	1	5	0.00	89.53	25.00	Neupro [UC]

rotigotine 6 mg/24 hours patch, 28

2410W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	99.66	25.00	Neupro [UC]

rotigotine 8 mg/24 hours patch, 28

11140H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	109.20	25.00	Neupro [UC]

ROTIGOTINE

Restricted benefit

17278

Parkinson disease

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The treatment must be as adjunctive therapy to a levodopa-decarboxylase inhibitor combination.

Treatment criteria:

- Must be treated by a medical practitioner; **OR**
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

rotigotine 2 mg/24 hours patch, 28

14327C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*127.76	25.00	Neupro [UC]

rotigotine 4 mg/24 hours patch, 28

14326B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*167.22	25.00	Neupro [UC]

rotigotine 6 mg/24 hours patch, 28

14431M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*188.50	25.00	Neupro [UC]

rotigotine 8 mg/24 hours patch, 28

14359R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*208.52	25.00	Neupro [UC]

Monoamine oxidase B inhibitors

RASAGILINE

Restricted benefit

5339

Parkinson disease

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

rasagiline 1 mg tablet, 30

1952R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	29.56	25.00	[a] Alziras [RW]	[a] Pharmacor Rasagiline [CR]
						[a] Rasagiline Lupin [HQ]	[a] Rasagiline-Teva [EV]
			[B]1.94	31.50	25.00	[a] Azilect [TB]	

RASAGILINE

Restricted benefit

15648

Parkinson disease

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

rasagiline 1 mg tablet, 30

14458Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*44.76	25.00	[a] Alziras [RW]	[a] Pharmacor Rasagiline [CR]
						[a] Rasagiline Lupin [HQ]	[a] Rasagiline-Teva [EV]

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14458Y			[B]3.88	48.64	25.00	[a] Azilect [TB]	

SAFINAMIDE

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Restricted benefit
8624
Parkinson disease
Clinical criteria:

- The treatment must be as adjunctive therapy to a levodopa-decarboxylase inhibitor combination.

safinamide 50 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
11656L NP	1	5	0.00	50.55	25.00	[a] ARX-Safinamide [XT] [a] XAFIMED [DZ]	[a] Xadago [IX]

safinamide 100 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
11666B NP	1	5	0.00	86.72	25.00	[a] ARX-Safinamide [XT] [a] XAFIMED [DZ]	[a] Xadago [IX]

SAFINAMIDE

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Restricted benefit
15699
Parkinson disease
Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The treatment must be as adjunctive therapy to a levodopa-decarboxylase inhibitor combination.

safinamide 50 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14391K NP	2	5	0.00	*86.74	25.00	[a] ARX-Safinamide [XT] [a] XAFIMED [DZ]	[a] Xadago [IX]

safinamide 100 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14528P NP	2	5	0.00	*161.32	25.00	[a] ARX-Safinamide [XT] [a] XAFIMED [DZ]	[a] Xadago [IX]

SELEGILINE

Restricted benefit
16541
Late stage Parkinson disease
Clinical criteria:

- The treatment must be as adjunctive therapy to a levodopa-decarboxylase inhibitor combination.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

selegiline hydrochloride 5 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1973W NP	1	5	0.00	53.46	25.00	Eldepryl [OX]

SELEGILINE

Restricted benefit
16538
Late stage Parkinson disease
Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The treatment must be as adjunctive therapy to a levodopa-decarboxylase inhibitor combination.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

selegiline hydrochloride 5 mg tablet, 100

14430L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*92.56	25.00	Eldepryl [OX]

Other dopaminergic agents

ENTACAPONE

Restricted benefit

16651

Parkinson disease

Clinical criteria:

- The treatment must be as adjunctive therapy to a levodopa-decarboxylase inhibitor combination, **AND**
- Patient must be experiencing fluctuations in motor function due to end-of-dose effect.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

entacapone 200 mg tablet, 100

8367J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	4	0.00	*175.00	25.00	Comtan [SZ]

ENTACAPONE

Restricted benefit

16690

Parkinson disease

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The treatment must be as adjunctive therapy to a levodopa-decarboxylase inhibitor combination, **AND**
- Patient must be experiencing fluctuations in motor function due to end-of-dose effect.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

entacapone 200 mg tablet, 100

14542J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	4	4	0.00	*340.64	25.00	Comtan [SZ]

OPICAPONE

Restricted benefit

16651

Parkinson disease

Clinical criteria:

- The treatment must be as adjunctive therapy to a levodopa-decarboxylase inhibitor combination, **AND**
- Patient must be experiencing fluctuations in motor function due to end-of-dose effect.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

opicapone 50 mg capsule, 30

13206C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	148.31	25.00	Ongentys [XY]

OPICAPONE

Restricted benefit

18125

Parkinson disease

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**

- The treatment must be as adjunctive therapy to a levodopa-decarboxylase inhibitor combination, **AND**
- Patient must be experiencing fluctuations in motor function due to end-of-dose effect.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

opicapone 50 mg capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15268N NP	2	5	0.00	*287.26	25.00	Ongentys [XY]

PSYCHOLEPTICS

ANTIPSYCHOTICS

Phenothiazines with aliphatic side-chain

CHLORPROMAZINE

Restricted benefit

15956

For prescribing by certain health practitioners

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

chlorpromazine hydrochloride 5 mg/mL oral liquid, 100 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1201F NP	‡1	5	0.00	25.47	25.00	Largactil [IX]

chlorpromazine hydrochloride 25 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1197B NP	1	5	0.00	19.18	20.72	Largactil [IX]

chlorpromazine hydrochloride 50 mg/2 mL injection, 10 x 2 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1195X NP	1	0	0.00	34.72	25.00	Largactil [IX]

chlorpromazine hydrochloride 100 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1199D NP	1	5	0.00	28.99	25.00	Largactil [IX]

Phenothiazines with piperidine structure

PERICIAZINE

Restricted benefit

15956

For prescribing by certain health practitioners

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

periciazine 2.5 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3052P NP	1	5	0.00	19.16	20.70	Neulactil [IX]

periciazine 10 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3053Q NP	1	5	0.00	23.04	24.58	Neulactil [IX]

Butyrophenone derivatives

HALOPERIDOL

haloperidol 500 microgram tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2761H NP	1	5	0.00	17.66	19.20	Serenace [AS]

haloperidol 1.5 mg tablet, 100

2767P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	18.01	19.55	Serenace [AS]

haloperidol 2 mg/mL oral liquid, 100 mL

2763K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	5	0.00	24.56	25.00	Serenace [AS]

haloperidol 5 mg tablet, 50

2770T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	17.87	19.41	Serenace [AS]

haloperidol 5 mg/mL injection, 10 x 1 mL ampoules

2768Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	0	0.00	25.23	25.00	[a] HALOPERIDOL MEDSURGE [DZ]	[a] Serenace [AS]

HALOPERIDOL DECANOATE

haloperidol (as decanoate) 50 mg/mL injection, 5 x 1 mL ampoules

2765M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	0	0.00	30.32	25.00	Haldol decanoate [IX]

haloperidol (as decanoate) 150 mg/3 mL injection, 5 x 3 mL ampoules

2766N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	0	0.00	46.36	25.00	Haldol decanoate [IX]

Indole derivatives

LURASIDONE

Note For the purpose of administering this restriction, Schizophrenia refers to schizophrenia spectrum disorders outlined in the DSM-5 criteria.

Authority Required (STREAMLINED)
4246
Schizophrenia

lurasidone hydrochloride 40 mg tablet, 30

10526B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	29.50	25.00	[a] APO-Lurasidone [TX]	[a] Lavione [AF]
						[a] Lurasidone Lupin [GQ]	[a] Lurasidone Sandoz [SZ]
						[a] LURASIDONE SUN [RA]	[a] LURASIDONE-WGR [WG]
						[a] Pharmacor Lurasidone [CR]	

lurasidone hydrochloride 80 mg tablet, 30

10529E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	44.65	25.00	[a] APO-Lurasidone [TX]	[a] Lavione [AF]
						[a] Lurasidone Lupin [GQ]	[a] Lurasidone Sandoz [SZ]
						[a] LURASIDONE SUN [RA]	[a] LURASIDONE-WGR [WG]
						[a] Pharmacor Lurasidone [CR]	

ZIPRASIDONE

Note For the purpose of administering this restriction, Schizophrenia refers to schizophrenia spectrum disorders outlined in the DSM-5 criteria.

Authority Required (STREAMLINED)
4246
Schizophrenia
Authority Required (STREAMLINED)
5742
Acute mania or mixed episodes
Clinical criteria:

- The condition must be associated with bipolar I disorder, **AND**
- The treatment must be as monotherapy, **AND**
- The treatment must be limited to up to 6 months per episode.

ziprasidone 20 mg capsule, 60

9070J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	43.05	25.00	[a] Zeldox [GO]	[a] Ziprasidone GH [GQ]

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9070J						[a] ZIPROX [RW]	

ziprasidone 40 mg capsule, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9071K NP	1	5	0.00	71.85	25.00	[a] Zeldox [GO] [a] ZIPROX [RW]	[a] Ziprasidone GH [GQ]

ziprasidone 60 mg capsule, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9072L NP	1	5	0.00	100.27	25.00	[a] Zeldox [GO] [a] ZIPROX [RW]	[a] Ziprasidone GH [GQ]

ziprasidone 80 mg capsule, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9073M NP	1	5	0.00	129.81	25.00	[a] Zeldox [GO] [a] ZIPROX [RW]	[a] Ziprasidone GH [GQ]

Thioxanthene derivatives

FLUPENTIXOL DECANOATE

flupentixol decanoate 20 mg/mL injection, 5 x 1 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2255Q NP	1	0	0.00	26.24	25.00	Fluanxol Depot [LU]

flupentixol decanoate 100 mg/mL injection, 5 x 1 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2257T NP	1	0	0.00	50.59	25.00	Fluanxol Concentrated Depot [LU]

ZUCLOPENTHIXOL DECANOATE

Restricted benefit

15956

For prescribing by certain health practitioners

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

zuclopenthixol decanoate 200 mg/mL injection, 5 x 1 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8097E NP	1	0	0.00	31.91	25.00	Clopixol Depot [LU]

Diazepines, oxazepines, thiazepines and oxepines

ASENAPINE

Note For the purpose of administering this restriction, Schizophrenia refers to schizophrenia spectrum disorders outlined in the DSM-5 criteria.

Authority Required (STREAMLINED)

4246

Schizophrenia

Authority Required (STREAMLINED)

5773

Acute mania or mixed episodes

Clinical criteria:

- The condition must be associated with bipolar I disorder, **AND**
- The treatment must be limited to up to 6 months per episode.

Authority Required (STREAMLINED)

5719

Bipolar I disorder

Clinical criteria:

- The treatment must be maintenance therapy, **AND**
- The treatment must be as monotherapy.

asenapine 5 mg sublingual wafer, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5140M NP	1	5	0.00	135.24	25.00	Saphris [OQ]

asenapine 10 mg sublingual wafer, 60

5141N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	219.21	25.00	Saphris [OQ]

OLANZAPINE

Note For the purpose of administering this restriction, Schizophrenia refers to schizophrenia spectrum disorders outlined in the DSM-5 criteria.

Authority Required (STREAMLINED)

4246

Schizophrenia

Authority Required (STREAMLINED)

5869

Bipolar I disorder

Clinical criteria:

- The treatment must be maintenance therapy.

olanzapine 2.5 mg tablet, 28

8170B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	17.68	19.22	[a] APO-OLANZAPINE [TX]	[a] Olanzapine RBX [RA]
						[a] Olanzapine Sandoz [SZ]	[a] Ozin 2.5 [ZS]
						[a] PRYZEX [RW]	[a] Zypine [AF]
			[B]7.66	25.34	19.22	[a] Zyprexa [PB]	

olanzapine 5 mg tablet, 28

8185T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	18.60	20.14	[a] APO-OLANZAPINE [TX]	[a] Olanzapine RBX [RA]
						[a] Olanzapine Sandoz [SZ]	[a] Ozin 5 [ZS]
						[a] PRYZEX [RW]	[a] Zypine [AF]
			[B]9.90	28.50	20.14	[a] Zyprexa [PB]	

olanzapine 7.5 mg tablet, 28

8186W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	18.81	20.35	[a] APO-OLANZAPINE [TX]	[a] Olanzapine RBX [RA]
						[a] Olanzapine Sandoz [SZ]	[a] Ozin 7.5 [ZS]
						[a] PRYZEX [RW]	[a] Zypine [AF]
			[B]4.17	22.98	20.35	[a] Zyprexa [PB]	

olanzapine 10 mg tablet, 28

8187X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	20.21	21.75	[a] APO-OLANZAPINE [TX]	[a] Olanzapine RBX [RA]
						[a] Olanzapine Sandoz [SZ]	[a] Ozin 10 [ZS]
						[a] PRYZEX [RW]	[a] Zypine [AF]
			[B]4.23	24.44	21.75	[a] Zyprexa [PB]	

OLANZAPINE

Note Pharmaceutical benefits that have the form olanzapine tablet 5 mg (orally disintegrating) and pharmaceutical benefits that have the form olanzapine wafer 5 mg are equivalent for the purposes of substitution.

Note For the purpose of administering this restriction, Schizophrenia refers to schizophrenia spectrum disorders outlined in the DSM-5 criteria.

Authority Required (STREAMLINED)

4246

Schizophrenia

Authority Required (STREAMLINED)

5869

Bipolar I disorder

Clinical criteria:

- The treatment must be maintenance therapy.

olanzapine 5 mg orally disintegrating tablet, 28

3381Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	18.60	20.14	[a] APO-Olanzapine ODT [TX]	[a] OLANZAPINE ODT-WGR [WG]
						[a] Olanzapine Sandoz ODT 5 [SZ]	[a] PRYZEX ODT [RW]

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3381Y						[a] Zypine ODT [AF]	

olanzapine 5 mg wafer, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8433W NP	1	5	9.90	28.50	20.14	[a] Zyprexa Zydis [PB]

OLANZAPINE

Note Pharmaceutical benefits that have the form olanzapine tablet 10 mg (orally disintegrating) and pharmaceutical benefits that have the form olanzapine wafer 10 mg are equivalent for the purposes of substitution.

Note For the purpose of administering this restriction, Schizophrenia refers to schizophrenia spectrum disorders outlined in the DSM-5 criteria.

Authority Required (STREAMLINED)

4246

Schizophrenia

Authority Required (STREAMLINED)

5869

Bipolar I disorder

Clinical criteria:

- The treatment must be maintenance therapy.

olanzapine 10 mg orally disintegrating tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3382B NP	1	5	0.00	20.21	21.75	[a] APO-Olanzapine ODT [TX]	[a] Olanzapine Sandoz ODT 10 [SZ]
						[a] PRYZEX ODT [RW]	[a] Zypine ODT [AF]

olanzapine 10 mg wafer, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8434X NP	1	5	9.66	30.63	22.51	[a] Zyprexa Zydis [PB]

OLANZAPINE

Note Pharmaceutical benefits that have the form olanzapine tablet 15 mg (orally disintegrating) and pharmaceutical benefits that have the form olanzapine wafer 15 mg are equivalent for the purposes of substitution.

Note For the purpose of administering this restriction, Schizophrenia refers to schizophrenia spectrum disorders outlined in the DSM-5 criteria.

Authority Required (STREAMLINED)

4246

Schizophrenia

Authority Required (STREAMLINED)

5869

Bipolar I disorder

Clinical criteria:

- The treatment must be maintenance therapy.

olanzapine 15 mg orally disintegrating tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3384D NP	1	5	0.00	23.14	24.68	[a] APO-Olanzapine ODT [TX]	[a] OLANZAPINE ODT-WGR [WG]
						[a] Olanzapine Sandoz ODT 15 [SZ]	[a] PRYZEX ODT [RW]
						[a] Zypine ODT [AF]	

olanzapine 15 mg wafer, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8952E NP	1	5	11.31	35.60	25.00	[a] Zyprexa Zydis [PB]

OLANZAPINE

Note Pharmaceutical benefits that have the form olanzapine tablet 20 mg (orally disintegrating) and pharmaceutical benefits that have the form olanzapine wafer 20 mg are equivalent for the purposes of substitution.

Note For the purpose of administering this restriction, Schizophrenia refers to schizophrenia spectrum disorders outlined in the DSM-5 criteria.

Authority Required (STREAMLINED)

4246

Schizophrenia

Authority Required (STREAMLINED)

5869

Bipolar I disorder

Clinical criteria:

- The treatment must be maintenance therapy.

olanzapine 20 mg orally disintegrating tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3385E NP	1	5	0.00	26.06	25.00	[a] APO-Olanzapine ODT [TX]	[a] Olanzapine Sandoz ODT 20 [SZ]
						[a] PRYZEX ODT [RW]	[a] Zypine ODT [AF]

olanzapine 20 mg wafer, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8953F NP	1	5	11.29	38.89	25.00	[a] Zyprexa Zydis [PB]

OLANZAPINE

Caution Monitor for post-injection syndrome for at least two hours after each injection.

Note For the purpose of administering this restriction, Schizophrenia refers to schizophrenia spectrum disorders outlined in the DSM-5 criteria.

Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)

4246

Schizophrenia

olanzapine 210 mg modified release injection [1 vial] (&) inert substance diluent [3 mL vial], 1 pack

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9294E NP	2	5	0.00	*314.64	25.00	Zyprexa Relprevv [PB]

olanzapine 300 mg modified release injection [1 vial] (&) inert substance diluent [3 mL vial], 1 pack

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9295F NP	2	5	0.00	*506.12	25.00	Zyprexa Relprevv [PB]

olanzapine 405 mg modified release injection [1 vial] (&) inert substance diluent [3 mL vial], 1 pack

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9303P NP	1	5	0.00	337.59	25.00	Zyprexa Relprevv [PB]

QUETIAPINE

Note For the purpose of administering this restriction, Schizophrenia refers to schizophrenia spectrum disorders outlined in the DSM-5 criteria.

Authority Required (STREAMLINED)

4246

Schizophrenia

Authority Required (STREAMLINED)

5611

Acute mania

Clinical criteria:

- The condition must be associated with bipolar I disorder, **AND**
- The treatment must be as monotherapy, **AND**
- The treatment must be limited to up to 6 months per episode.

Authority Required (STREAMLINED)

5869

Bipolar I disorder

Clinical criteria:

- The treatment must be maintenance therapy.

quetiapine 50 mg modified release tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9202H NP	1	5	0.00	21.40	22.94	[a] APX-Quetiapine XR [TY]	[a] QUETIAPINE-AS XR [RW]
						[a] Quetiapine Sandoz XR [SZ]	[a] Quetia XR [OW]
						[a] Tevatiapine XR [TB]	
			[B]9.17	30.57	22.94	[a] Seroquel XR [AL]	

quetiapine 100 mg tablet, 90

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8457D NP	1	5	0.00	24.32	25.00	[a] APX-QUETIAPINE [TX]	[a] Blooms The Chemist Quetiapine [BG]
						[a] Kaptan [ZS]	[a] Pharmacor Quetiapine 100 [CR]

8457D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
						[a] Quetia 100 [RW]	[a] Quetiapine RBX [RA]
						[a] Quetiapine Sandoz Pharma [HX]	[a] QUETIAPINE-WGR [WG]
						[a] Syquet [AF]	
			[B]9.17	33.49	25.00	[a] Seroquel [AL]	

quetiapine 150 mg modified release tablet, 60

5458G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	24.32	25.00	[a] APX-Quetiapine XR [TY]	[a] Quetiapine Sandoz XR [SZ]
						[a] Quetia XR [OW]	[a] Tevatiapine XR [TB]
			[B]15.02	39.34	25.00	[a] Seroquel XR [AL]	

quetiapine 200 mg tablet, 60

8458E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	27.93	25.00	[a] APX-QUETIAPINE [TX]	[a] Blooms The Chemist Quetiapine [BG]
						[a] Kaptan [ZS]	[a] Pharmacor Quetiapine 200 [CR]
						[a] Quetia 200 [RW]	[a] Quetiapine RBX [RA]
						[a] Quetiapine Sandoz Pharma [HX]	[a] QUETIAPINE-WGR [WG]
						[a] Syquet [AF]	
			[B]9.17	37.10	25.00	[a] Seroquel [AL]	

quetiapine 200 mg modified release tablet, 60

9203J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	34.85	25.00	[a] APX-Quetiapine XR [TY]	[a] QUETIAPINE-AS XR [RW]
						[a] Quetiapine Sandoz XR [SZ]	[a] Quetia XR [OW]
						[a] Tevatiapine XR [TB]	
			[B]9.17	44.02	25.00	[a] Seroquel XR [AL]	

quetiapine 300 mg tablet, 60

8580N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	34.28	25.00	[a] APX-QUETIAPINE [TX]	[a] Blooms The Chemist Quetiapine [BG]
						[a] Kaptan [ZS]	[a] Pharmacor Quetiapine 300 [CR]
						[a] Quetia 300 [RW]	[a] Quetiapine RBX [RA]
						[a] Quetiapine Sandoz Pharma [HX]	[a] QUETIAPINE-WGR [WG]
						[a] Syquet [AF]	
			[B]9.17	43.45	25.00	[a] Seroquel [AL]	

quetiapine 300 mg modified release tablet, 60

9204K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	40.67	25.00	[a] APX-Quetiapine XR [TY]	[a] QUETIAPINE-AS XR [RW]
						[a] Quetiapine Sandoz XR [SZ]	[a] Quetia XR [OW]
						[a] Tevatiapine XR [TB]	
			[B]9.17	49.84	25.00	[a] Seroquel XR [AL]	

quetiapine 400 mg modified release tablet, 60

9205L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	50.24	25.00	[a] APX-Quetiapine XR [TY]	[a] QUETIAPINE-AS XR [RW]
						[a] Quetiapine Sandoz XR [SZ]	[a] Quetia XR [OW]
						[a] Tevatiapine XR [TB]	
			[B]9.17	59.41	25.00	[a] Seroquel XR [AL]	

QUETIAPINE

Note For the purpose of administering this restriction, Schizophrenia refers to schizophrenia spectrum disorders outlined in the DSM-5 criteria.

Note No increase in the maximum quantity or number of units may be authorised.

Note Authority applications for increased repeats up to a maximum of 5 may be authorised for patients requiring dose optimisation for this condition not adequately provided by other strengths of this drug.

Authority Required (STREAMLINED)
4246
Schizophrenia
Authority Required (STREAMLINED)
7927
Acute mania
Clinical criteria:

- The condition must be associated with bipolar I disorder, **AND**
- The treatment must be as monotherapy.

Authority Required (STREAMLINED)
5869
Bipolar I disorder
Clinical criteria:

- The treatment must be maintenance therapy.

quetiapine 25 mg tablet, 60

8456C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	0	0.00	18.60	20.14	[a] APX-QUETIAPINE [TX]	[a] Blooms The Chemist Quetiapine [BG]
						[a] Kaptan [ZS]	[a] Pharmacor Quetiapine 25 [CR]
						[a] Quetia 25 [RW]	[a] Quetiapine RBX [RA]
						[a] Quetiapine Sandoz Pharma [HX]	[a] QUETIAPINE-WGR [WG]
						[a] Syquet [AF]	
			[B]10.71	29.31	20.14	[a] Seroquel [AL]	

Benzamides

AMISULPRIDE

Note For the purpose of administering this restriction, Schizophrenia refers to schizophrenia spectrum disorders outlined in the DSM-5 criteria.

Authority Required (STREAMLINED)
4246
Schizophrenia

amisulpride 100 mg tablet, 30

8594H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	19.35	20.89	[a] Amisulpride Sandoz Pharma [HX]	[a] APO-Amisulpride [TX]
						[a] Solian 100 [SW]	[a] Sulprix [AF]

amisulpride 100 mg/mL oral liquid, 60 mL

8736T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*141.16	25.00	Solian Solution [SW]

amisulpride 200 mg tablet, 60

8595J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	35.72	25.00	[a] Amisulpride Sandoz Pharma [HX]	[a] AMISULPRIDE-WGR [WG]
						[a] APO-Amisulpride [TX]	[a] Solian 200 [SW]
						[a] Sulprix [AF]	

amisulpride 400 mg tablet, 60

8596K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	53.10	25.00	[a] Amisulpride Sandoz Pharma [HX]	[a] AMISULPRIDE-WGR [WG]
						[a] APO-Amisulpride [TX]	[a] Solian 400 [SW]
						[a] Sulprix [AF]	

Other antipsychotics

ARIPIPRAZOLE

Note For the purpose of administering this restriction, Schizophrenia refers to schizophrenia spectrum disorders outlined in the DSM-5 criteria.

Authority Required (STREAMLINED)
4246

Schizophrenia

aripiprazole 10 mg tablet, 30

8717T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	38.92	25.00	[a] Abilify [OS]	[a] Abyraz [AF]
						[a] APO-Aripiprazole [TX]	[a] Aripiprazole GH [GQ]
						[a] Aripiprazole Sandoz [SZ]	[a] ARIPIPRAZOLE-WGR [WG]
						[a] ARIZOLE [RW]	

aripiprazole 15 mg tablet, 30

8718W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	49.22	25.00	[a] Abilify [OS]	[a] Abyraz [AF]
						[a] APO-Aripiprazole [TX]	[a] Aripiprazole GH [GQ]
						[a] Aripiprazole Sandoz [SZ]	[a] ARIPIPRAZOLE-WGR [WG]
						[a] ARIZOLE [RW]	

aripiprazole 20 mg tablet, 30

8719X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	56.79	25.00	[a] Abilify [OS]	[a] Abyraz [AF]
						[a] APO-Aripiprazole [TX]	[a] Aripiprazole GH [GQ]
						[a] Aripiprazole Sandoz [SZ]	[a] ARIZOLE [RW]

aripiprazole 30 mg tablet, 30

8720Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	66.06	25.00	[a] Abilify [OS]	[a] Abyraz [AF]
						[a] APO-Aripiprazole [TX]	[a] Aripiprazole GH [GQ]
						[a] Aripiprazole Sandoz [SZ]	[a] ARIPIPRAZOLE-WGR [WG]
						[a] ARIZOLE [RW]	

aripiprazole 300 mg modified release injection [1 chamber] (&) inert substance diluent [1.2 mL chamber], 1 dual chamber syringe

15128F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	5	0.00	285.73	25.00	Abilify Maintena [LU]

aripiprazole 300 mg modified release injection [1 vial] (&) inert substance diluent [2 mL vial], 1 pack

10224D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	285.73	25.00	Abilify Maintena [LU]

aripiprazole 400 mg modified release injection [1 chamber] (&) inert substance diluent [1.6 mL chamber], 1 dual chamber syringe

15122X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	5	0.00	354.83	25.00	Abilify Maintena [LU]

aripiprazole 400 mg modified release injection [1 vial] (&) inert substance diluent [2 mL vial], 1 pack

10219W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	354.83	25.00	[a] Abilify Maintena [LU]	[a] ARIPENA [RA]

ARIPIPRAZOLE

Note For the purpose of administering this restriction, Schizophrenia refers to schizophrenia spectrum disorders outlined in the DSM-5 criteria.

Note Patient dosage is to be determined as per the Therapeutic Goods Administration (TGA) approved Product Information.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

16456

Schizophrenia

Clinical criteria:

- Patient must have previously received and be stabilised on PBS-subsidised aripiprazole once-monthly injection.

Aripiprazole 720 mg/2.4 mL modified release injection, 2.4 mL syringe

14790K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	2	0.00	562.10	25.00	Abilify Asimtufii [LU]

Aripiprazole 960 mg/3.2 mL modified release injection, 3.2 mL syringe

14824F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	2	0.00	700.31	25.00	Abilify Asimtufii [LU]

BREXPIPRAZOLE

Note For the purpose of administering this restriction, Schizophrenia refers to schizophrenia spectrum disorders outlined in the DSM-5 criteria.

Authority Required (STREAMLINED)

4246

Schizophrenia

brexpiprazole 500 microgram tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15097N						
NP	1	0	0.00	136.40	25.00	Rexulti [LU]

brexpiprazole 1 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11189X						
NP	1	0	0.00	136.40	25.00	Rexulti [LU]

brexpiprazole 2 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11188W						
NP	1	5	0.00	136.40	25.00	Rexulti [LU]

brexpiprazole 3 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11190Y						
NP	1	5	0.00	136.40	25.00	Rexulti [LU]

brexpiprazole 4 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11184P						
NP	1	5	0.00	136.40	25.00	Rexulti [LU]

CARIPRAZINE

Note For the purpose of administering this restriction, Schizophrenia refers to schizophrenia spectrum disorders outlined in the DSM-5 criteria.

Authority Required (STREAMLINED)

4246

Schizophrenia

cariprazine 1.5 mg capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12652X						
NP	1	5	0.00	100.68	25.00	Reagila [IX]

cariprazine 3 mg capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12619E						
NP	1	5	0.00	100.68	25.00	Reagila [IX]

cariprazine 4.5 mg capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12653Y						
NP	1	5	0.00	100.68	25.00	Reagila [IX]

cariprazine 6 mg capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12622H						
NP	1	5	0.00	100.68	25.00	Reagila [IX]

PALIPERIDONE

Note For the purpose of administering this restriction, Schizophrenia refers to schizophrenia spectrum disorders outlined in the DSM-5 criteria.

Authority Required (STREAMLINED)

4246

Schizophrenia

paliperidone 3 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9140C						
NP	1	5	0.00	55.13	25.00	Invega [JC]

paliperidone 6 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9141D						
NP	1	5	0.00	96.74	25.00	Invega [JC]

paliperidone 9 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9142E						
NP	1	5	0.00	139.10	25.00	Invega [JC]

paliperidone 25 mg modified release injection, 1 syringe

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5100K NP	1	5	0.00	94.16	25.00	Invega Sustenna [JC]

paliperidone 50 mg modified release injection, 1 syringe

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5102M NP	1	5	0.00	176.93	25.00	Invega Sustenna [JC]

paliperidone 75 mg modified release injection, 1 syringe

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5103N NP	1	5	0.00	227.35	25.00	Invega Sustenna [JC]

paliperidone 100 mg modified release injection, 1 syringe

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5107T NP	1	5	0.00	277.26	25.00	Invega Sustenna [JC]

paliperidone 150 mg modified release injection, 1 syringe

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5109X NP	1	5	0.00	277.26	25.00	Invega Sustenna [JC]

PALIPERIDONE

Note For the purpose of administering this restriction, Schizophrenia refers to schizophrenia spectrum disorders outlined in the DSM-5 criteria.

Note Patient dosage is to be determined as per the dose transition table in the Product Information based on the maintenance dose of paliperidone once monthly injection.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

13049

Schizophrenia

Clinical criteria:

- Patient must have previously received and be stabilised on PBS-subsidised paliperidone once-monthly injection for at least 4 consecutive months; **OR**
- Patient must have previously received and be stabilised on PBS-subsidised paliperidone six-monthly injection for at least one cycle.

paliperidone 175 mg/0.875 mL modified release injection, 0.875 mL syringe

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11085K NP	1	1	0.00	512.08	25.00	Invega Trinza [JC]

paliperidone 263 mg/1.315 mL modified release injection, 1.315 mL syringe

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11072R NP	1	1	0.00	663.34	25.00	Invega Trinza [JC]

paliperidone 350 mg/1.75 mL modified release injection, 1.75 mL syringe

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11094X NP	1	1	0.00	813.06	25.00	Invega Trinza [JC]

paliperidone 525 mg/2.625 mL modified release injection, 2.625 mL syringe

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11066K NP	1	1	0.00	813.06	25.00	Invega Trinza [JC]

PALIPERIDONE

Note For the purpose of administering this restriction, Schizophrenia refers to schizophrenia spectrum disorders outlined in the DSM-5 criteria.

Note Patient dosage is to be determined as per the dose transition table in the Product Information based on the maintenance dose of paliperidone once monthly injection.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

13082

Schizophrenia

Clinical criteria:

- Patient must have previously received and be stabilised on PBS-subsidised paliperidone three-monthly injection for at least one cycle; **OR**
- Patient must have previously received and be stabilised on PBS-subsidised paliperidone once-monthly injection for at least 4 consecutive months.

paliperidone 700 mg/3.5 mL modified release injection, 3.5 mL syringe

13053B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	0	0.00	1,605.45	25.00	Invega Hafyera [JC]

paliperidone 1 g/5 mL modified release injection, 5 mL syringe

13046P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	0	0.00	1,605.45	25.00	Invega Hafyera [JC]

RISPERIDONE

Note For the purpose of administering this restriction, Schizophrenia refers to schizophrenia spectrum disorders outlined in the DSM-5 criteria.

Authority Required (STREAMLINED)

4246

Schizophrenia

risperidone 500 microgram tablet, 60

8869T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	22.84	24.38	[a] APO-Risperidone [TX]	[a] Ozidal [RA]
						[a] Rispa [RW]	[a] Risperidone Sandoz [SZ]
						[a] Rispernia [ZS]	[a] Rixadone [AF]

RISPERIDONE

Authority Required (STREAMLINED)

6898

Severe behavioural disturbances

Clinical criteria:

- Patient must have autism spectrum disorder, **AND**
- The treatment must be under the supervision of a paediatrician or psychiatrist, **AND**
- The treatment must be in combination with non-pharmacological measures.

Population criteria:

- Patient must be under 18 years of age.

Behaviour disturbances are defined as severe aggression and injuries to self or others where non-pharmacological methods alone have been unsuccessful.

The diagnosis of autism spectrum disorder must be made based on the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) or ICD-10 international classification of mental and behavioural disorders.

Authority Required (STREAMLINED)

16048

Severe behavioural disturbances

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have autism spectrum disorder, **AND**
- Patient must have been commenced on PBS-subsidised treatment with risperidone prior to turning 18 years of age, **AND**
- The treatment must be under the supervision of a paediatrician or psychiatrist, **AND**
- The treatment must be in combination with non-pharmacological measures.

Population criteria:

- Patient must be at least 18 years of age.

Behaviour disturbances are defined as severe aggression and injuries to self or others where non-pharmacological methods alone have been unsuccessful.

The diagnosis of autism spectrum disorder must be made based on the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) or ICD-10 international classification of mental and behavioural disorders.

risperidone 500 microgram tablet, 60

8787L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	2	0.00	22.84	24.38	[a] APO-Risperidone [TX]	[a] Ozidal [RA]
						[a] Rispa [RW]	[a] Risperidone Sandoz [SZ]
						[a] Rispernia [ZS]	[a] Rixadone [AF]

risperidone 1 mg tablet, 60

8789N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	2	0.00	18.60	20.14	[a] APO-Risperidone [TX]	[a] Ozidal [RA]
						[a] Rispa [RW]	[a] Risperidone Sandoz [SZ]
						[a] Rispernia [ZS]	[a] Rixadone [AF]

risperidone 1 mg/mL oral liquid, 100 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9293D							
NP	‡1	2	0.00	112.78	25.00	[a] Risperdal [JC]	[a] Risperidone Lupin [GQ]
						[a] Rixadone [AF]	

risperidone 2 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9079W							
NP	1	2	0.00	20.85	22.39	[a] APO-Risperidone [TX]	[a] Ozidal [RA]
						[a] Rispa [RW]	[a] Risperidone Sandoz [SZ]
						[a] Rispernia [ZS]	[a] Rixadone [AF]

RISPERIDONE

Note For the purpose of administering this restriction, Schizophrenia refers to schizophrenia spectrum disorders outlined in the DSM-5 criteria.

Authority Required (STREAMLINED)

4246

Schizophrenia

Authority Required (STREAMLINED)

5907

Acute mania

Clinical criteria:

- The condition must be associated with bipolar I disorder, **AND**
- The treatment must be as adjunctive therapy to mood stabilisers, **AND**
- The treatment must be limited to up to 6 months per episode.

risperidone 1 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3169T							
NP	1	5	0.00	18.60	20.14	[a] APO-Risperidone [TX]	[a] Ozidal [RA]
						[a] Rispa [RW]	[a] Risperidone Sandoz [SZ]
						[a] Rispernia [ZS]	[a] Rixadone [AF]

risperidone 1 mg/mL oral liquid, 100 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8100H							
NP	‡1	5	0.00	112.78	25.00	[a] Risperdal [JC]	[a] Risperidone Lupin [GQ]
						[a] Rixadone [AF]	

risperidone 2 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3170W							
NP	1	5	0.00	20.85	22.39	[a] APO-Risperidone [TX]	[a] Ozidal [RA]
						[a] Rispa [RW]	[a] Risperidone Sandoz [SZ]
						[a] Rispernia [ZS]	[a] Rixadone [AF]

risperidone 3 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3171X							
NP	1	5	0.00	24.37	25.00	[a] APO-Risperidone [TX]	[a] Ozidal [RA]
						[a] Rispa [RW]	[a] Risperidone Sandoz [SZ]
						[a] Rispernia [ZS]	[a] Rixadone [AF]

risperidone 4 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3172Y							
NP	1	5	0.00	27.87	25.00	[a] APO-Risperidone [TX]	[a] Rispa [RW]
						[a] Risperidone Sandoz [SZ]	[a] Rispernia [ZS]
						[a] Rixadone [AF]	

RISPERIDONE

Note For the purpose of administering this restriction, Schizophrenia refers to schizophrenia spectrum disorders outlined in the DSM-5 criteria.

Authority Required (STREAMLINED)

4246

Schizophrenia

Authority Required (STREAMLINED)

5912

Bipolar I disorder

Clinical criteria:

- The condition must be refractory to treatment, **AND**
- The treatment must be in combination with lithium or sodium valproate, **AND**
- The treatment must be maintenance therapy.

risperidone 25 mg modified release injection [1 vial] (&) inert substance diluent [2 mL syringe], 1 pack

8780D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*182.12	25.00	Risperdal Consta [JC]

risperidone 37.5 mg modified release injection [1 vial] (&) inert substance diluent [2 mL syringe], 1 pack

8781E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*234.34	25.00	Risperdal Consta [JC]

risperidone 50 mg modified release injection [1 vial] (&) inert substance diluent [2 mL syringe], 1 pack

8782F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*285.98	25.00	Risperdal Consta [JC]

RISPERIDONE

Note For the purpose of administering this restriction, Schizophrenia refers to schizophrenia spectrum disorders outlined in the DSM-5 criteria.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

16231

Schizophrenia

For a patient switching from oral risperidone, the prescriber must determine the patient dosage of this drug based on the current dose of oral risperidone according to the dose transition table in the Therapeutic Goods Administration (TGA) approved Product Information.

risperidone 75 mg modified release injection [1 syringe] (&) inert substance diluent [0.383 mL syringe], 1 pack

14686Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	210.00	25.00	Risvan [SE]

RISPERIDONE

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note For the purpose of administering this restriction, Schizophrenia refers to schizophrenia spectrum disorders outlined in the DSM-5 criteria.

Authority Required (STREAMLINED)

16231

Schizophrenia

For a patient switching from oral risperidone, the prescriber must determine the patient dosage of this drug based on the current dose of oral risperidone according to the dose transition table in the Therapeutic Goods Administration (TGA) approved Product Information.

risperidone 100 mg modified release injection [1 syringe] (&) inert substance diluent [0.49 mL syringe], 1 pack

14688C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	255.94	25.00	Risvan [SE]

RISPERIDONE

Caution In placebo controlled trials in elderly patients with dementia there was a significantly higher incidence of cerebrovascular adverse events, such as stroke (including fatalities) and transient ischaemic attacks, in patients treated with risperidone compared with patients treated with placebo.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

10020

Behavioural disturbances

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be characterised by psychotic symptoms and aggression, **AND**
- Patient must have dementia of the Alzheimer type, **AND**
- Patient must have failed to respond to non-pharmacological methods of treatment, **AND**
- Patient must not receive more than 12 weeks of treatment under this restriction.

A patient may only qualify for 12 weeks of PBS-subsidised treatment under this restriction once in a 12 month period.

risperidone 500 microgram tablet, 60

11869Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	2	0.00	22.84	24.38	[a] APO-Risperidone [TX]	[a] Ozidal [RA]
						[a] Rispa [RW]	[a] Risperidone Sandoz [SZ]
						[a] Rispernia [ZS]	[a] Rixadone [AF]

risperidone 1 mg tablet, 60

11877D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	2	0.00	18.60	20.14	[a] APO-Risperidone [TX]	[a] Ozidal [RA]
						[a] Rispa [RW]	[a] Risperidone Sandoz [SZ]
						[a] Rispernia [ZS]	[a] Rixadone [AF]

risperidone 1 mg/mL oral liquid, 100 mL

11874Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	‡1	2	0.00	112.78	25.00	[a] Risperdal [JC]	[a] Risperidone Lupin [GQ]
						[a] Rixadone [AF]	

RISPERIDONE

Caution In placebo controlled trials in elderly patients with dementia there was a significantly higher incidence of cerebrovascular adverse events, such as stroke (including fatalities) and transient ischaemic attacks, in patients treated with risperidone compared with patients treated with placebo.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

10021

Behavioural disturbances

Treatment Phase: Continuing treatment, trial of dose reduction or cessation of treatment

Clinical criteria:

- The condition must be characterised by psychotic symptoms and aggression, **AND**
- Patient must have dementia of the Alzheimer type, **AND**
- Patient must have responded to an initial course of treatment with this drug for this condition, **AND**
- Patient must have failed to respond to non-pharmacological methods of treatment, **AND**
- The treatment must be for dose tapering purposes as part of a trial of treatment reduction or cessation; **OR**
- Patient must have trialled a period of treatment reduction or cessation with this drug for this condition and experienced worsening or re-emergence of symptoms during this trial, and retrials are considered periodically, **AND**
- Patient must be optimised on non-pharmacological methods of treatment.

The patient's response to treatment and a trial of treatment reduction or cessation must be discussed formally with a psychiatrist or geriatrician or in a documented clinical review process involving a least one other medical practitioner, or be reviewed by a psychiatrist or geriatrician.

Response to treatment is defined as a significant reduction in symptoms of psychosis or aggression.

Patients must cease treatment if there is no improvement in symptoms of psychosis and aggression, or worsening of symptoms with therapy.

Patients must be monitored for adverse effects such as falls, drowsiness leading to reduced self-care, incontinence, reduced nutrition, reduced ability to communicate needs/wishes and take part in activities. Therapy must be ceased if harms of therapy outweigh benefits.

Trials of reduction or cessation of therapy should be considered periodically with the intention of maintaining symptom control through non-pharmacological measures wherever possible and/or lowest effective dose therapy.

Evidence of patient benefit from therapy, failure of non-pharmacological approaches to manage symptoms in the absence of therapy, and recurrence of symptoms following reduction or cessation of therapy, trialled on at least 1 occasion, must be documented in the patient's medical records.

risperidone 500 microgram tablet, 60

11881H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	2	0.00	22.84	24.38	[a] APO-Risperidone [TX]	[a] Ozidal [RA]
						[a] Rispa [RW]	[a] Risperidone Sandoz [SZ]
						[a] Rispernia [ZS]	[a] Rixadone [AF]

risperidone 1 mg tablet, 60

11879F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	2	0.00	18.60	20.14	[a] APO-Risperidone [TX]	[a] Ozidal [RA]
						[a] Rispa [RW]	[a] Risperidone Sandoz [SZ]
						[a] Rispernia [ZS]	[a] Rixadone [AF]

risperidone 1 mg/mL oral liquid, 100 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
11882J							
NP	‡1	2	0.00	112.78	25.00	[a] Risperdal [JC]	[a] Risperidone Lupin [GQ]
						[a] Rixadone [AF]	

ANXIOLYTICS

Benzodiazepine derivatives

ALPRAZOLAM

Authority Required

6773

Panic disorder

Clinical criteria:

- The treatment must be for use when other treatments have failed; **OR**
- The treatment must be for use when other treatments are inappropriate.

Note The panic disorder must not be attributable to some known organic factor.

Note No increase in the maximum number of repeats may be authorised.

alprazolam 250 microgram tablet, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11205R						
NP	1	0	0.00	22.83	24.37	Kalma 0.25 [AF]

alprazolam 500 microgram tablet, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
11187T							
NP	1	0	0.00	23.29	24.83	[a] Alprax 0.5 [AS]	[a] Kalma 0.5 [AF]

alprazolam 1 mg tablet, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
11186R							
NP	1	0	0.00	23.83	25.00	[a] Alprax 1 [AS]	[a] Kalma 1 [AF]

DIAZEPAM

diazepam 2 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5071X							
DP	1	0	0.00	17.10	18.64	[a] APX-Diazepam [TY]	[a] DIAZEPAM-WGR [WG]
						[a] Valpam 2 [RW]	
			[B]2.78	19.88	18.64	[a] Antenex 2 [AF]	

diazepam 5 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5072Y							
DP	1	0	0.00	17.10	18.64	[a] Antenex 5 [AF]	[a] APX-Diazepam [TY]
						[a] DIAZEPAM-WGR [WG]	[a] Valpam 5 [RW]
			[B]3.07	20.17	18.64	[a] Valium [IX]	

DIAZEPAM

Note Authorities for increased maximum quantities and/or repeats for the oral forms of diazepam will be granted only for

(i) the treatment of disabling spasticity; or

(ii) malignant neoplasia (late stage); or

(iii) use by patients who are receiving long-term nursing care on account of age, infirmity or other condition in hospitals, nursing homes or residential facilities and who have been demonstrated, within the past six months, to be benzodiazepine dependent by an unsuccessful attempt at gradual withdrawal; or

(iv) use by a patient who is receiving long-term nursing care and in respect of whom a Carer Allowance is payable as a disabled adult and who has been demonstrated, within the past six months, to be benzodiazepine dependent by an unsuccessful attempt at gradual withdrawal.

Up to six months' treatment (i.e. one month's treatment with five repeats) may be requested.

diazepam 2 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3161J							
NP	1	0	0.00	17.10	18.64	[a] APX-Diazepam [TY]	[a] DIAZEPAM-WGR [WG]
						[a] Valpam 2 [RW]	
			[B]2.78	19.88	18.64	[a] Antenex 2 [AF]	

diazepam 5 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3162K							
NP	1	0	0.00	17.10	18.64	[a] Antenex 5 [AF]	[a] APX-Diazepam [TY]

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3162K						[a] DIAZEPAM-WGR [WG]	[a] Valpam 5 [RW]
			[B]3.07	20.17	18.64	[a] Valium [IX]	

DIAZEPAM

Authority Required

4244

Chronic spasticity

Population criteria:

- Patient must be under 18 years of age.

diazepam 10 mg/10 mL oral liquid, 100 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2669L NP	‡1	0	0.00	45.26	25.00	Diazepam Elixir [ON]

OXAZEPAM

oxazepam 15 mg tablet, 25

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5192G DP	1	0	0.00	17.10	18.64	[a] Alepam 15 [AF]	[a] Serepax [AS]

oxazepam 30 mg tablet, 25

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5193H DP	1	0	0.00	17.10	18.64	[a] Alepam 30 [AF]	[a] APO-Oxazepam [TX]
						[a] OXAZEPAM-WGR [WG]	
			[B]0.80	17.90	18.64	[a] Murelax [RW]	
			[B]3.70	20.80	18.64	[a] Serepax [AS]	

OXAZEPAM

Note Authorities for increased maximum quantities and/or repeats will not be granted except as detailed under the 'Authority required' listing of oxazepam.

oxazepam 15 mg tablet, 25

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3132W NP	1	0	0.00	17.10	18.64	[a] Alepam 15 [AF]	[a] Serepax [AS]

oxazepam 30 mg tablet, 25

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3133X NP	1	0	0.00	17.10	18.64	[a] Alepam 30 [AF]	[a] APO-Oxazepam [TX]
						[a] OXAZEPAM-WGR [WG]	
			[B]0.80	17.90	18.64	[a] Murelax [RW]	
			[B]3.70	20.80	18.64	[a] Serepax [AS]	

OXAZEPAM

Authority Required

6217

Malignant neoplasia (late stage)

Authority Required

6230

Anxiety

Clinical criteria:

- Patient must be receiving this drug for the management of anxiety, **AND**
- Patient must be receiving long-term nursing care on account of age, infirmity or other condition in a hospital, nursing home or residential facility, **AND**
- Patient must have demonstrated, within the past 6 months, benzodiazepine dependence by an unsuccessful attempt at gradual withdrawal.

Authority Required

6262

Anxiety

Clinical criteria:

- Patient must be receiving this drug for the management of anxiety, **AND**
- Patient must be receiving long-term nursing care, **AND**
- Patient must be one in respect of whom a Carer Allowance is payable as a disabled adult, **AND**
- Patient must have demonstrated, within the past 6 months, benzodiazepine dependence by an unsuccessful attempt at gradual withdrawal.

oxazepam 15 mg tablet, 25

3134Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*19.84	21.38	[a] Alepam 15 [AF]	[a] Serepax [AS]

oxazepam 30 mg tablet, 25

3135B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*19.84	21.38	[a] Alepam 30 [AF]	[a] APO-Oxazepam [TX]
						[a] OXAZEPAM-WGR [WG]	
			[B]1.60	21.44	21.38	[a] Murelax [RW]	
			[B]7.40	27.24	21.38	[a] Serepax [AS]	

HYPNOTICS AND SEDATIVES

Benzodiazepine derivatives

MIDAZOLAM

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

18840

Generalized convulsive status epilepticus

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have been assessed to be at significant risk of status epilepticus, **AND**
- Patient must have experienced at least one prolonged seizure (greater than 5 minutes duration) requiring emergency medical attention within the previous 5 years.

Population criteria:

- Patient must be at least six months of age.

Clinical criteria:

- The treatment must be initiated by a specialist physician experienced in the treatment of epilepsy.

At the time of the authority application, medical practitioners should request the appropriate quantity to cater for the patient's circumstances.

Up to a maximum of 10 syringes for each prescription can be authorised for patients with high frequency seizures.

midazolam 2.5 mg/0.25 mL oral liquid, 0.25 mL syringe

15388X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	1	0.00	*272.20	25.00	Zyamis [IX]

midazolam 5 mg/0.5 mL oral liquid, 0.5 mL syringe

14292F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	1	0.00	*272.20	25.00	Zyamis [IX]

midazolam 7.5 mg/0.75 mL oral liquid, 0.75 mL syringe

14238J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	1	0.00	*272.20	25.00	Zyamis [IX]

midazolam 10 mg/mL oral liquid, 1 mL syringe

14270C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	1	0.00	*272.20	25.00	Zyamis [IX]

MIDAZOLAM

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

15456

Generalized convulsive status epilepticus

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition.

At the time of the authority application, practitioners should request the appropriate quantity to cater for the patient's circumstances.

Up to a maximum of 10 syringes for each prescription can be authorised for patients with high frequency seizures.

midazolam 2.5 mg/0.25 mL oral liquid, 0.25 mL syringe

15381M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	1	0.00	*272.20	25.00	Zyamis [IX]

midazolam 5 mg/0.5 mL oral liquid, 0.5 mL syringe

14293G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	1	0.00	*272.20	25.00	Zyamis [IX]

midazolam 7.5 mg/0.75 mL oral liquid, 0.75 mL syringe

14291E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	1	0.00	*272.20	25.00	Zyamis [IX]

midazolam 10 mg/mL oral liquid, 1 mL syringe

14299N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	1	0.00	*272.20	25.00	Zyamis [IX]

NITRAZEPAM

nitrazepam 5 mg tablet, 25

5189D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
DP	1	0	0.00	17.10	18.64	[a] Alodorm [AF]	[a] Mogadon [IL]

NITRAZEPAM

Note Authorities for increased maximum quantities and/or repeats will not be granted except as detailed under the 'Authority required' listing of nitrazepam.

nitrazepam 5 mg tablet, 25

2723H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	0	0.00	17.10	18.64	[a] Alodorm [AF]	[a] Mogadon [IL]

NITRAZEPAM

Authority Required

16653

Myoclonic epilepsy

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authority Required

16692

Malignant neoplasia (late stage)

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authority Required

5950

Insomnia

Clinical criteria:

- Patient must be receiving this drug for the management of insomnia, **AND**
- Patient must be receiving long-term nursing care on account of age, infirmity or other condition in a hospital, nursing home or residential facility, **AND**
- Patient must have demonstrated, within the past 6 months, benzodiazepine dependence by an unsuccessful attempt at gradual withdrawal.

Authority Required

5941

Insomnia

Clinical criteria:

- Patient must be receiving this drug for the management of insomnia, **AND**
- Patient must be receiving long-term nursing care, **AND**
- Patient must be one in respect of whom a Carer Allowance is payable as a disabled adult, **AND**
- Patient must have demonstrated, within the past 6 months, benzodiazepine dependence by an unsuccessful attempt at gradual withdrawal.

nitrazepam 5 mg tablet, 25

2732T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*19.84	21.38	[a] Alodorm [AF]	[a] Mogadon [IL]

TEMAZEPAM

temazepam 10 mg tablet, 25

5221T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
DP	1	0	0.00	17.10	18.64	[a] APO-Temazepam [TX]	[a] Temaze [AF]
						[a] TEMAZEPAM-WGR [WG]	[a] Temtabs [LN]
			[B]4.81	21.91	18.64	[a] Normison [AS]	

TEMAZEPAM

Note Authorities for increased maximum quantities and/or repeats will not be granted except as detailed under the 'Authority required' listing of temazepam.

Restricted benefit

16279

For prescribing by certain health practitioners

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) a nurse practitioner, (iii) an endorsed midwife where patient care is being shared with a medical practitioner.

temazepam 10 mg tablet, 25

2089Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP MW	1	0	0.00	17.10	18.64	[a] APO-Temazepam [TX]	[a] Temaze [AF]
						[a] TEMAZEPAM-WGR [WG]	[a] Temtabs [LN]
			[B]4.81	21.91	18.64	[a] Normison [AS]	

TEMAZEPAM

Authority Required

16692

Malignant neoplasia (late stage)

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authority Required

5950

Insomnia

Clinical criteria:

- Patient must be receiving this drug for the management of insomnia, **AND**
- Patient must be receiving long-term nursing care on account of age, infirmity or other condition in a hospital, nursing home or residential facility, **AND**
- Patient must have demonstrated, within the past 6 months, benzodiazepine dependence by an unsuccessful attempt at gradual withdrawal.

Authority Required

5941

Insomnia

Clinical criteria:

- Patient must be receiving this drug for the management of insomnia, **AND**
- Patient must be receiving long-term nursing care, **AND**
- Patient must be one in respect of whom a Carer Allowance is payable as a disabled adult, **AND**
- Patient must have demonstrated, within the past 6 months, benzodiazepine dependence by an unsuccessful attempt at gradual withdrawal.

temazepam 10 mg tablet, 25

2088X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*19.84	21.38	[a] APO-Temazepam [TX]	[a] Temaze [AF]
						[a] TEMAZEPAM-WGR [WG]	[a] Temtabs [LN]
			[B]9.62	29.46	21.38	[a] Normison [AS]	

Melatonin receptor agonists

MELATONIN

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note A developmental specialist is a medical practitioner who is a member of the Neurodevelopmental and Behavioural Paediatric Society of Australasia.

Note Increases in the maximum quantity to provide sufficient treatment duration for 30 days treatment per dispensing at the maximum recommended dose as per the approved Product Information, may be sought.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

15333

Insomnia

Treatment Phase: Initial

Clinical criteria:

- Patient must have Smith-Magenis Syndrome confirmed by genetic testing, **AND**
- The condition must be inadequately responsive to sleep hygiene measures, resulting in the patient experiencing a period of at least 12 consecutive weeks of impaired sleep (see definition of impaired sleep below).

Treatment criteria:

- Must be treated by a medical practitioner identifying as at least one of: (i) a paediatrician, (ii) a sleep physician, (iii) neurologist, (iv) a psychiatrist, (v) a developmental specialist (see NOTE); this authority approval is being sought by one of these 5 prescriber types.

Population criteria:

- Patient must be at least 2 years of age, but yet to turn 18 years of age, at treatment initiation with this drug.

Definition:

For the purposes of administering this restriction, Smith-Magenis Syndrome is confirmed by the deletion or variation of the retinoic acid induced 1 (RAI1) gene on chromosome 17p11.2

Definition:

For the purposes of administering this restriction, impaired sleep is at least one of:
(i) less than 6 hours of continuous sleep on at least 3 occasions over a given 5-day interval;
(ii) taking at least half an hour to fall asleep on at least 3 occasions over a given 5-day interval.

Prior to seeking authorisation for this pharmaceutical benefit, document the amount of continuous sleep/sleep latency in the patient's medical records for a period of 2 consecutive weeks, but ensure the impairment has been observed for at least 12 consecutive weeks. The documented values (averages) will form baseline measurements upon which the extent of response to treatment is to be considered under the Continuing treatment listing.

The observations of continuous sleep/sleep latency may be based on any of the following, including a mix of: patient self-reporting, parental observation, documented medical history, sleep studies conducted by health professionals.

Authority Required

15363

Insomnia

Treatment Phase: Continuing

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have experienced/maintained a clinically meaningful response (as defined below) to the preceding supply of this drug - document the response improvement in the patient's medical records, **AND**
- The treatment must have commenced between the ages of 2 to 17 years inclusive.

Treatment criteria:

- Must be treated by a medical practitioner identifying as at least one of: (i) a paediatrician, (ii) a sleep physician, (iii) neurologist, (iv) a psychiatrist, (v) a developmental specialist (see NOTE); this authority approval is being sought by one of these 5 prescriber types; **OR**
- Must be treated by a medical practitioner who has consulted at least one of the above mentioned specialist types, with agreement reached that the patient should be treated with this pharmaceutical benefit on this occasion.

Treatment must cease if a patient is unable to achieve a clinically meaningful response on the maximum dose of melatonin specified in the Product Information.

Definition:

A clinically meaningful response to this drug is defined as at least one of:

(i) an increase in total sleep time of at least 45 minutes per night on average from baseline;

(ii) a decrease in the time it takes to fall asleep by at least 15 minutes per night on average from baseline.

melatonin 1 mg modified release tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14188R	1	5	0.00	71.73	25.00	Slenyto [AS]

melatonin 5 mg modified release tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14211Y	1	5	0.00	151.73	25.00	Slenyto [AS]

PSYCHOANALEPTICS

ANTIDEPRESSANTS

Non-selective monoamine reuptake inhibitors

AMITRIPTYLINE

amitriptyline hydrochloride 10 mg tablet, 50

2417F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	2	0.00	17.43	18.97	[a] Amitriptyline Lupin [GQ]	[a] Amitriptyline Viatris 10 [AL]
						[a] AMITRIPTYLINE-WGR [WG]	[a] APX-Amitriptyline [TY]
						[a] ENTRIP [RW]	
			[B]1.82	19.25	18.97	[a] Endep 10 [AF]	

amitriptyline hydrochloride 25 mg tablet, 50

2418G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	2	0.00	17.61	19.15	[a] Amitriptyline Lupin [GQ]	[a] Amitriptyline Viatris 25 [AL]
						[a] AMITRIPTYLINE-WGR [WG]	[a] APX-Amitriptyline [TY]
						[a] ENTRIP [RW]	
			[B]1.82	19.43	19.15	[a] Endep 25 [AF]	

amitriptyline hydrochloride 50 mg tablet, 50

2429W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	2	0.00	17.98	19.52	[a] Amitriptyline Lupin [GQ]	[a] Amitriptyline Viatris 50 [AL]
						[a] APX-Amitriptyline [TY]	[a] ENTRIP [RW]
			[B]1.82	19.80	19.52	[a] Endep 50 [AF]	

CLOMIPRAMINE

Restricted benefit

6250

Cataplexy

Clinical criteria:

- The condition must be associated with narcolepsy.

Restricted benefit

6251

Obsessive-compulsive disorder

Restricted benefit

6299

Phobic disorders

Population criteria:

- Patient must be an adult.

clomipramine hydrochloride 25 mg tablet, 50

1561E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	2	0.00	19.25	20.79	[a] APO-Clomipramine [TX]	[a] CLOMIPRAMINE-WGR [WG]
						[a] Placil [AF]	
			[B]3.57	22.82	20.79	[a] Anafranil 25 [PB]	

DOSULEPIN (DOTHIEPIN)

dosulepin (dothiepin) hydrochloride 25 mg capsule, 50

1357K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	2	0.00	17.49	19.03	[a] Dosulepin Viatris [MQ]	
			[B]1.81	19.30	19.03	[a] Dothep 25 [AF]	

dosulepin (dothiepin) hydrochloride 75 mg tablet, 30

1358L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	2	0.00	17.49	19.03	[a] Dosulepin Viatris 75 [AL]	
			[B]1.81	19.30	19.03	[a] Dothep 75 [AF]	

IMIPRAMINE

imipramine hydrochloride 10 mg tablet, 50

2420J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	2	0.00	18.57	20.11	Tofranil 10 [GH]

IMIPRAMINE

Note Pharmaceutical benefits that have the form imipramine hydrochloride 25 mg tablet in a pack size of 50 can be substituted for a pack size of 100 in the case of a shortage.

imipramine hydrochloride 25 mg tablet, 50

2421K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	2	0.00	21.78	23.32	[a] Tofranil 25 [GH]

imipramine hydrochloride 25 mg tablet, 100

12113M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	0.5	2	0.00	*28.19	25.00	[a] Imipramine (Leading) [QY]

NORTRIPTYLINE

Restricted benefit
6235
Major depression
Clinical criteria:

- The treatment must be for use when other anti-depressant therapy has failed.

Restricted benefit
6300
Major depression
Clinical criteria:

- The treatment must be for use when other anti-depressant therapy is contraindicated.

nortriptyline 10 mg tablet, 50

2522R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	2	0.00	18.65	20.19	Allegron [RW]

nortriptyline 25 mg tablet, 50

2523T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	2	0.00	20.06	21.60	Allegron [RW]

Selective serotonin reuptake inhibitors

CITALOPRAM

Restricted benefit
4755
Major depressive disorders

citalopram 10 mg tablet, 28

8702B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	17.10	18.64	[a] Celapram [AF]	[a] CITALOPRAM-WGR [WG]
						[a] Talam [RW]	

citalopram 20 mg tablet, 28

8220P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	17.10	18.64	[a] APO-Citalopram [TX]	[a] APX-Citalopram [TY]
						[a] Celapram [AF]	[a] Citalopram Sandoz [SZ]
						[a] CITALOPRAM-WGR [WG]	[a] Talam [RW]
			[B]12.64	29.74	18.64	[a] Cipramil [LU]	

citalopram 40 mg tablet, 28

8703C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	17.14	18.68	[a] APO-Citalopram [TX]	[a] Celapram [AF]
						[a] Citalopram Sandoz [SZ]	[a] CITALOPRAM-WGR [WG]
						[a] Talam [RW]	

CITALOPRAM

Restricted benefit
15666
Major depressive disorders
Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

citalopram 10 mg tablet, 28

14313H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	2	0.00	*19.84	21.38	[a] Celapram [AF]	[a] CITALOPRAM-WGR [WG]
						[a] Talam [RW]	

citalopram 20 mg tablet, 28

14490P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	2	0.00	*19.84	21.38	[a] APO-Citalopram [TX]	[a] APX-Citalopram [TY]
						[a] Celapram [AF]	[a] Citalopram Sandoz [SZ]
						[a] CITALOPRAM-WGR [WG]	[a] Talam [RW]
			[B]25.28	45.12	21.38	[a] Cipramil [LU]	

citalopram 40 mg tablet, 28

14518D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	2	0.00	*19.92	21.46	[a] APO-Citalopram [TX]	[a] Celapram [AF]
						[a] Citalopram Sandoz [SZ]	[a] CITALOPRAM-WGR [WG]
						[a] Talam [RW]	

ESCITALOPRAM

Restricted benefit

4755

Major depressive disorders

escitalopram 10 mg tablet, 28

8700X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	17.10	18.64	[a] APO-Escitalopram [TX]	[a] APX-Escitalopram [TY]
						[a] Blooms Escitalopram [BG]	[a] Cilopam-S [ZS]
						[a] ESCIT [DZ]	[a] Escitalopram GH [HQ]
						[a] Escitalopram Sandoz [HX]	[a] ESCITALOPRAM-WGR [WG]
						[a] Lexam 10 [RW]	[a] LoxaLate [AF]
			[B]13.65	30.75	18.64	[a] Lexapro [LU]	

escitalopram 20 mg tablet, 28

8701Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	17.10	18.64	[a] APO-Escitalopram [TX]	[a] APX-Escitalopram [TY]
						[a] Blooms Escitalopram [BG]	[a] Cilopam-S [ZS]
						[a] ESCIT [DZ]	[a] Escitalopram GH [HQ]
						[a] Escitalopram Sandoz [HX]	[a] ESCITALOPRAM-WGR [WG]
						[a] Lexam 20 [RW]	[a] LoxaLate [AF]
			[B]13.98	31.08	18.64	[a] Lexapro [LU]	

ESCITALOPRAM

Restricted benefit

15666

Major depressive disorders

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

escitalopram 10 mg tablet, 28

14349F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	2	0.00	*19.84	21.38	[a] APO-Escitalopram [TX]	[a] APX-Escitalopram [TY]
						[a] Blooms Escitalopram [BG]	[a] Cilopam-S [ZS]
						[a] ESCIT [DZ]	[a] Escitalopram GH [HQ]
						[a] Escitalopram Sandoz [HX]	[a] ESCITALOPRAM-WGR [WG]
						[a] Lexam 10 [RW]	[a] LoxaLate [AF]
			[B]27.30	47.14	21.38	[a] Lexapro [LU]	

escitalopram 20 mg tablet, 28

14415Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	2	0.00	*19.84	21.38	[a] APO-Escitalopram [TX]	[a] APX-Escitalopram [TY]
						[a] Blooms Escitalopram [BG]	[a] Cilopam-S [ZS]
						[a] ESCIT [DZ]	[a] Escitalopram GH [HQ]
						[a] Escitalopram Sandoz [HX]	[a] ESCITALOPRAM-WGR [WG]
						[a] Lexam 20 [RW]	[a] LoxaLate [AF]
			[B]27.96	47.80	21.38	[a] Lexapro [LU]	

ESCITALOPRAM

Restricted benefit

4703

Moderate to severe generalised anxiety disorder (GAD)

Clinical criteria:

- The condition must be defined by Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) criteria, **AND**
- Patient must not have responded to non-pharmacological therapy, **AND**
- Patient must be one for whom a GP Mental Health Care Plan, as described under items 2715 or 2717 of the Medicare Benefits Schedule, has been prepared.

Restricted benefit

4756

Moderate to severe generalised anxiety disorder (GAD)

Clinical criteria:

- The condition must be defined by Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) criteria, **AND**
- Patient must not have responded to non-pharmacological therapy, **AND**
- Patient must have been assessed by a psychiatrist.

Restricted benefit

4757

Moderate to severe social anxiety disorder (social phobia, SAD)

Clinical criteria:

- The condition must be defined by Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) criteria, **AND**
- Patient must not have responded to non-pharmacological therapy, **AND**
- Patient must be one for whom a GP Mental Health Care Plan, as described under items 2715 or 2717 of the Medicare Benefits Schedule, has been prepared.

Restricted benefit

4690

Moderate to severe social anxiety disorder (social phobia, SAD)

Clinical criteria:

- The condition must be defined by Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) criteria, **AND**
- Patient must not have responded to non-pharmacological therapy, **AND**
- Patient must have been assessed by a psychiatrist.

escitalopram 10 mg tablet, 28

9432K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	17.10	18.64	[a] APO-Escitalopram [TX]	[a] APX-Escitalopram [TY]
						[a] Blooms Escitalopram [BG]	[a] ESCIT [DZ]
						[a] Escitalopram GH [HQ]	[a] Escitalopram Sandoz [HX]
						[a] ESCITALOPRAM-WGR [WG]	[a] Lexam 10 [RW]
						[a] LoxaLate [AF]	
			[B]13.65	30.75	18.64	[a] Lexapro [LU]	

escitalopram 20 mg tablet, 28

9433L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	17.10	18.64	[a] APO-Escitalopram [TX]	[a] APX-Escitalopram [TY]
						[a] Blooms Escitalopram [BG]	[a] ESCIT [DZ]
						[a] Escitalopram GH [HQ]	[a] Escitalopram Sandoz [HX]
						[a] ESCITALOPRAM-WGR [WG]	[a] Lexam 20 [RW]
						[a] LoxaLate [AF]	
			[B]13.98	31.08	18.64	[a] Lexapro [LU]	

ESCITALOPRAM

Restricted benefit

15669

Moderate to severe generalised anxiety disorder (GAD)

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must be defined by Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) criteria, **AND**

- Patient must not have responded to non-pharmacological therapy, **AND**
- Patient must be one for whom a GP Mental Health Care Plan, as described under items 2715 or 2717 of the Medicare Benefits Schedule, has been prepared.

Restricted benefit

15550

Moderate to severe generalised anxiety disorder (GAD)

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must be defined by Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) criteria, **AND**
- Patient must not have responded to non-pharmacological therapy, **AND**
- Patient must have been assessed by a psychiatrist.

Restricted benefit

15551

Moderate to severe social anxiety disorder (social phobia, SAD)

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must be defined by Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) criteria, **AND**
- Patient must not have responded to non-pharmacological therapy, **AND**
- Patient must be one for whom a GP Mental Health Care Plan, as described under items 2715 or 2717 of the Medicare Benefits Schedule, has been prepared.

Restricted benefit

15696

Moderate to severe social anxiety disorder (social phobia, SAD)

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must be defined by Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) criteria, **AND**
- Patient must not have responded to non-pharmacological therapy, **AND**
- Patient must have been assessed by a psychiatrist.

escitalopram 10 mg tablet, 28

14519E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	2	0.00	*19.84	21.38	[a] APO-Escitalopram [TX]	[a] APX-Escitalopram [TY]
						[a] Blooms Escitalopram [BG]	[a] ESCIT [DZ]
						[a] Escitalopram GH [HQ]	[a] Escitalopram Sandoz [HX]
						[a] ESCITALOPRAM-WGR [WG]	[a] Lexam 10 [RW]
						[a] LoxaLate [AF]	
			[B]27.30	47.14	21.38	[a] Lexapro [LU]	

escitalopram 20 mg tablet, 28

14416R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	2	0.00	*19.84	21.38	[a] APO-Escitalopram [TX]	[a] APX-Escitalopram [TY]
						[a] Blooms Escitalopram [BG]	[a] ESCIT [DZ]
						[a] Escitalopram GH [HQ]	[a] Escitalopram Sandoz [HX]
						[a] ESCITALOPRAM-WGR [WG]	[a] Lexam 20 [RW]
						[a] LoxaLate [AF]	
			[B]27.96	47.80	21.38	[a] Lexapro [LU]	

ESCITALOPRAM

Restricted benefit

4680

Major depressive disorders

Restricted benefit

4747

Moderate to severe generalised anxiety disorder (GAD)

Clinical criteria:

- The condition must be defined by Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) criteria, **AND**
- Patient must not have responded to non-pharmacological therapy, **AND**

- Patient must be one for whom a GP Mental Health Care Plan, as described under items 2715 or 2717 of the Medicare Benefits Schedule, has been prepared.

Restricted benefit

4707

Moderate to severe generalised anxiety disorder (GAD)

Clinical criteria:

- The condition must be defined by Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) criteria, **AND**
- Patient must not have responded to non-pharmacological therapy, **AND**
- Patient must have been assessed by a psychiatrist.

Restricted benefit

4721

Moderate to severe social anxiety disorder (social phobia, SAD)

Clinical criteria:

- The condition must be defined by Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) criteria, **AND**
- Patient must not have responded to non-pharmacological therapy, **AND**
- Patient must be one for whom a GP Mental Health Care Plan, as described under items 2715 or 2717 of the Medicare Benefits Schedule, has been prepared.

Restricted benefit

4681

Moderate to severe social anxiety disorder (social phobia, SAD)

Clinical criteria:

- The condition must be defined by Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) criteria, **AND**
- Patient must not have responded to non-pharmacological therapy, **AND**
- Patient must have been assessed by a psychiatrist.

escitalopram 20 mg/mL oral liquid, 15 mL

10181W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	0.00	39.55	25.00	Lexapro [LU]

NP

ESCITALOPRAM

Restricted benefit

15639

Major depressive disorders

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Restricted benefit

15606

Moderate to severe generalised anxiety disorder (GAD)

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must be defined by Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) criteria, **AND**
- Patient must not have responded to non-pharmacological therapy, **AND**
- Patient must be one for whom a GP Mental Health Care Plan, as described under items 2715 or 2717 of the Medicare Benefits Schedule, has been prepared.

Restricted benefit

15670

Moderate to severe generalised anxiety disorder (GAD)

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must be defined by Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) criteria, **AND**
- Patient must not have responded to non-pharmacological therapy, **AND**
- Patient must have been assessed by a psychiatrist.

Restricted benefit

15751

Moderate to severe social anxiety disorder (social phobia, SAD)

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must be defined by Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) criteria, **AND**
- Patient must not have responded to non-pharmacological therapy, **AND**
- Patient must be one for whom a GP Mental Health Care Plan, as described under items 2715 or 2717 of the Medicare Benefits Schedule, has been prepared.

Restricted benefit

15698

Moderate to severe social anxiety disorder (social phobia, SAD)

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must be defined by Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) criteria, **AND**
- Patient must not have responded to non-pharmacological therapy, **AND**
- Patient must have been assessed by a psychiatrist.

escitalopram 20 mg/mL oral liquid, 15 mL

14546N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡2	2	0.00	*64.74	25.00	Lexapro [LU]

FLUOXETINE

Restricted benefit

4755

Major depressive disorders

Restricted benefit

6277

Obsessive-compulsive disorder

fluoxetine 20 mg capsule, 28

1434L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	18.10	19.64	[a] APO-Fluoxetine [TX]	[a] Blooms the Chemist Fluoxetine [BG]
						[a] FLUOTEX [RF]	[a] Fluoxetine generichealth [GQ]
						[a] Fluoxetine Sandoz [SZ]	[a] FLUOXETINE-WGR [WG]
						[a] Zactin [AF]	

fluoxetine 20 mg tablet, 28

8270G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	18.10	19.64	Zactin Tablet [AF]

FLUOXETINE

Restricted benefit

15666

Major depressive disorders

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Restricted benefit

15582

Obsessive-compulsive disorder

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

fluoxetine 20 mg capsule, 28

14548Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	2	0.00	*21.84	23.38	[a] APO-Fluoxetine [TX]	[a] Blooms the Chemist Fluoxetine [BG]
						[a] FLUOTEX [RF]	[a] Fluoxetine generichealth [GQ]
						[a] Fluoxetine Sandoz [SZ]	[a] FLUOXETINE-WGR [WG]
						[a] Zactin [AF]	

fluoxetine 20 mg tablet, 28

14717N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	2	0.00	*21.84	23.38	Zactin Tablet [AF]

FLUVOXAMINE

Restricted benefit

4755

Major depressive disorders

Restricted benefit

6277

Obsessive-compulsive disorder

fluvoxamine maleate 50 mg tablet, 30

8512B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	19.86	21.40	[a] APO-Fluvoxamine [TX]	[a] Faverin 50 [RW]
						[a] FLUVOXAMINE-WGR [WG]	[a] Movox 50 [AL]
			[B]3.39	23.25	21.40	[a] Luvox [GO]	

fluvoxamine maleate 100 mg tablet, 30

8174F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	22.67	24.21	[a] APO-Fluvoxamine [TX]	[a] Faverin 100 [RW]
						[a] FLUVOXAMINE-WGR [WG]	[a] Movox 100 [AF]
			[B]3.40	26.07	24.21	[a] Luvox [GO]	

FLUVOXAMINE

Restricted benefit

15666

Major depressive disorders

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Restricted benefit

15582

Obsessive-compulsive disorder

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

fluvoxamine maleate 50 mg tablet, 30

14488M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	2	0.00	*25.36	25.00	[a] APO-Fluvoxamine [TX]	[a] Faverin 50 [RW]
						[a] FLUVOXAMINE-WGR [WG]	[a] Movox 50 [AL]
			[B]6.78	32.14	25.00	[a] Luvox [GO]	

fluvoxamine maleate 100 mg tablet, 30

14314J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	2	0.00	*30.98	25.00	[a] APO-Fluvoxamine [TX]	[a] Faverin 100 [RW]
						[a] FLUVOXAMINE-WGR [WG]	[a] Movox 100 [AF]
			[B]6.80	37.78	25.00	[a] Luvox [GO]	

PAROXETINE

Restricted benefit

4755

Major depressive disorders

Restricted benefit

6277

Obsessive-compulsive disorder

Restricted benefit

6636

Panic disorder

paroxetine 20 mg tablet, 30

2242B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	18.10	19.64	[a] APX-Paroxetine [TY]	[a] Blooms The Chemist Paroxetine [BG]
						[a] Extine 20 [RW]	[a] Paroxetine GH [GQ]

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2242B						[a] Paroxetine Sandoz [SZ]	[a] PAROXETINE-WGR [WG]
						[a] Paxtine [AF]	
			[B]2.41	20.51	19.64	[a] Aropax [AS]	

PAROXETINE

Restricted benefit

15666

Major depressive disorders

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Restricted benefit

15582

Obsessive-compulsive disorder

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Restricted benefit

15722

Panic disorder

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

paroxetine 20 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14367E							
NP	2	2	0.00	*21.84	23.38	[a] APX-Paroxetine [TY]	[a] Blooms The Chemist Paroxetine [BG]
						[a] Extine 20 [RW]	[a] Paroxetine GH [GQ]
						[a] Paroxetine Sandoz [SZ]	[a] PAROXETINE-WGR [WG]
						[a] Paxtine [AF]	
			[B]4.82	26.66	23.38	[a] Aropax [AS]	

SERTRALINE

Restricted benefit

4755

Major depressive disorders

sertraline 50 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2236Q							
NP	1	5	0.00	17.10	18.64	[a] APO-Sertraline [TX]	[a] Blooms The Chemist Sertraline [BG]
						[a] Eleva 50 [AF]	[a] Sertra 50 [RW]
						[a] Sertraline generichealth [GQ]	[a] Sertraline Sandoz [SZ]
						[a] SERTRALINE-WGR [WG]	[a] Setrona [RA]
			[B]6.47	23.57	18.64	[a] Zoloft [GO]	

sertraline 100 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2237R							
NP	1	5	0.00	17.10	18.64	[a] APO-Sertraline [TX]	[a] Blooms The Chemist Sertraline [BG]
						[a] Eleva 100 [AF]	[a] Sertra 100 [RW]
						[a] Sertraline generichealth [GQ]	[a] Sertraline Sandoz [SZ]
						[a] SERTRALINE-WGR [WG]	[a] Setrona [RA]
			[B]6.47	23.57	18.64	[a] Zoloft [GO]	

SERTRALINE

Restricted benefit

15666

Major depressive disorders

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

sertraline 50 mg tablet, 30

14400X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	2	0.00	*19.84	21.38	[a] APO-Sertraline [TX]	[a] Blooms The Chemist Sertraline [BG]
						[a] Eleva 50 [AF]	[a] Sertra 50 [RW]
						[a] Sertraline generichealth [GQ]	[a] Sertraline Sandoz [SZ]
						[a] SERTRALINE-WGR [WG]	[a] Setrona [RA]
			[B]12.94	32.78	21.38	[a] Zoloft [GO]	

sertraline 100 mg tablet, 30

14506L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	2	0.00	*19.84	21.38	[a] APO-Sertraline [TX]	[a] Blooms The Chemist Sertraline [BG]
						[a] Eleva 100 [AF]	[a] Sertra 100 [RW]
						[a] Sertraline generichealth [GQ]	[a] Sertraline Sandoz [SZ]
						[a] SERTRALINE-WGR [WG]	[a] Setrona [RA]
			[B]12.94	32.78	21.38	[a] Zoloft [GO]	

SERTRALINE

Restricted benefit

6277

Obsessive-compulsive disorder

Restricted benefit

6289

Panic disorder

Clinical criteria:

- The treatment must be for use when other treatments have failed; **OR**
- The treatment must be for use when other treatments are inappropriate.

sertraline 50 mg tablet, 30

8836C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	17.10	18.64	[a] APO-Sertraline [TX]	[a] Blooms The Chemist Sertraline [BG]
						[a] Eleva 50 [AF]	[a] Sertra 50 [RW]
						[a] Sertraline generichealth [GQ]	[a] Sertraline Sandoz [SZ]
						[a] SERTRALINE-WGR [WG]	
			[B]6.47	23.57	18.64	[a] Zoloft [GO]	

sertraline 100 mg tablet, 30

8837D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	17.10	18.64	[a] APO-Sertraline [TX]	[a] Blooms The Chemist Sertraline [BG]
						[a] Eleva 100 [AF]	[a] Sertra 100 [RW]
						[a] Sertraline generichealth [GQ]	[a] Sertraline Sandoz [SZ]
						[a] SERTRALINE-WGR [WG]	
			[B]6.47	23.57	18.64	[a] Zoloft [GO]	

SERTRALINE

Restricted benefit

15582

Obsessive-compulsive disorder

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Restricted benefit

15583

Panic disorder

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The treatment must be for use when other treatments have failed; **OR**
- The treatment must be for use when other treatments are inappropriate.

sertraline 50 mg tablet, 30

14403C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	2	0.00	*19.84	21.38	[a] APO-Sertraline [TX]	[a] Blooms The Chemist Sertraline [BG]
						[a] Eleva 50 [AF]	[a] Sertra 50 [RW]
						[a] Sertraline generichealth [GQ]	[a] Sertraline Sandoz [SZ]
						[a] SERTRALINE-WGR [WG]	
			[B]12.94	32.78	21.38	[a] Zoloft [GO]	

sertraline 100 mg tablet, 30

14404D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	2	0.00	*19.84	21.38	[a] APO-Sertraline [TX]	[a] Blooms The Chemist Sertraline [BG]
						[a] Eleva 100 [AF]	[a] Sertra 100 [RW]
						[a] Sertraline generichealth [GQ]	[a] Sertraline Sandoz [SZ]
						[a] SERTRALINE-WGR [WG]	
			[B]12.94	32.78	21.38	[a] Zoloft [GO]	

Monoamine oxidase inhibitors, non-selective

PHENELZINE

Caution This drug is an irreversible monoamine oxidase inhibitor.

Restricted benefit

6236

Depression

Clinical criteria:

- The treatment must be for when all other anti-depressant therapy has failed; **OR**
- The treatment must be for when all other anti-depressant therapy is inappropriate.

Caution This drug is an irreversible monoamine oxidase inhibitor.

phenelzine 15 mg tablet, 100

2856H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	1	0.00	215.41	25.00	Nardil [NG]

TRANYLCYPROMINE

Caution This drug is an irreversible monoamine oxidase inhibitor.

tranylcypromine 10 mg tablet, 50

2444P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	2	0.00	51.53	25.00	[a] Parnate [GH]	[a] TRANYLMED [DZ]

TRANYLCYPROMINE

Caution This drug is an irreversible monoamine oxidase inhibitor.

Restricted benefit

14238

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

tranylcypromine 10 mg tablet, 50

14401Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	2	1	0.00	*88.70	25.00	[a] Parnate [GH]	[a] TRANYLMED [DZ]

Monoamine oxidase A inhibitors

MOCLOBEMIDE

Restricted benefit

5650

Major depressive disorders

moclobemide 150 mg tablet, 60

1900B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	19.81	21.35	[a] Amira 150 [AF]	[a] Clobemix [XT]
						[a] Moclobemide Sandoz [SZ]	[a] MOCLOBEMIDE-WGR [WG]
			[B]3.86	23.67	21.35	[a] Aurorix [GO]	

moclobemide 300 mg tablet, 60

8003F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	23.43	24.97	[a] Amira 300 [AF]	[a] Clobemix [XT]
						[a] Moclobemide Sandoz [SZ]	[a] MOCLOBEMIDE-WGR [WG]
			[B]3.88	27.31	24.97	[a] Aurorix 300 mg [GO]	

MOCLOBEMIDE

Restricted benefit

15553

Major depressive disorders

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

moclobemide 150 mg tablet, 60

14560H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	2	0.00	*25.26	25.00	[a] Amira 150 [AF]	[a] Clobemix [XT]
						[a] Moclobemide Sandoz [SZ]	[a] MOCLOBEMIDE-WGR [WG]
			[B]7.72	32.98	25.00	[a] Aurorix [GO]	

moclobemide 300 mg tablet, 60

14442D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	2	0.00	*32.50	25.00	[a] Amira 300 [AF]	[a] Clobemix [XT]
						[a] Moclobemide Sandoz [SZ]	[a] MOCLOBEMIDE-WGR [WG]
			[B]7.76	40.26	25.00	[a] Aurorix 300 mg [GO]	

Other antidepressants

DESVENLAFAXINE

Note Pharmaceutical benefits that have the forms desvenlafaxine tablet (modified release) 50 mg, desvenlafaxine tablet (modified release) 50 mg (as benzoate) and desvenlafaxine tablet (extended release) 50 mg (as succinate) are equivalent for the purposes of substitution.

Restricted benefit

5650

Major depressive disorders

desvenlafaxine 50 mg modified release tablet, 28

9366Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	4.37	25.46	22.63	[a] Pristiq [PF]

desvenlafaxine 50 mg modified release tablet, 28

10234P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	20.33	21.87	[a] APO-Desvenlafaxine MR [TX]	[a] Desvenlafaxine GH XR [GQ]

desvenlafaxine 50 mg modified release tablet, 28

10241B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	20.33	21.87	[a] BTC Desvenlafaxine [BG]	[a] Desfax [AF]
						[a] DESVEN [RW]	[a] Desvenlafaxine Sandoz [SZ]
						[a] Desvenlafaxine Sandoz Pharma [HX]	[a] Desvenlafaxine Viatris [AL]
						[a] DESVENLAFAXINE-WGR XR [WG]	

DESVENLAFAXINE

Note Pharmaceutical benefits that have the forms desvenlafaxine tablet (modified release) 100 mg, desvenlafaxine tablet (modified release) 100 mg (as benzoate) and desvenlafaxine tablet (extended release) 100 mg (as succinate) are equivalent for the purposes of substitution.

Restricted benefit

5650

Major depressive disorders

desvenlafaxine 100 mg modified release tablet, 28

9367B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	25.55	23.22	[a] Pristiq [PF]

desvenlafaxine 100 mg modified release tablet, 28

10231L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	21.68	23.22	[a] BTC Desvenlafaxine [BG] [a] DESVEN [RW] [a] Desvenlafaxine Sandoz Pharma [HX] [a] DESVENLAFAXINE-WGR XR [WG]	[a] Desfax [AF] [a] Desvenlafaxine Sandoz [SZ] [a] Desvenlafaxine Viatris [AL]

desvenlafaxine 100 mg modified release tablet, 28

10245F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	21.68	23.22	[a] APO-Desvenlafaxine MR [TX]	[a] Desvenlafaxine GH XR [GQ]

DESVENLAFAXINE

Note Pharmaceutical benefits that have the forms desvenlafaxine tablet (modified release) 50 mg, desvenlafaxine tablet (modified release) 50 mg (as benzoate) and desvenlafaxine tablet (extended release) 50 mg (as succinate) are equivalent for the purposes of substitution.

Restricted benefit

15553

Major depressive disorders

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

desvenlafaxine 50 mg modified release tablet, 28

14383B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	2	0.00	*26.30	25.00	[a] BTC Desvenlafaxine [BG] [a] DESVEN [RW] [a] Desvenlafaxine Sandoz Pharma [HX] [a] DESVENLAFAXINE-WGR XR [WG]	[a] Desfax [AF] [a] Desvenlafaxine Sandoz [SZ] [a] Desvenlafaxine Viatris [AL]

desvenlafaxine 50 mg modified release tablet, 28

14418W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	2	0.00	*26.30	25.00	[a] APO-Desvenlafaxine MR [TX]	[a] Desvenlafaxine GH XR [GQ]

desvenlafaxine 50 mg modified release tablet, 28

14451N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	2	8.74	*36.56	25.00	[a] Pristiq [PF]

DESVENLAFAXINE

Note Pharmaceutical benefits that have the forms desvenlafaxine tablet (modified release) 100 mg, desvenlafaxine tablet (modified release) 100 mg (as benzoate) and desvenlafaxine tablet (extended release) 100 mg (as succinate) are equivalent for the purposes of substitution.

Restricted benefit

15553

Major depressive disorders

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

desvenlafaxine 100 mg modified release tablet, 28

14384C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	2	0.00	*29.00	25.00	[a] APO-Desvenlafaxine MR [TX]	[a] Desvenlafaxine GH XR [GQ]

desvenlafaxine 100 mg modified release tablet, 28

14489N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	2	0.00	*29.00	25.00	[a] BTC Desvenlafaxine [BG] [a] DESVEN [RW] [a] Desvenlafaxine Sandoz Pharma [HX] [a] DESVENLAFAXINE-WGR XR [WG]	[a] Desfax [AF] [a] Desvenlafaxine Sandoz [SZ] [a] Desvenlafaxine Viatris [AL]

desvenlafaxine 100 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14545M NP	2	2	0.00	*36.74	25.00	[a] Pristiq [PF]

DULOXETINE

Restricted benefit

5650

Major depressive disorders

duloxetine 30 mg enteric capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9155W NP	1	0	0.00	18.46	20.00	[a] APO-Duloxetine [TX]	[a] Blooms The Chemist Duloxetine [BG]
						[a] Duloxecor [CR]	[a] Duloxetine Sandoz [HX]
						[a] Duloxetine Sandoz 30 [SZ]	[a] DULOXETINE-WGR [WG]
						[a] DYTREX 30 [RW]	[a] Tixol 30 [AL]

duloxetine 60 mg enteric capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9156X NP	1	5	0.00	18.60	20.14	[a] APO-Duloxetine [TX]	[a] Blooms The Chemist Duloxetine [BG]
						[a] Duloxecor [CR]	[a] Duloxetine Sandoz [HX]
						[a] Duloxetine Sandoz 60 [SZ]	[a] DULOXETINE-WGR [WG]
						[a] DYTREX 60 [RW]	[a] Tixol 60 [AL]

DULOXETINE

Restricted benefit

15553

Major depressive disorders

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

duloxetine 60 mg enteric capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14712H NP	2	2	0.00	*22.84	24.38	[a] APO-Duloxetine [TX]	[a] Blooms The Chemist Duloxetine [BG]
						[a] Duloxecor [CR]	[a] Duloxetine Sandoz [HX]
						[a] Duloxetine Sandoz 60 [SZ]	[a] DULOXETINE-WGR [WG]
						[a] DYTREX 60 [RW]	[a] Tixol 60 [AL]

ESKETAMINE

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

16454

Treatment resistant major depression

Treatment Phase: Induction treatment

Clinical criteria:

- The condition must have been inadequately responsive to at least two oral anti-depressant drug therapies.

Treatment criteria:

- Must be treated by a psychiatrist, where prescribing must also be completed by the treating psychiatrist, **AND**
- Patient must be undergoing supervision at an accredited treatment centre for the administration of esketamine.

The following must apply if reinitiating treatment:

(i) at least four-week gap from last treatment course to reinitiation of treatment; and

(ii) evidence, documented in the patient's medical record using a structured rating scale, of significant clinical therapeutic benefit of the prior course of treatment with esketamine; and

(iii) evidence, documented in the patient's medical record using a structured rating scale, of a relapse in depression.

The listed quantity of 24 units of nasal spray is intended for a dosage of 84 mg per treatment administration in the induction treatment setting.

esketamine 28 mg/2 actuations nasal spray, 3 x 2 actuations

14786F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	8	0	0.00	*7,478.57	25.00	Spravato [JC]

ESKETAMINE

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

16470

Treatment resistant major depression

Treatment Phase: Non-induction treatment

Clinical criteria:

- The treatment must be to continue existing PBS-subsidised treatment for this indication, **AND**
- The treatment must not exceed each of: (i) an administered dose beyond 84 mg, (ii) a quantity of drug, after accounting for repeat prescriptions plus different pack sizes where prescribed, that would exceed a quantity sufficient to treat the patient for 24 weeks, **AND**
- Patient must have demonstrated adequate response to treatment with esketamine after the 4-week induction and every 6 months thereafter as evaluated by a structured clinical rating scale (evidence of scores and justification of demonstration of response must be retained in the patient's medical records).

Treatment criteria:

- Must be treated by a psychiatrist, where prescribing must also be completed by the treating psychiatrist, **AND**
- Patient must be undergoing supervision at an accredited treatment centre for the administration of esketamine.

The listed quantity of 8 units of nasal spray is intended for a dosage of 56 mg per treatment administration in the non-induction treatment setting.

esketamine 28 mg/2 actuations nasal spray, 2 x 2 actuations

14794P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	4	5	0.00	*2,569.57	25.00	Spravato [JC]

ESKETAMINE

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

16460

Treatment resistant major depression

Treatment Phase: Non-induction treatment

Clinical criteria:

- The treatment must be to continue existing PBS-subsidised treatment for this indication, **AND**
- The treatment must not exceed each of: (i) an administered dose beyond 84 mg, (ii) a quantity of drug, after accounting for repeat prescriptions plus different pack sizes where prescribed, that would exceed a quantity sufficient to treat the patient for 24 weeks, **AND**
- Patient must have demonstrated adequate response to treatment with esketamine after the 4-week induction and every 6 months thereafter as evaluated by a structured clinical rating scale (evidence of scores and justification of demonstration of response must be retained in the patient's medical records).

Treatment criteria:

- Must be treated by a psychiatrist, where prescribing must also be completed by the treating psychiatrist, **AND**
- Patient must be undergoing supervision at an accredited treatment centre for the administration of esketamine.

The listed quantity of 4 units of nasal spray is intended for a dosage of 28 mg per treatment administration in the non-induction treatment setting.

esketamine 28 mg/2 actuations nasal spray, 2 actuations

14812N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	4	5	0.00	*1,303.69	25.00	Spravato [JC]

ESKETAMINE

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

16422

Treatment resistant major depression

Treatment Phase: Induction treatment

Clinical criteria:

- The condition must have been inadequately responsive to at least two oral anti-depressant drug therapies.

Treatment criteria:

- Must be treated by a psychiatrist, where prescribing must also be completed by the treating psychiatrist, **AND**
- Patient must be undergoing supervision at an accredited treatment centre for the administration of esketamine.

The following must apply if reinitiating treatment:

(i) at least four-week gap from last treatment course to reinitiation of treatment; and

(ii) evidence, documented in the patient's medical record using a structured rating scale, of significant clinical therapeutic benefit of the prior course of treatment with esketamine; and

(iii) evidence, documented in the patient's medical record using a structured rating scale, of a relapse in depression.

The listed quantity of 16 units of nasal spray is intended for a dosage of 56 mg per treatment administration in the induction treatment setting.

esketamine 28 mg/2 actuations nasal spray, 2 x 2 actuations

14815R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8	0	0.00	*5,024.09	25.00	Spravato [JC]

ESKETAMINE

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

16419

Treatment resistant major depression

Treatment Phase: Non-induction treatment

Clinical criteria:

- The treatment must be to continue existing PBS-subsidised treatment for this indication, **AND**
- The treatment must not exceed each of: (i) an administered dose beyond 84 mg, (ii) a quantity of drug, after accounting for repeat prescriptions plus different pack sizes where prescribed, that would exceed a quantity sufficient to treat the patient for 24 weeks, **AND**
- Patient must have demonstrated adequate response to treatment with esketamine after the 4-week induction and every 6 months thereafter as evaluated by a structured clinical rating scale (evidence of scores and justification of demonstration of response must be retained in the patient's medical records).

Treatment criteria:

- Must be treated by a psychiatrist, where prescribing must also be completed by the treating psychiatrist, **AND**
- Patient must be undergoing supervision at an accredited treatment centre for the administration of esketamine.

The listed quantity of 12 units of nasal spray is intended for a dosage of 84 mg per treatment administration in the non-induction treatment setting.

esketamine 28 mg/2 actuations nasal spray, 3 x 2 actuations

14830M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	5	0.00	*3,796.81	25.00	Spravato [JC]

ESKETAMINE

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

16477

Treatment resistant major depression

Treatment Phase: Induction treatment

Clinical criteria:

- The condition must have been inadequately responsive to at least two oral anti-depressant drug therapies.

Treatment criteria:

- Must be treated by a psychiatrist, where prescribing must also be completed by the treating psychiatrist, **AND**
- Patient must be undergoing supervision at an accredited treatment centre for the administration of esketamine.

The following must apply if reinitiating treatment:

(i) at least four-week gap from last treatment course to reinitiation of treatment; and
(ii) evidence, documented in the patient's medical record using a structured rating scale, of significant clinical therapeutic benefit of the prior course of treatment with esketamine; and
(iii) evidence, documented in the patient's medical record using a structured rating scale, of a relapse in depression.
The listed quantity of 8 units of nasal spray is intended for a dosage of 28 mg per treatment administration in the induction treatment setting.

esketamine 28 mg/2 actuations nasal spray, 2 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14836W	8	0	0.00	*2,569.61	25.00	Spravato [JC]

LITHIUM CARBONATE

Restricted benefit
16559
For prescribing by certain health practitioners
Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) a nurse practitioner who is continuing treatment with this medicine (of any strength) that was initiated by a medical practitioner as a PBS benefit.

lithium carbonate 250 mg tablet, 200

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3059B NP	1	2	0.00	49.38	25.00	Lithicarb [AS]

lithium carbonate 450 mg modified release tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8290H NP	2	2	0.00	*79.98	25.00	Quilonum SR [AS]

MIANSERIN

Caution Neutropenia and agranulocytosis are more frequent in the elderly, especially in the early months of therapy.

Restricted benefit
6278
Severe depression

mianserin hydrochloride 10 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1627P NP	1	5	0.00	21.92	23.46	Lumin 10 [AF]

mianserin hydrochloride 20 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1628Q NP	1	5	0.00	30.32	25.00	Lumin 20 [AF]

MIANSERIN

Caution Neutropenia and agranulocytosis are more frequent in the elderly, especially in the early months of therapy.

Restricted benefit
15580
Severe depression
Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

mianserin hydrochloride 10 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14366D NP	2	2	0.00	*29.48	25.00	Lumin 10 [AF]

mianserin hydrochloride 20 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14505K NP	2	2	0.00	*46.28	25.00	Lumin 20 [AF]

MIRTAZAPINE

Restricted benefit
5650
Major depressive disorders

mirtazapine 15 mg orally disintegrating tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8855C NP	1	5	0.00	18.45	19.99	MIRTANZA ODT [RF]

mirtazapine 15 mg tablet, 30

9365X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	17.33	18.87	[a] APX-Mirtazapine [TY]	[a] Axit 15 [AF]
						[a] Blooms The Chemist Mirtazapine [BG]	[a] MIRTANZA [RF]
						[a] Mirtazapine Sandoz [SZ]	[a] MIRTAZAPINE-WGR [WG]

mirtazapine 30 mg tablet, 30

8513C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	18.10	19.64	[a] APX-Mirtazapine [TY]	[a] Axit 30 [AF]
						[a] Blooms The Chemist Mirtazapine [BG]	[a] MIRTANZA [RF]
						[a] Mirtazapine Sandoz [SZ]	[a] MIRTAZAPINE-WGR [WG]
			[B]5.74	23.84	19.64	[a] Avanza [AL]	

mirtazapine 30 mg orally disintegrating tablet, 30

8856D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	18.97	20.51	MIRTANZA ODT [RF]

mirtazapine 45 mg orally disintegrating tablet, 30

8857E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	21.22	22.76	MIRTANZA ODT [RF]

mirtazapine 45 mg tablet, 30

8883M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	19.35	20.89	[a] APX-Mirtazapine [TY]	[a] Axit 45 [AF]
						[a] Blooms The Chemist Mirtazapine [BG]	[a] MIRTANZA [RF]
						[a] Mirtazapine Sandoz [SZ]	[a] MIRTAZAPINE-WGR [WG]

MIRTAZAPINE

Restricted benefit

15553

Major depressive disorders

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

mirtazapine 15 mg orally disintegrating tablet, 30

14369G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	2	0.00	*22.54	24.08	MIRTANZA ODT [RF]

mirtazapine 15 mg tablet, 30

14507M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	2	0.00	*20.30	21.84	[a] APX-Mirtazapine [TY]	[a] Axit 15 [AF]
						[a] Blooms The Chemist Mirtazapine [BG]	[a] MIRTANZA [RF]
						[a] Mirtazapine Sandoz [SZ]	[a] MIRTAZAPINE-WGR [WG]

mirtazapine 30 mg orally disintegrating tablet, 30

14370H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	2	0.00	*23.58	25.00	MIRTANZA ODT [RF]

mirtazapine 30 mg tablet, 30

14473R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	2	0.00	*21.84	23.38	[a] APX-Mirtazapine [TY]	[a] Axit 30 [AF]
						[a] Blooms The Chemist Mirtazapine [BG]	[a] MIRTANZA [RF]
						[a] Mirtazapine Sandoz [SZ]	[a] MIRTAZAPINE-WGR [WG]
			[B]11.48	33.32	23.38	[a] Avanza [AL]	

mirtazapine 45 mg orally disintegrating tablet, 30

14475W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	2	0.00	*28.08	25.00	MIRTANZA ODT [RF]

mirtazapine 45 mg tablet, 30

14561J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	2	0.00	*24.34	25.00	[a] APX-Mirtazapine [TY]	[a] Axit 45 [AF]
						[a] Blooms The Chemist Mirtazapine [BG]	[a] MIRTANZA [RF]
						[a] Mirtazapine Sandoz [SZ]	[a] MIRTAZAPINE-WGR [WG]

REBOXETINE

Restricted benefit

5650

Major depressive disorders

reboxetine 4 mg tablet, 60

8583R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	40.27	25.00	Edronax [PF]

REBOXETINE

Restricted benefit

15553

Major depressive disorders

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

reboxetine 4 mg tablet, 60

14474T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	2	0.00	*66.18	25.00	Edronax [PF]

VENLAFAXINE

Restricted benefit

5650

Major depressive disorders

venlafaxine 37.5 mg modified release capsule, 28

8868R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	0	0.00	17.32	18.86	[a] Efexor-XR [GO]	[a] Elaxine SR 37.5 [RW]
						[a] VENLAFAXINE XR-WGR [WG]	

venlafaxine 75 mg modified release capsule, 28

8301X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	18.10	19.64	[a] APO-Venlafaxine XR [TX]	[a] BTC Venlafaxine XR [BG]
						[a] Elaxine SR 75 [RW]	[a] Enlafax-XR [AF]
						[a] Sandoz Venlafaxine XR [HX]	[a] Venlafaxine generichealth XR [GQ]
						[a] VENLAFAXINE XR-WGR [WG]	
			[B]2.00	20.10	19.64	[a] Efexor-XR [GO]	

venlafaxine 150 mg modified release capsule, 28

8302Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	18.60	20.14	[a] APO-Venlafaxine XR [TX]	[a] BTC Venlafaxine XR [BG]
						[a] Elaxine SR 150 [RW]	[a] Enlafax-XR [AF]
						[a] Sandoz Venlafaxine XR [HX]	[a] Venlafaxine generichealth XR [GQ]
						[a] VENLAFAXINE XR-WGR [WG]	
			[B]1.93	20.53	20.14	[a] Efexor-XR [GO]	

VENLAFAXINE

Restricted benefit

15553

Major depressive disorders

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

venlafaxine 75 mg modified release capsule, 28

14472Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	2	0.00	*21.84	23.38	[a] APO-Venlafaxine XR [TX]	[a] BTC Venlafaxine XR [BG]
						[a] Elaxine SR 75 [RW]	[a] Enlafax-XR [AF]
						[a] Sandoz Venlafaxine XR [HX]	[a] Venlafaxine generichealth XR [GQ]
						[a] VENLAFAXINE XR-WGR [WG]	
			[B]4.00	25.84	23.38	[a] Efexor-XR [GO]	

venlafaxine 150 mg modified release capsule, 28

14402B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	2	0.00	*22.84	24.38	[a] APO-Venlafaxine XR [TX]	[a] BTC Venlafaxine XR [BG]
						[a] Elaxine SR 150 [RW]	[a] Enlafax-XR [AF]
						[a] Sandoz Venlafaxine XR [HX]	[a] Venlafaxine generichealth XR [GQ]
						[a] VENLAFAXINE XR-WGR [WG]	
			[B]3.86	26.70	24.38	[a] Efexor-XR [GO]	

PSYCHOSTIMULANTS, AGENTS USED FOR ADHD AND NOOTROPICS

GUANFACINE

Authority Required (STREAMLINED)

9034

Attention deficit hyperactivity disorder

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by a paediatrician or psychiatrist.

Clinical criteria:

- The condition must be or have been diagnosed according to the DSM-5 criteria, **AND**
- Patient must have a contraindication to dexamfetamine, methylphenidate or lisdexamfetamine as specified in TGA-approved product information; **OR**
- Patient must have a comorbid mood disorder that has developed or worsened as a result of dexamfetamine, methylphenidate or lisdexamfetamine treatment and is of a severity necessitating treatment withdrawal; **OR**
- Patient must be at an unacceptable medical risk of a severity necessitating permanent stimulant treatment withdrawal if given a stimulant treatment with another agent; **OR**
- Patient must have experienced adverse reactions of a severity necessitating permanent treatment withdrawal following treatment with dexamfetamine, methylphenidate and lisdexamfetamine (not simultaneously).

Population criteria:

- Patient must be or have been diagnosed between the ages of 6 and 17 years inclusive.

Authority Required (STREAMLINED)

9031

Attention deficit hyperactivity disorder

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have a contraindication to dexamfetamine, methylphenidate or lisdexamfetamine as specified in TGA-approved product information; **OR**
- Patient must have a comorbid mood disorder that has developed or worsened as a result of dexamfetamine, methylphenidate or lisdexamfetamine treatment and is of a severity necessitating treatment withdrawal; **OR**
- Patient must be at an unacceptable medical risk of a severity necessitating permanent stimulant treatment withdrawal if given a stimulant treatment with another agent; **OR**
- Patient must have experienced adverse reactions of a severity necessitating permanent treatment withdrawal following treatment with dexamfetamine, methylphenidate and lisdexamfetamine (not simultaneously).

Authority Required (STREAMLINED)

8544

Attention deficit hyperactivity disorder

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by a paediatrician or psychiatrist.

Clinical criteria:

- The condition must be or have been diagnosed according to the DSM-5 criteria, **AND**

- Patient must be receiving a maximum tolerated dose (MTD) of stimulant (dexamfetamine, methylphenidate or lisdexamfetamine) which has been stable for at least four weeks, **AND**
- The treatment must be adjunctive to ongoing maximum tolerated dose (MTD) of stimulant (dexamfetamine, methylphenidate or lisdexamfetamine), **AND**
- Patient must be experiencing residual moderate to severe ADHD symptoms resulting in impaired functioning (social, academic or occupational), present in at least one setting (home, nursery/school/college/work, friends or family homes or other environment).

Population criteria:

- Patient must be or have been diagnosed between the ages of 6 and 17 years inclusive.

Authority Required (STREAMLINED)

8585

Attention deficit hyperactivity disorder

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be adjunctive to ongoing maximum tolerated dose (MTD) of stimulant (dexamfetamine, methylphenidate or lisdexamfetamine).

guanfacine 1 mg modified release tablet, 28

11452R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	39.50	25.00	[a] Guanfacine MHC [XT]	[a] Guanfacine Sandoz [SZ]
						[a] Guanfacine Viatris [AF]	[a] Intuniv [TK]

guanfacine 2 mg modified release tablet, 28

11451Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	39.50	25.00	[a] Guanfacine MHC [XT]	[a] Guanfacine Sandoz [SZ]
						[a] Guanfacine Viatris [AF]	[a] Intuniv [TK]

guanfacine 3 mg modified release tablet, 28

11440D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	39.50	25.00	[a] Guanfacine MHC [XT]	[a] Guanfacine Sandoz [SZ]
						[a] Guanfacine Viatris [AF]	[a] Intuniv [TK]

guanfacine 4 mg modified release tablet, 28

11441E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	39.50	25.00	[a] Guanfacine MHC [XT]	[a] Guanfacine Sandoz [SZ]
						[a] Guanfacine Viatris [AF]	[a] Intuniv [TK]

Centrally acting sympathomimetics

ARMODAFINIL

Note This drug is not PBS-subsidised when used in combination with PBS-subsidised dexamfetamine sulfate or modafinil.

Authority Required

18333

Narcolepsy

Treatment Phase: Initial 1 - treatment of narcolepsy without cataplexy

Treatment criteria:

- Must be treated by a qualified sleep medicine practitioner or neurologist.

Clinical criteria:

- The treatment must be for use when therapy with dexamfetamine sulfate poses an unacceptable medical risk; **OR**
- The treatment must be for use when intolerance to dexamfetamine sulfate is of a severity to necessitate treatment withdrawal, **AND**
- Patient must have experienced excessive daytime sleepiness, recurrent naps or lapses into sleep occurring almost daily for at least 3 months, **AND**
- Patient must have a mean sleep latency less than or equal to 10 minutes on a Multiple Sleep Latency Test (MSLT); **OR**
- Patient must have an electroencephalographic (EEG) recording showing the pathologically rapid development of REM sleep, **AND**
- Patient must not have any medical or psychiatric disorder that could otherwise account for the hypersomnia.

The presence of any one of the following indicates treatment with dexamfetamine sulfate poses an unacceptable medical risk:

(a) a psychiatric disorder;

(b) a cardiovascular disorder;

(c) a history of substance abuse;

(d) glaucoma;

(e) any other absolute contraindication to dexamfetamine sulfate as specified in the TGA-approved Product Information.

The MSLT must be preceded by nocturnal polysomnography. Sleep prior to the MSLT must be at least 6 hours in duration.

The authority application must be made in writing and must include the following:
(a) details of the proposed prescription; and
(b) a completed Narcolepsy Initial PBS authority application and Supporting information form; and
(c) details of the contraindication or intolerance to dexamfetamine sulfate; and
(d) either:
(i) the result and date of the polysomnography test and Multiple Sleep Latency Test (MSLT) conducted by, or under the supervision of, a qualified sleep medicine practitioner; or
(ii) the result and date of the electroencephalograph (EEG), conducted by, or under the supervision of, a neurologist.
The polysomnography, MSLT or EEG test reports must be provided with the authority application.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

10935

Narcolepsy

Treatment Phase: Initial 2 - treatment of narcolepsy with cataplexy

Treatment criteria:

- Must be treated by a qualified sleep medicine practitioner or neurologist.

Clinical criteria:

- The treatment must be for use when therapy with dexamfetamine sulfate poses an unacceptable medical risk; **OR**
- The treatment must be for use when intolerance to dexamfetamine sulfate is of a severity to necessitate treatment withdrawal, **AND**
- Patient must have experienced excessive daytime sleepiness, recurrent naps or lapses into sleep occurring almost daily for at least 3 months, **AND**
- Patient must have a definite history of cataplexy documented in their medical records for auditing purposes, **AND**
- Patient must not have any medical or psychiatric disorder that could otherwise account for the hypersomnia.

The presence of any one of the following indicates treatment with dexamfetamine sulfate poses an unacceptable medical risk:
(a) a psychiatric disorder;
(b) a cardiovascular disorder;
(c) a history of substance abuse;
(d) glaucoma;
(e) any other absolute contraindication to dexamfetamine sulfate as specified in the TGA-approved Product Information.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority Required

10967

Narcolepsy

Treatment Phase: Continuing or change of treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition; **OR**
- Patient must have previously received PBS-subsidised treatment with modafinil for this condition.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

armodafinil 50 mg tablet, 30

10922W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	0.00	*101.76	25.00	Nuvigil [FW]

armodafinil 150 mg tablet, 30

10912H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	0.00	147.00	25.00	Nuvigil [FW]

armodafinil 250 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10919Q	1	5	0.00	238.77	25.00	Nuvigil [FW]

ATOMOXETINE

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)
7876
Attention deficit hyperactivity disorder
Treatment Phase: Initial treatment
Treatment criteria:

- Must be treated by a paediatrician or psychiatrist.

Clinical criteria:

- The condition must be or have been diagnosed according to the DSM-5 criteria, **AND**
- Patient must have a contraindication to dexamfetamine, methylphenidate or lisdexamfetamine as specified in TGA-approved product information; **OR**
- Patient must have a comorbid mood disorder that has developed or worsened as a result of dexamfetamine, methylphenidate or lisdexamfetamine treatment and is of a severity necessitating treatment withdrawal; **OR**
- Patient must be at an unacceptable medical risk of a severity necessitating permanent stimulant treatment withdrawal if given a stimulant treatment with another agent; **OR**
- Patient must have experienced adverse reactions of a severity necessitating permanent treatment withdrawal following treatment with dexamfetamine, methylphenidate and lisdexamfetamine (not simultaneously).

Population criteria:

- Patient must be or have been diagnosed between the ages of 6 and 18 years inclusive.

Authority Required (STREAMLINED)
7890
Attention deficit hyperactivity disorder
Treatment Phase: Continuing treatment
Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition.

atomoxetine 10 mg capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9092M NP	2	5	0.00	*74.18	25.00	[a] APO-Atomoxetine [TX]	[a] Atomoxetine Sandoz [SZ]

atomoxetine 18 mg capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9093N NP	2	5	0.00	*74.18	25.00	[a] APO-Atomoxetine [TX]	[a] Atomoxetine Sandoz [SZ]

atomoxetine 25 mg capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9094P NP	2	5	0.00	*74.18	25.00	[a] APO-Atomoxetine [TX]	[a] Atomoxetine Sandoz [SZ]

atomoxetine 40 mg capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9095Q NP	2	5	0.00	*74.18	25.00	[a] APO-Atomoxetine [TX]	[a] Atomoxetine Sandoz [SZ]

atomoxetine 60 mg capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9096R NP	2	5	0.00	*74.18	25.00	[a] APO-Atomoxetine [TX]	[a] Atomoxetine Sandoz [SZ]

atomoxetine 80 mg capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9289X NP	1	5	0.00	53.25	25.00	[a] APO-Atomoxetine [TX]	[a] Atomoxetine Sandoz [SZ]

atomoxetine 100 mg capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9290Y NP	1	5	0.00	62.18	25.00	[a] APO-Atomoxetine [TX]	[a] Atomoxetine Sandoz [SZ]

DEXAMFETAMINE

Note Care must be taken to comply with the provisions of State/Territory law when prescribing this drug.

Authority Required
16596
Attention deficit hyperactivity disorder
Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) a nurse practitioner who is continuing treatment with this medicine (of any strength) that was initiated by a medical practitioner as a PBS benefit.

Treatment must be in accordance with the law of the relevant State or Territory.

Authority Required

16629

Narcolepsy

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) a nurse practitioner who is continuing treatment with this medicine (of any strength) that was initiated by a medical practitioner as a PBS benefit.

dexamfetamine sulfate 5 mg tablet, 100

1165H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	26.30	25.00	Aspen Pharmacare Australia Pty Ltd [AS]

LISDEXAMFETAMINE

Note In accordance with the Therapeutic Goods Administration (TGA)-approved Product Information, this PBS listing currently intends for once daily dosing only with PBS treatment. Divided dosing of PBS treatment is not intended (e.g. 20 mg in the mornings, 30 mg in the evenings). Where applications (either on the same day or on separate days) for multiple strengths are sought with an intent to titrate patient's dosage, repeats should only be sought for the listed target strength

Note Care must be taken to comply with the provisions of State/Territory law when prescribing this drug.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

16597

Attention deficit hyperactivity disorder

Clinical criteria:

- Patient must require continuous coverage over 12 hours, **AND**
- The treatment must not exceed a maximum daily dose of 70 mg of PBS-subsidised treatment with this drug.

Population criteria:

- Patient must be or have been diagnosed between the ages of 6 and 17 years inclusive; **OR**
- Patient must have had a diagnosis of ADHD prior to turning 18 years of age if PBS-subsidised treatment is continuing beyond 18 years of age; **OR**
- Patient must have a retrospective diagnosis of ADHD if PBS-subsidised treatment is commencing after turning 18 years of age; **OR**
- Patient must have had a retrospective diagnosis of ADHD if PBS-subsidised treatment is continuing in a patient who commenced PBS-subsidised treatment after turning 18 years of age.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) a nurse practitioner who is continuing treatment with this medicine (of any strength) that was initiated by a medical practitioner as a PBS benefit.

A retrospective diagnosis of ADHD for the purposes of administering this restriction is:

(i) the presence of pre-existing childhood symptoms of ADHD (onset during the developmental period, typically early to mid-childhood); and

(ii) documentation in the patient's medical records that an in-depth clinical interview with, or, obtainment of evidence from, either a: (a) parent, (b) teacher, (c) sibling, (d) third party**,** has occurred and which supports point (i) above.

lisdexamfetamine dimesilate 20 mg capsule, 30

11884L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	46.10	25.00	Vyvanse [TK]

lisdexamfetamine dimesilate 30 mg capsule, 30

10486X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	46.10	25.00	Vyvanse [TK]

lisdexamfetamine dimesilate 40 mg capsule, 30

11898F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	46.10	25.00	Vyvanse [TK]

lisdexamfetamine dimesilate 50 mg capsule, 30

10474G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	46.10	25.00	Vyvanse [TK]

lisdexamfetamine dimesilate 60 mg capsule, 30

11897E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	46.10	25.00	Vyvanse [TK]

lisdexamfetamine dimesilate 70 mg capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10492F NP	1	5	0.00	46.10	25.00	Vyvanse [TK]

METHYLPHENIDATE

Note Care must be taken to comply with the provisions of State/Territory law when prescribing this drug.

Note Where an increase in maximum quantity is sought, under no circumstances will a quantity beyond 2 times the listed quantity be approved.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

16596

Attention deficit hyperactivity disorder

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) a nurse practitioner who is continuing treatment with this medicine (of any strength) that was initiated by a medical practitioner as a PBS benefit.

Treatment must be in accordance with the law of the relevant State or Territory.

methylphenidate hydrochloride 10 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8839F NP	1	5	0.00	36.96	25.00	[a] Artige [NM]	[a] Rinidate [NB]
						[a] Ritalin 10 [NV]	

METHYLPHENIDATE

Note In accordance with the Therapeutic Goods Administration (TGA)-approved Product Information, this PBS listing currently intends for once daily dosing only with PBS treatment. Divided dosing of PBS treatment is not intended (e.g. 20 mg in the mornings, 30 mg in the evenings). Where applications (either on the same day or on separate days) for multiple strengths are sought with an intent to titrate patient's dosage, repeats should only be sought for the listed target strength

Note A patient may only receive PBS-subsidised treatment with one form of long-acting methylphenidate at any one time.

Note Care must be taken to comply with the provisions of State/Territory law when prescribing this drug.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

16545

Attention deficit hyperactivity disorder

Clinical criteria:

- Patient must have demonstrated a response to immediate-release methylphenidate hydrochloride with no emergence of serious adverse events, **AND**
- Patient must require continuous coverage over 8 hours, **AND**
- The treatment must not exceed a maximum daily dose of 80 mg of PBS-subsidised treatment with this drug.

Population criteria:

- Patient must be or have been diagnosed between the ages of 6 and 17 years inclusive; **OR**
- Patient must have had a diagnosis of ADHD prior to turning 18 years of age if PBS-subsidised treatment is continuing beyond 18 years of age; **OR**
- Patient must have a retrospective diagnosis of ADHD if PBS-subsidised treatment is commencing after turning 18 years of age; **OR**
- Patient must have had a retrospective diagnosis of ADHD if PBS-subsidised treatment is continuing in a patient who commenced PBS-subsidised treatment after turning 18 years of age.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) a nurse practitioner who is continuing treatment with this medicine (of any strength) that was initiated by a medical practitioner as a PBS benefit.

A retrospective diagnosis of ADHD for the purposes of administering this restriction is:

(i) the presence of pre-existing childhood symptoms of ADHD (onset during the developmental period, typically early to mid-childhood); and

(ii) documentation in the patient's medical records that an in-depth clinical interview with, or, obtainment of evidence from, either a: (a) parent, (b) teacher, (c) sibling, (d) third party**,** has occurred and which supports point (i) above.

methylphenidate hydrochloride 40 mg modified release capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2283E NP	1	5	0.00	55.30	25.00	[a] ATTORA LA [XT]	[a] Ritalin LA [NV]
						[a] Rubifen LA [AE]	

METHYLPHENIDATE

Note In accordance with the Therapeutic Goods Administration (TGA)-approved Product Information, this PBS listing currently intends for once daily dosing only with PBS treatment. Divided dosing of PBS treatment is not intended (e.g. 20 mg in the

mornings, 30 mg in the evenings). Where applications (either on the same day or on separate days) for multiple strengths are sought with an intent to titrate patient's dosage, repeats should only be sought for the listed target strength

Note A patient may only receive PBS-subsidised treatment with one form of long-acting methylphenidate at any one time.

Note Care must be taken to comply with the provisions of State/Territory law when prescribing this drug.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

16545

Attention deficit hyperactivity disorder

Clinical criteria:

- Patient must have demonstrated a response to immediate-release methylphenidate hydrochloride with no emergence of serious adverse events, **AND**
- Patient must require continuous coverage over 8 hours, **AND**
- The treatment must not exceed a maximum daily dose of 80 mg of PBS-subsidised treatment with this drug.

Population criteria:

- Patient must be or have been diagnosed between the ages of 6 and 17 years inclusive; **OR**
- Patient must have had a diagnosis of ADHD prior to turning 18 years of age if PBS-subsidised treatment is continuing beyond 18 years of age; **OR**
- Patient must have a retrospective diagnosis of ADHD if PBS-subsidised treatment is commencing after turning 18 years of age; **OR**
- Patient must have had a retrospective diagnosis of ADHD if PBS-subsidised treatment is continuing in a patient who commenced PBS-subsidised treatment after turning 18 years of age.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) a nurse practitioner who is continuing treatment with this medicine (of any strength) that was initiated by a medical practitioner as a PBS benefit.

A retrospective diagnosis of ADHD for the purposes of administering this restriction is:

(i) the presence of pre-existing childhood symptoms of ADHD (onset during the developmental period, typically early to mid-childhood); and

(ii) documentation in the patient's medical records that an in-depth clinical interview with, or, obtainment of evidence from, either a: (a) parent, (b) teacher, (c) sibling, (d) third party**,** has occurred and which supports point (i) above.

methylphenidate hydrochloride 10 mg modified release capsule, 30

3440C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	38.73	25.00	[a] ATTORA LA [XT]	[a] Ritalin LA [NV]
						[a] Rubifen LA [AE]	

methylphenidate hydrochloride 20 mg modified release capsule, 30

2276T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	46.71	25.00	[a] ATTORA LA [XT]	[a] Ritalin LA [NV]
						[a] Rubifen LA [AE]	

methylphenidate hydrochloride 30 mg modified release capsule, 30

2280B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	53.11	25.00	[a] ATTORA LA [XT]	[a] Ritalin LA [NV]
						[a] Rubifen LA [AE]	

METHYLPHENIDATE

Note Pharmaceutical benefits that have the form methylphenidate hydrochloride modified release tablet can be substituted for Concerta (Switzerland) in the case of a shortage

Note In accordance with the Therapeutic Goods Administration (TGA)-approved Product Information, this PBS listing currently intends for once daily dosing only with PBS treatment. Divided dosing of PBS treatment is not intended (e.g. 18 mg in the mornings, 36 mg in the evenings). Where applications (either on the same day or on separate days) for multiple strengths are sought with an intent to titrate patient's dosage, repeats should only be sought for the listed target strength

Note A patient may only receive PBS-subsidised treatment with one form of long-acting methylphenidate at any one time.

Note Care must be taken to comply with the provisions of State/Territory law when prescribing this drug.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

16598

Attention deficit hyperactivity disorder

Clinical criteria:

- Patient must have demonstrated a response to immediate-release methylphenidate hydrochloride with no emergence of serious adverse events, **AND**

- Patient must require continuous coverage over 12 hours, **AND**
- The treatment must not exceed a maximum daily dose of 72 mg of PBS-subsidised treatment with this drug.

Population criteria:

- Patient must be or have been diagnosed between the ages of 6 and 18 years inclusive.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) a nurse practitioner who is continuing treatment with this medicine (of any strength) that was initiated by a medical practitioner as a PBS benefit.

methylphenidate hydrochloride 36 mg modified release tablet, 30

2388Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	59.63	25.00	[a] Concerta [JC]	[a] Methylphenidate Sandoz XR [SZ]
						[a] METHYLPHENIDATE-TEVA XR [TB]	[a] Methylphenidate XR ARX [XT]

methylphenidate hydrochloride 36 mg modified release tablet, 60

14862F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	0.5	5	0.00	*192.40	25.00	[a] Concerta (Switzerland) [DZ]

METHYLPHENIDATE

Note Pharmaceutical benefits that have the form methylphenidate hydrochloride modified release tablet can be substituted for Concerta (Switzerland) or Atenza (Spain) in the case of a shortage

Note In accordance with the Therapeutic Goods Administration (TGA)-approved Product Information, this PBS listing currently intends for once daily dosing only with PBS treatment. Divided dosing of PBS treatment is not intended (e.g. 18 mg in the mornings, 36 mg in the evenings). Where applications (either on the same day or on separate days) for multiple strengths are sought with an intent to titrate patient's dosage, repeats should only be sought for the listed target strength

Note A patient may only receive PBS-subsidised treatment with one form of long-acting methylphenidate at any one time.

Note Care must be taken to comply with the provisions of State/Territory law when prescribing this drug.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

16598

Attention deficit hyperactivity disorder

Clinical criteria:

- Patient must have demonstrated a response to immediate-release methylphenidate hydrochloride with no emergence of serious adverse events, **AND**
- Patient must require continuous coverage over 12 hours, **AND**
- The treatment must not exceed a maximum daily dose of 72 mg of PBS-subsidised treatment with this drug.

Population criteria:

- Patient must be or have been diagnosed between the ages of 6 and 18 years inclusive.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) a nurse practitioner who is continuing treatment with this medicine (of any strength) that was initiated by a medical practitioner as a PBS benefit.

methylphenidate hydrochloride 27 mg modified release tablet, 30

2172H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	56.06	25.00	[a] Concerta [JC]	[a] Methylphenidate Sandoz XR [SZ]
						[a] METHYLPHENIDATE-TEVA XR [TB]	[a] Methylphenidate XR ARX [XT]

methylphenidate hydrochloride 54 mg modified release tablet, 30

2432B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	67.49	25.00	[a] Concerta [JC]	[a] Methylphenidate Sandoz XR [SZ]
						[a] METHYLPHENIDATE-TEVA XR [TB]	[a] Methylphenidate XR ARX [XT]

methylphenidate hydrochloride 54 mg modified release tablet, 60

14871Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	0.5	5	0.00	*220.13	25.00	[a] Concerta (Switzerland) [DZ]

METHYLPHENIDATE

Note Pharmaceutical benefits that have the form methylphenidate hydrochloride modified release tablet can be substituted for Concerta (Switzerland) in the case of a shortage

Note In accordance with the Therapeutic Goods Administration (TGA)-approved Product Information, this PBS listing currently intends for once daily dosing only with PBS treatment. Divided dosing of PBS treatment is not intended (e.g. 18 mg in the mornings, 36 mg in the evenings). Where applications (either on the same day or on separate days) for multiple strengths are sought with an intent to titrate patient's dosage, repeats should only be sought for the listed target strength

Note A patient may only receive PBS-subsidised treatment with one form of long-acting methylphenidate at any one time.

Note Care must be taken to comply with the provisions of State/Territory law when prescribing this drug.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

16598

Attention deficit hyperactivity disorder

Clinical criteria:

- Patient must have demonstrated a response to immediate-release methylphenidate hydrochloride with no emergence of serious adverse events, **AND**
- Patient must require continuous coverage over 12 hours, **AND**
- The treatment must not exceed a maximum daily dose of 72 mg of PBS-subsidised treatment with this drug.

Population criteria:

- Patient must be or have been diagnosed between the ages of 6 and 18 years inclusive.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) a nurse practitioner who is continuing treatment with this medicine (of any strength) that was initiated by a medical practitioner as a PBS benefit.

methylphenidate hydrochloride 18 mg modified release tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2387P NP	1	5	0.00	52.51	25.00	[a] Concerta [JC]	[a] Methylphenidate Sandoz XR [SZ]
						[a] METHYLPHENIDATE-TEVA XR [TB]	[a] Methylphenidate XR ARX [XT]

methylphenidate hydrochloride 18 mg modified release tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14857Y NP	0.5	5	0.00	*149.67	25.00	[a] Concerta (Switzerland) [DZ]

METHYLPHENIDATE

Note Pharmaceutical benefits that have the brand Methylphenidate Orifarm 60 mg (Sweden) can be substituted for Attora LA, Ritalin LA or Rubifen LA in the case of a shortage.

Note In accordance with the Therapeutic Goods Administration (TGA)-approved Product Information, this PBS listing currently intends for once daily dosing only with PBS treatment. Divided dosing of PBS treatment is not intended (e.g. 20 mg in the mornings, 30 mg in the evenings). Where applications (either on the same day or on separate days) for multiple strengths are sought with an intent to titrate patient's dosage, repeats should only be sought for the listed target strength

Note A patient may only receive PBS-subsidised treatment with one form of long-acting methylphenidate at any one time.

Note Care must be taken to comply with the provisions of State/Territory law when prescribing this drug.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

16545

Attention deficit hyperactivity disorder

Clinical criteria:

- Patient must have demonstrated a response to immediate-release methylphenidate hydrochloride with no emergence of serious adverse events, **AND**
- Patient must require continuous coverage over 8 hours, **AND**
- The treatment must not exceed a maximum daily dose of 80 mg of PBS-subsidised treatment with this drug.

Population criteria:

- Patient must be or have been diagnosed between the ages of 6 and 17 years inclusive; **OR**
- Patient must have had a diagnosis of ADHD prior to turning 18 years of age if PBS-subsidised treatment is continuing beyond 18 years of age; **OR**
- Patient must have a retrospective diagnosis of ADHD if PBS-subsidised treatment is commencing after turning 18 years of age; **OR**
- Patient must have had a retrospective diagnosis of ADHD if PBS-subsidised treatment is continuing in a patient who commenced PBS-subsidised treatment after turning 18 years of age.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) a nurse practitioner who is continuing treatment with this medicine (of any strength) that was initiated by a medical practitioner as a PBS benefit.

A retrospective diagnosis of ADHD for the purposes of administering this restriction is:
(i) the presence of pre-existing childhood symptoms of ADHD (onset during the developmental period, typically early to mid-childhood); and
(ii) documentation in the patient's medical records that an in-depth clinical interview with, or, obtainment of evidence from, either a: (a) parent, (b) teacher, (c) sibling, (d) third party**,** has occurred and which supports point (i) above.

methylphenidate hydrochloride 60 mg modified release capsule, 30

12116Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	67.26	25.00	[a] ATTORA LA [XT]	[a] Ritalin LA [NV]
						[a] Rubifen LA [AE]	

MODAFINIL

Note This drug is not PBS-subsidised when used in combination with PBS-subsidised dexamfetamine sulfate or armodafinil.

Authority Required

18333

Narcolepsy

Treatment Phase: Initial 1 - treatment of narcolepsy without cataplexy

Treatment criteria:

- Must be treated by a qualified sleep medicine practitioner or neurologist.

Clinical criteria:

- The treatment must be for use when therapy with dexamfetamine sulfate poses an unacceptable medical risk; **OR**
- The treatment must be for use when intolerance to dexamfetamine sulfate is of a severity to necessitate treatment withdrawal, **AND**
- Patient must have experienced excessive daytime sleepiness, recurrent naps or lapses into sleep occurring almost daily for at least 3 months, **AND**
- Patient must have a mean sleep latency less than or equal to 10 minutes on a Multiple Sleep Latency Test (MSLT); **OR**
- Patient must have an electroencephalographic (EEG) recording showing the pathologically rapid development of REM sleep, **AND**
- Patient must not have any medical or psychiatric disorder that could otherwise account for the hypersomnia.

The presence of any one of the following indicates treatment with dexamfetamine sulfate poses an unacceptable medical risk:
(a) a psychiatric disorder;
(b) a cardiovascular disorder;
(c) a history of substance abuse;
(d) glaucoma;
(e) any other absolute contraindication to dexamfetamine sulfate as specified in the TGA-approved Product Information.
The MSLT must be preceded by nocturnal polysomnography. Sleep prior to the MSLT must be at least 6 hours in duration.
The authority application must be made in writing and must include the following:
(a) details of the proposed prescription; and
(b) a completed Narcolepsy Initial PBS authority application and Supporting information form; and
(c) details of the contraindication or intolerance to dexamfetamine sulfate; and
(d) either:
(i) the result and date of the polysomnography test and Multiple Sleep Latency Test (MSLT) conducted by, or under the supervision of, a qualified sleep medicine practitioner; or
(ii) the result and date of the electroencephalograph (EEG), conducted by, or under the supervision of, a neurologist.
The polysomnography, MSLT or EEG test reports must be provided with the authority application.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority Required

10935

Narcolepsy

Treatment Phase: Initial 2 - treatment of narcolepsy with cataplexy

Treatment criteria:

- Must be treated by a qualified sleep medicine practitioner or neurologist.

Clinical criteria:

- The treatment must be for use when therapy with dexamfetamine sulfate poses an unacceptable medical risk; **OR**

- The treatment must be for use when intolerance to dexamfetamine sulfate is of a severity to necessitate treatment withdrawal, **AND**
- Patient must have experienced excessive daytime sleepiness, recurrent naps or lapses into sleep occurring almost daily for at least 3 months, **AND**
- Patient must have a definite history of cataplexy documented in their medical records for auditing purposes, **AND**
- Patient must not have any medical or psychiatric disorder that could otherwise account for the hypersomnia.

The presence of any one of the following indicates treatment with dexamfetamine sulfate poses an unacceptable medical risk:

(a) a psychiatric disorder;

(b) a cardiovascular disorder;

(c) a history of substance abuse;

(d) glaucoma;

(e) any other absolute contraindication to dexamfetamine sulfate as specified in the TGA-approved Product Information.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority Required

10968

Narcolepsy

Treatment Phase: Continuing or change of treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition; **OR**
- Patient must have previously received PBS-subsidised treatment with armodafinil for this condition.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

modafinil 100 mg tablet, 60

8816B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	0.00	*115.30	25.00	[a] APO-Modafinil [TX]	[a] Modafin [RW]
					[a] Modafinil GH [GQ]	[a] Modafinil Sandoz [SZ]
					[a] Modafinil Viatris [AL]	[a] MODAFINIL-WGR [WG]
		[B]9.12	124.42	25.00	[a] Modavigil [FW]	

ANTI-DEMENTIA DRUGS

Anticholinesterases

DONEPEZIL

Authority Required (STREAMLINED)

13938

Mild to moderately severe Alzheimer disease

Treatment Phase: Continuing

Clinical criteria:

- Patient must have received six months of sole PBS-subsidised initial therapy with this drug, **AND**
- Patient must demonstrate a clinically meaningful response to the initial treatment, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Prior to continuing treatment, a comprehensive assessment must be undertaken and documented, involving the patient, the patient's family or carer and the treating physician to establish agreement that treatment is continuing to produce worthwhile benefit.

Treatment should cease if there is no agreement of benefit as there is always the possibility of harm from unnecessary use.

Re-assessments for a clinically meaningful response are to be undertaken and documented every six months.

Clinically meaningful response to treatment is demonstrated in the following areas:

Patient's quality of life including but not limited to level of independence and happiness;

Patient's cognitive function including but not limited to memory, recognition and interest in environment;

Patient's behavioural symptoms, including but not limited to hallucination, delusions, anxiety, marked agitation or associated aggressive behaviour.

donepezil hydrochloride 5 mg tablet, 28

2532G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP 1	5	0.00	18.70	20.24	[a] APO-Donepezil [TX]	[a] Arazil [AF]
					[a] Aridon 5 [RW]	[a] Aridon APN 5 [RF]
					[a] Donepezil GH [HQ]	[a] Donepezil Sandoz [SZ]
					[a] DONEPEZIL-WGR [WG]	
		[B]4.40	23.10	20.24	[a] Aricept [PF]	

donepezil hydrochloride 10 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2479L NP	1	5	0.00	18.70	20.24	[a] APO-Donepezil [TX]	[a] Arazil [AF]
						[a] Aridon 10 [RW]	[a] Aridon APN 10 [RF]
						[a] Donepezil GH [HQ]	[a] Donepezil Sandoz [SZ]
						[a] DONEPEZIL-WGR [WG]	
			[B]4.37	23.07	20.24	[a] Aricept [PF]	

DONEPEZIL

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Authority Required

13941

Mild to moderately severe Alzheimer disease

Treatment Phase: Initial

Clinical criteria:

- Patient must have a baseline Mini-Mental State Examination (MMSE) or Standardised Mini-Mental State Examination (SMMSE) score of 10 or more, **AND**
- The condition must be confirmed by, or in consultation with, a specialist/consultant physician (including a psychiatrist), **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

The authority application must include the result of the baseline MMSE or SMMSE. If this score is 25 - 30 points, the result of a baseline Alzheimer Disease Assessment Scale, cognitive sub-scale (ADAS-Cog) may also be specified.

Up to a maximum of 6 months' initial therapy will be authorised for this drug, for this strength under this treatment restriction.

Authority Required

13940

Mild to moderately severe Alzheimer disease

Treatment Phase: Initial

Clinical criteria:

- Patient must have a baseline Mini-Mental State Examination (MMSE) or Standardised Mini-Mental State Examination (SMMSE) score of 9 or less, **AND**
- The condition must be confirmed by, or in consultation with, a specialist/consultant physician (including a psychiatrist), **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

A patient who is unable to register a score of 10 or more for reasons other than their Alzheimer disease, as specified below.

Such patients will need to be assessed using the Clinicians Interview Based Impression of Severity (CIBIS) scale. The authority application must include the result of the baseline (S)MMSE and specify to which group(s) (see below) the patient belongs.

Patients who qualify under this criterion are from 1 or more of the following groups:

(1) Unable to communicate adequately because of lack of competence in English, in people of non-English speaking background;

(2) Limited education, as defined by less than 6 years of education, or who are illiterate or innumerate;

(3) Aboriginal or Torres Strait Islanders who, by virtue of cultural factors, are unable to complete an (S)MMSE test;

(4) Intellectual (developmental or acquired) disability, eg Down's syndrome;

(5) Significant sensory impairment despite best correction, which precludes completion of an (S)MMSE test;

(6) Prominent dysphasia, out of proportion to other cognitive and functional impairment.

Up to a maximum of 6 months' initial therapy will be authorised for this drug, for this strength under this treatment restriction.

donepezil hydrochloride 5 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8495D NP	1	5	0.00	18.70	20.24	[a] APO-Donepezil [TX]	[a] Arazil [AF]
						[a] Aridon 5 [RW]	[a] Aridon APN 5 [RF]
						[a] Donepezil GH [HQ]	[a] Donepezil Sandoz [SZ]
						[a] DONEPEZIL-WGR [WG]	
			[B]4.40	23.10	20.24	[a] Aricept [PF]	

donepezil hydrochloride 10 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8496E NP	1	5	0.00	18.70	20.24	[a] APO-Donepezil [TX]	[a] Arazil [AF]
						[a] Aridon 10 [RW]	[a] Aridon APN 10 [RF]
						[a] Donepezil GH [HQ]	[a] Donepezil Sandoz [SZ]
						[a] DONEPEZIL-WGR [WG]	
			[B]4.37	23.07	20.24	[a] Aricept [PF]	

GALANTAMINE

Authority Required (STREAMLINED)

13938

Mild to moderately severe Alzheimer disease

Treatment Phase: Continuing

Clinical criteria:

- Patient must have received six months of sole PBS-subsidised initial therapy with this drug, **AND**
- Patient must demonstrate a clinically meaningful response to the initial treatment, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Prior to continuing treatment, a comprehensive assessment must be undertaken and documented, involving the patient, the patient's family or carer and the treating physician to establish agreement that treatment is continuing to produce worthwhile benefit.

Treatment should cease if there is no agreement of benefit as there is always the possibility of harm from unnecessary use.

Re-assessments for a clinically meaningful response are to be undertaken and documented every six months.

Clinically meaningful response to treatment is demonstrated in the following areas:

Patient's quality of life including but not limited to level of independence and happiness;

Patient's cognitive function including but not limited to memory, recognition and interest in environment;

Patient's behavioural symptoms, including but not limited to hallucination, delusions, anxiety, marked agitation or associated aggressive behaviour.

galantamine 8 mg modified release capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2463P							
NP	1	5	0.00	35.59	25.00	[a] APO-Galantamine MR [TX]	[a] Galantyl [AF]
						[a] Gamine XR [RW]	[a] Reminyl [IX]

galantamine 16 mg modified release capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2537M							
NP	1	5	0.00	40.32	25.00	[a] APO-Galantamine MR [TX]	[a] Galantyl [AF]
						[a] Gamine XR [RW]	[a] Reminyl [IX]

galantamine 24 mg modified release capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2531F							
NP	1	5	0.00	45.30	25.00	[a] APO-Galantamine MR [TX]	[a] Galantyl [AF]
						[a] Gamine XR [RW]	[a] Reminyl [IX]

GALANTAMINE

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Authority Required

13941

Mild to moderately severe Alzheimer disease

Treatment Phase: Initial

Clinical criteria:

- Patient must have a baseline Mini-Mental State Examination (MMSE) or Standardised Mini-Mental State Examination (SMMSE) score of 10 or more, **AND**
- The condition must be confirmed by, or in consultation with, a specialist/consultant physician (including a psychiatrist), **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

The authority application must include the result of the baseline MMSE or SMMSE. If this score is 25 - 30 points, the result of a baseline Alzheimer Disease Assessment Scale, cognitive sub-scale (ADAS-Cog) may also be specified.

Up to a maximum of 6 months' initial therapy will be authorised for this drug, for this strength under this treatment restriction.

Authority Required

13940

Mild to moderately severe Alzheimer disease

Treatment Phase: Initial

Clinical criteria:

- Patient must have a baseline Mini-Mental State Examination (MMSE) or Standardised Mini-Mental State Examination (SMMSE) score of 9 or less, **AND**
- The condition must be confirmed by, or in consultation with, a specialist/consultant physician (including a psychiatrist), **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

A patient who is unable to register a score of 10 or more for reasons other than their Alzheimer disease, as specified below.

Such patients will need to be assessed using the Clinicians Interview Based Impression of Severity (CIBIS) scale. The authority application must include the result of the baseline (S)MMSE and specify to which group(s) (see below) the patient belongs.

Patients who qualify under this criterion are from 1 or more of the following groups:
(1) Unable to communicate adequately because of lack of competence in English, in people of non-English speaking background;
(2) Limited education, as defined by less than 6 years of education, or who are illiterate or innumerate;
(3) Aboriginal or Torres Strait Islanders who, by virtue of cultural factors, are unable to complete an (S)MMSE test;
(4) Intellectual (developmental or acquired) disability, eg Down's syndrome;
(5) Significant sensory impairment despite best correction, which precludes completion of an (S)MMSE test;
(6) Prominent dysphasia, out of proportion to other cognitive and functional impairment.
Up to a maximum of 6 months' initial therapy will be authorised for this drug, for this strength under this treatment restriction.

galantamine 8 mg modified release capsule, 28

8770N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	35.59	25.00	[a] APO-Galantamine MR [TX]	[a] Galantyl [AF]
						[a] Gamine XR [RW]	[a] Reminyl [IX]

galantamine 16 mg modified release capsule, 28

8771P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	40.32	25.00	[a] APO-Galantamine MR [TX]	[a] Galantyl [AF]
						[a] Gamine XR [RW]	[a] Reminyl [IX]

galantamine 24 mg modified release capsule, 28

8772Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	45.30	25.00	[a] APO-Galantamine MR [TX]	[a] Galantyl [AF]
						[a] Gamine XR [RW]	[a] Reminyl [IX]

RIVASTIGMINE

Authority Required (STREAMLINED)

13938

Mild to moderately severe Alzheimer disease

Treatment Phase: Continuing

Clinical criteria:

- Patient must have received six months of sole PBS-subsidised initial therapy with this drug, **AND**
- Patient must demonstrate a clinically meaningful response to the initial treatment, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Prior to continuing treatment, a comprehensive assessment must be undertaken and documented, involving the patient, the patient's family or carer and the treating physician to establish agreement that treatment is continuing to produce worthwhile benefit.

Treatment should cease if there is no agreement of benefit as there is always the possibility of harm from unnecessary use.

Re-assessments for a clinically meaningful response are to be undertaken and documented every six months.

Clinically meaningful response to treatment is demonstrated in the following areas:

Patient's quality of life including but not limited to level of independence and happiness;

Patient's cognitive function including but not limited to memory, recognition and interest in environment;

Patient's behavioural symptoms, including but not limited to hallucination, delusions, anxiety, marked agitation or associated aggressive behaviour.

rivastigmine 1.5 mg capsule, 56

2475G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	81.78	25.00	Exelon [NV]

rivastigmine 3 mg capsule, 56

2493F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	81.78	25.00	Exelon [NV]

rivastigmine 4.5 mg capsule, 56

2494G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	81.78	25.00	Exelon [NV]

rivastigmine 4.6 mg/24 hours patch, 30

2477J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	81.78	25.00	Exelon Patch 5 [NV]

rivastigmine 6 mg capsule, 56

2526Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	81.78	25.00	Exelon [NV]

rivastigmine 9.5 mg/24 hours patch, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2551G NP	1	5	0.00	81.78	25.00	Exelon Patch 10 [NV]

rivastigmine 13.3 mg/24 hours patch, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10538P NP	1	5	0.00	81.78	25.00	Exelon Patch 15 [NV]

RIVASTIGMINE

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Authority Required

13941

Mild to moderately severe Alzheimer disease

Treatment Phase: Initial

Clinical criteria:

- Patient must have a baseline Mini-Mental State Examination (MMSE) or Standardised Mini-Mental State Examination (SMMSE) score of 10 or more, **AND**
- The condition must be confirmed by, or in consultation with, a specialist/consultant physician (including a psychiatrist), **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

The authority application must include the result of the baseline MMSE or SMMSE. If this score is 25 - 30 points, the result of a baseline Alzheimer Disease Assessment Scale, cognitive sub-scale (ADAS-Cog) may also be specified.

Up to a maximum of 6 months' initial therapy will be authorised for this drug, for this strength under this treatment restriction.

Authority Required

13940

Mild to moderately severe Alzheimer disease

Treatment Phase: Initial

Clinical criteria:

- Patient must have a baseline Mini-Mental State Examination (MMSE) or Standardised Mini-Mental State Examination (SMMSE) score of 9 or less, **AND**
- The condition must be confirmed by, or in consultation with, a specialist/consultant physician (including a psychiatrist), **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

A patient who is unable to register a score of 10 or more for reasons other than their Alzheimer disease, as specified below.

Such patients will need to be assessed using the Clinicians Interview Based Impression of Severity (CIBIS) scale. The authority application must include the result of the baseline (S)MMSE and specify to which group(s) (see below) the patient belongs.

Patients who qualify under this criterion are from 1 or more of the following groups:

(1) Unable to communicate adequately because of lack of competence in English, in people of non-English speaking background;

(2) Limited education, as defined by less than 6 years of education, or who are illiterate or innumerate;

(3) Aboriginal or Torres Strait Islanders who, by virtue of cultural factors, are unable to complete an (S)MMSE test;

(4) Intellectual (developmental or acquired) disability, eg Down's syndrome;

(5) Significant sensory impairment despite best correction, which precludes completion of an (S)MMSE test;

(6) Prominent dysphasia, out of proportion to other cognitive and functional impairment.

Up to a maximum of 6 months' initial therapy will be authorised for this drug, for this strength under this treatment restriction.

rivastigmine 1.5 mg capsule, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8497F NP	1	5	0.00	81.78	25.00	Exelon [NV]

rivastigmine 3 mg capsule, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8498G NP	1	5	0.00	81.78	25.00	Exelon [NV]

rivastigmine 4.5 mg capsule, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8499H NP	1	5	0.00	81.78	25.00	Exelon [NV]

rivastigmine 4.6 mg/24 hours patch, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9161E NP	1	5	0.00	81.78	25.00	Exelon Patch 5 [NV]

rivastigmine 6 mg capsule, 56

8500J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	81.78	25.00	Exelon [NV]

rivastigmine 9.5 mg/24 hours patch, 30

9162F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	81.78	25.00	Exelon Patch 10 [NV]

rivastigmine 13.3 mg/24 hours patch, 30

10541T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	81.78	25.00	Exelon Patch 15 [NV]

Other anti-dementia drugs

MEMANTINE

Authority Required (STREAMLINED)

13966

Moderately severe Alzheimer disease

Treatment Phase: Continuing

Clinical criteria:

- Patient must have received six months of sole PBS-subsidised initial therapy with this drug, **AND**
- Patient must demonstrate a clinically meaningful response to the initial treatment, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Prior to continuing treatment, a comprehensive assessment must be undertaken and documented, involving the patient, the patient's family or carer and the treating physician to establish agreement that treatment is continuing to produce worthwhile benefit.

Treatment should cease if there is no agreement of benefit as there is always the possibility of harm from unnecessary use.

Re-assessments for a clinically meaningful response are to be undertaken and documented every six months.

Clinically meaningful response to treatment is demonstrated in the following areas:

Patient's quality of life including but not limited to level of independence and happiness;

Patient's cognitive function including but not limited to memory, recognition and interest in environment;

Patient's behavioural symptoms, including but not limited to hallucination, delusions, anxiety, marked agitation or associated aggressive behaviour.

memantine hydrochloride 10 mg tablet, 56

2492E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	43.66	25.00	[a] APO-Memantine [TX]	[a] Ebixa [LU]
						[a] Memantine generichealth [GQ]	[a] Memanxa [RW]

memantine hydrochloride 20 mg tablet, 28

2513G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	43.66	25.00	[a] APO-Memantine [TX]	[a] Ebixa [LU]
						[a] Memantine generichealth [GQ]	

MEMANTINE

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Authority Required

14000

Moderately severe Alzheimer disease

Treatment Phase: Initial

Clinical criteria:

- Patient must have a baseline Mini-Mental State Examination (MMSE) or Standardised Mini-Mental State Examination (SMMSE) score of 10 to 14, **AND**
- The condition must be confirmed by, or in consultation with, a specialist/consultant physician (including a psychiatrist), **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

The authority application must include the result of the baseline MMSE or SMMSE of 10 to 14.

Up to a maximum of 6 months' initial therapy will be authorised for this drug, for this strength under this treatment restriction.

Authority Required

13936

Moderately severe Alzheimer disease

Treatment Phase: Initial

Clinical criteria:

- Patient must have a baseline Mini-Mental State Examination (MMSE) or Standardised Mini-Mental State Examination (SMMSE) score of 9 or less, **AND**
- The condition must be confirmed by, or in consultation with, a specialist/consultant physician (including a psychiatrist), **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

A patient who is unable to register a score of 10 to 14 for reasons other than their Alzheimer disease, as specified below.

Such patients will need to be assessed using the Clinicians Interview Based Impression of Severity (CIBIS) scale. The authority application must include the result of the baseline (S)MMSE and specify to which group(s) (see below) the patient belongs.

Patients who qualify under this criterion are from 1 or more of the following groups:

(1) Unable to communicate adequately because of lack of competence in English, in people of non-English speaking background;

(2) Limited education, as defined by less than 6 years of education, or who are illiterate or innumerate;

(3) Aboriginal or Torres Strait Islanders who, by virtue of cultural factors, are unable to complete an (S)MMSE test;

(4) Intellectual (developmental or acquired) disability, eg Down's syndrome;

(5) Significant sensory impairment despite best correction, which precludes completion of an (S)MMSE test;

(6) Prominent dysphasia, out of proportion to other cognitive and functional impairment.

Up to a maximum of 6 months' initial therapy will be authorised for this drug, for this strength under this treatment restriction.

memantine hydrochloride 10 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1956Y NP	1	5	0.00	43.66	25.00	[a] APO-Memantine [TX]	[a] Ebixa [LU]
						[a] Memantine generichealth [GQ]	[a] Memanxa [RW]

memantine hydrochloride 20 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9306T NP	1	5	0.00	43.66	25.00	[a] APO-Memantine [TX]	[a] Ebixa [LU]
						[a] Memantine generichealth [GQ]	

OTHER NERVOUS SYSTEM DRUGS

PARASYMPATHOMIMETICS

Anticholinesterases

PYRIDOSTIGMINE

pyridostigmine bromide 10 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2724J	2	5	0.00	*26.88	25.00	Mestinon [IL]

pyridostigmine bromide 60 mg tablet, 150

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1959D	1	5	0.00	50.52	25.00	Mestinon [IL]

pyridostigmine bromide 180 mg modified release tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2608G	2	5	0.00	*93.92	25.00	Mestinon Timespan [IL]

PYRIDOSTIGMINE

Restricted benefit

14238

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

pyridostigmine bromide 10 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14392L	4	5	0.00	*39.40	25.00	Mestinon [IL]

pyridostigmine bromide 60 mg tablet, 150

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14529Q	2	5	0.00	*86.68	25.00	Mestinon [IL]

pyridostigmine bromide 180 mg modified release tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14462E	4	5	0.00	*176.44	25.00	Mestinon Timespan [IL]

DRUGS USED IN ADDICTIVE DISORDERS

Drugs used in nicotine dependence

BUPROPION

Authority Required (STREAMLINED)

6882

Nicotine dependence

Treatment Phase: Commencement of a short-term (9 weeks) course of treatment

Clinical criteria:

- The treatment must be as an aid to achieving abstinence from smoking, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have indicated they are ready to cease smoking, **AND**
- Patient must not receive more than 9 weeks of PBS-subsidised treatment with this drug per 12-month period.

Treatment criteria:

- Patient must be undergoing concurrent counselling for smoking cessation through a comprehensive support and counselling program or is about to enter such a program at the time PBS-subsidised treatment is initiated.

Details of the support and counselling program must be documented in the patient's medical records at the time treatment is initiated.

Note Clinical review is recommended within 2 to 3 weeks of the original prescription being requested.

Note The period between commencing a course of bupropion hydrochloride and varenicline tartrate must be at least 6 months.

Note A patient may only qualify for PBS-subsidised treatment under this treatment phase restriction once during a short-term course of treatment.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

bupropion hydrochloride 150 mg modified release tablet, 30

8465M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	0	0.00	64.26	25.00	Zyban [AS]

NP

BUPROPION

Authority Required (STREAMLINED)

6881

Nicotine dependence

Treatment Phase: Completion of a short-term (9 weeks) course of treatment

Clinical criteria:

- The treatment must be as an aid to achieving abstinence from smoking, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug during this current course of treatment, **AND**
- Patient must not receive more than 9 weeks of PBS-subsidised treatment with this drug per 12-month period.

Treatment criteria:

- Patient must be undergoing concurrent counselling for smoking cessation through a comprehensive support and counselling program.

Note Clinical review is recommended within 2 to 3 weeks of the original prescription being requested.

Note The period between commencing a course of bupropion hydrochloride and varenicline tartrate must be at least 6 months.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

bupropion hydrochloride 150 mg modified release tablet, 90

8710K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	0	0.00	166.53	25.00	Zyban [AS]

NP

NICOTINE

Restricted benefit

5140

Nicotine dependence

Population criteria:

- Patient must be an Aboriginal or a Torres Strait Islander person.

Clinical criteria:

- The treatment must be the sole PBS-subsidised therapy for this condition.

Note Only 2 courses of PBS-subsidised nicotine replacement therapy may be prescribed per 12-month period.

Benefit is improved if used in conjunction with a comprehensive support and counselling program.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

nicotine 21 mg/24 hours patch, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5571F NP	1	2	0.00	51.10	25.00	Nicotinell Step 1 [UI]

NICOTINE

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Restricted benefit

14040

Nicotine dependence

Clinical criteria:

- The treatment must be as an aid to achieving abstinence from smoking, **AND**
- The treatment must not be a PBS-benefit with other non-nicotine drugs that are PBS indicated for smoking cessation, **AND**
- Patient must have indicated they are ready to cease smoking, **AND**
- Patient must not receive more than 2 x 12-week PBS-subsidised treatment courses per 12 month period.

Treatment criteria:

- Patient must be undergoing concurrent counselling for smoking cessation through a comprehensive support and counselling program or is about to enter such a program at the time PBS-subsidised treatment is initiated.

Details of the support and counselling program must be documented in the patient's medical records at the time treatment is initiated.

nicotine 7 mg/24 hours patch, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5573H NP	1	2	0.00	51.10	25.00	Nicotinell Step 3 [UI]

nicotine 14 mg/24 hours patch, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5572G NP	1	2	0.00	51.10	25.00	Nicotinell Step 2 [UI]

nicotine 21 mg/24 hours patch, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3414Q NP	1	2	0.00	51.10	25.00	Nicotinell Step 1 [UI]

nicotine 21 mg/24 hours patch, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5465P NP	1	2	0.00	51.10	25.00	Nicabate P [RZ]

nicotine 25 mg/16 hours patch, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10076H NP	1	2	0.00	51.10	25.00	nicorette 16hr Invisipatch [JT]

VARENICLINE

Authority Required (STREAMLINED)

6885

Nicotine dependence

Treatment Phase: Completion of a short-term (24 weeks) course of treatment

Clinical criteria:

- The treatment must be as an aid to achieving abstinence from smoking, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug during this current course of treatment, **AND**
- Patient must have ceased smoking in the process of completing an initial 12-weeks or ceased smoking following an initial 12-weeks of PBS-subsidised treatment with this drug in the current course of treatment.

Treatment criteria:

- Patient must be undergoing concurrent counselling for smoking cessation through a comprehensive support and counselling program.

Note A course of treatment with this drug is 12 weeks or up to 24 weeks, if initial treatment of 12 weeks has been successful.

Note A patient may only qualify for PBS-subsidised treatment under this treatment phase restriction once during a short-term course of treatment.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

varenicline 1 mg tablet, 56

5469W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	2	0.00	70.12	25.00	[a] PHARMACOR VARENICLINE [CR]	[a] VARENAPIX [TX]
						[a] Varenicline Lupin [GQ]	[a] Varenicline Sandoz [SZ]
						[a] Varenicline Viatris [AF]	[a] VASSIX [NB]

VARENICLINE

Authority Required (STREAMLINED)

6871

Nicotine dependence

Treatment Phase: Commencement of a short-term (12 weeks or 24 weeks) course of treatment

Clinical criteria:

- The treatment must be as an aid to achieving abstinence from smoking, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have indicated they are ready to cease smoking, **AND**
- Patient must not receive more than 24 weeks of PBS-subsidised treatment with this drug per 12-month period.

Treatment criteria:

- Patient must be undergoing concurrent counselling for smoking cessation through a comprehensive support and counselling program or is about to enter such a program at the time PBS-subsidised treatment is initiated.

Details of the support and counselling program must be documented in the patient's medical records at the time treatment is initiated.

Clinical review is recommended within 2 to 3 weeks of the initial prescription being requested.

Note A course of treatment with this drug is 12 weeks or up to 24 weeks, if initial treatment of 12 weeks has been successful.

Note The period between commencing varenicline and bupropion or a new course of varenicline must be at least 6 months.

Note A patient may only qualify for PBS-subsidised treatment under this treatment phase restriction once during a short-term course of treatment.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

varenicline 500 microgram tablet [11] (&) varenicline 1 mg tablet [42], 53

9128K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	‡1	0	0.00	61.66	25.00	[a] PHARMACOR VARENICLINE [CR]	[a] VARENAPIX [TX]
						[a] Varenicline Lupin [GQ]	[a] Varenicline Sandoz [SZ]
						[a] Varenicline Viatris [AF]	[a] VASSIX [NB]

VARENICLINE

Authority Required (STREAMLINED)

7483

Nicotine dependence

Treatment Phase: Continuation of a short-term (12 weeks or 24 weeks) course of treatment

Clinical criteria:

- The treatment must be as an aid to achieving abstinence from smoking, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have previously received treatment with this drug during this current course of treatment.

Treatment criteria:

- Patient must be undergoing concurrent counselling for smoking cessation through a comprehensive support and counselling program.

Note A course of treatment with this drug is 12 weeks or up to 24 weeks, if initial treatment of 12 weeks has been successful.

Note A patient may only qualify for PBS-subsidised treatment under this treatment phase restriction once during a short-term course of treatment.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

varenicline 1 mg tablet, 56

9129L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	0	0.00	*126.46	25.00	[a] PHARMACOR VARENICLINE [CR]	[a] VARENAPIX [TX]
						[a] Varenicline Lupin [GQ]	[a] Varenicline Sandoz [SZ]
						[a] Varenicline Viatris [AF]	[a] VASSIX [NB]

Drugs used in alcohol dependence

ACAMPROSATE

Authority Required (STREAMLINED)

5366

Alcohol dependence

Clinical criteria:

- The treatment must be part of a comprehensive treatment program with the goal of maintaining abstinence.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

acamprosate calcium 333 mg enteric tablet, 180

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8357W	1	1	0.00	78.18	25.00	[a] ACAMPROSATE VIATRIS [MQ]	[a] ACAMPROSATE-WGR [WG]
NP						[a] APO-Acamprosate [TX]	[a] Campral [AF]

NALTREXONE

Caution Naltrexone hydrochloride is contraindicated in patients receiving opioid drugs.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

13967

Alcohol dependence

Clinical criteria:

- The treatment must be part of a comprehensive treatment program with the goal of maintaining abstinence/controlled consumption.

naltrexone hydrochloride 50 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8370M	1	1	0.00	94.34	25.00	[a] ARX-NALTREXONE [XT]	[a] Naltrexone GH [GQ]
NP							

OTHER NERVOUS SYSTEM DRUGS

Other nervous system drugs

AMIFAMPRIDINE

Note No increase in the maximum number of repeats may be authorised.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Authority Required

12979

Lambert-Eaton myasthenic syndrome (LEMS)

Clinical criteria:

- The condition must not be any of: (i) myasthenia gravis, (ii) Guillain-Barre syndrome.

Treatment criteria:

- Must be treated by a prescriber type identifying as at least one of the following: (i) a clinical immunologist, (ii) a neurologist, (iii) a medical practitioner working under the direct supervision of one of these mentioned specialists.

amifampridine 10 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13032X	2	5	0.00	*5,703.26	25.00	Ruzurgi [LD]

RILUZOLE

Authority Required

15719

Amyotrophic lateral sclerosis

Treatment Phase: Continuing treatment

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must be ambulatory; **OR**
- Patient must not be ambulatory, and must be able to either use upper limbs or to swallow, **AND**
- Patient must not have undergone a tracheostomy, **AND**
- Patient must not have experienced respiratory failure.

riluzole 50 mg tablet, 56

14393M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*204.38	25.00	[a] Pharmacor Riluzole [CR]	[a] Rilutek [SW]
						[a] Riluzole Sandoz [SZ]	

riluzole 50 mg/10 mL oral liquid, 300 mL

14429K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	4	5	0.00	*391.72	25.00	Teglutik [JW]

RILUZOLE

Authority Required

5341

Amyotrophic lateral sclerosis

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be diagnosed by a neurologist, **AND**
- Patient must not have had the disease for more than 5 years, **AND**
- Patient must have at least 60 percent of predicted forced vital capacity within the 2 months before commencing therapy with this drug, **AND**
- Patient must be ambulatory; **OR**
- Patient must not be ambulatory, and must be able to either use upper limbs or to swallow, **AND**
- Patient must not have undergone a tracheostomy, **AND**
- Patient must not have experienced respiratory failure.

The date of diagnosis and the date and results of spirometry (in terms of percent of predicted forced vital capacity) must be supplied with the initial authority application.

Authority Required

8738

Amyotrophic lateral sclerosis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must be ambulatory; **OR**
- Patient must not be ambulatory, and must be able to either use upper limbs or to swallow, **AND**
- Patient must not have undergone a tracheostomy, **AND**
- Patient must not have experienced respiratory failure.

riluzole 50 mg tablet, 56

8664B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	107.23	25.00	[a] Pharmacor Riluzole [CR]	[a] Rilutek [SW]
						[a] Riluzole Sandoz [SZ]	

riluzole 50 mg/10 mL oral liquid, 300 mL

11662T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*200.54	25.00	Teglutik [JW]

TAFAMIDIS

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority Required

18247

Transthyretin amyloid cardiomyopathy

Treatment Phase: First PBS-subsidised prescription for this drug

Clinical criteria:

- The condition must have documented evidence of transthyretin precursor protein present, **AND**
- Patient must have experienced at least one episode of hospitalisation that was a direct result of heart failure; **OR**
- Patient must have clinical evidence of heart failure without hospitalisation that required treatment with a diuretic for improvement, **AND**
- Patient must have/have had New York Heart Association class I heart failure at the time of commencing this drug; **OR**
- Patient must have/have had New York Heart Association class II heart failure at the time of commencing this drug, **AND**
- Patient must have an end-diastolic interventricular septal wall thickness of at least 12 mm on imaging, **AND**
- Patient must have an estimated glomerular filtration rate (eGFR) greater than 25 mL/minute/1.73 m^2.

Treatment criteria:

- Must be treated by a medical practitioner who is any of the following: (i) a cardiologist, (ii) a consultant physician with experience in the management of amyloid disorders; this authority application must be sought by the same medical practitioner providing treatment.

Applications for authorisation of initial treatment must be made via the Online PBS Authorities System (real time assessment) or in writing via HPOS form upload or mail.

If the application is submitted through HPOS form upload or mail, it must include:

(a) details of the proposed prescription; and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Evidence of clinical findings to establish the diagnosis:

In this authority application, confirm that there is documented evidence of transthyretin precursor protein through either (1) alone, or, both (2) and (3), from the list below:

Confirm the following has been completed:

(1) amyloid expert centre histology findings derived via immunohistochemistry or mass spectrometry; OR

(2) bone scintigraphy with grade 2-3 finding

AND

(3) Confirm that there are negative results for monoclonal protein on each of the following three tests:

(a) serum immunofixation (also known as protein electrophoresis)

(b) urine immunofixation

(c) serum free light chains blood test

State which of (1) to (3) above has been completed, as well as the:

(i) date of the finding,

(ii) imaging/pathology report number/code that links the finding to the patient,

(iii) name of the amyloid expert centre in this authority application (if applicable).

For end-diastolic interventricular septal wall thickness (at least 12 mm), confirm that:

(i) imaging (echocardiogram or magnetic resonance imaging) has been undertaken; and

(ii) that the imaging report is stored in the patient's medical records.

State the date that the imaging was performed and the thickness (in mm) in this authority application.

Where this authority application is to transition a patient from non-PBS-subsidised to PBS-subsidised supply (i.e. a 'grandfathered' patient), confirm the following:

(i) the patient's heart failure has not worsened to persistent New York Heart Association Class III/IV heart failure while taking this drug.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authorisation under this restriction should be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)

Alternatively, applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Note The Australian Amyloid Network provides a list of clinic centres that manage amyloidosis. It also provides a list of Australian anatomical pathology laboratories to be contacted for tissue review and immunohistochemistry for amyloid typing. For the purposes of this restriction, these providers are considered to be amyloid expert centres.

Authority Required

15303

Transthyretin amyloid cardiomyopathy

Treatment Phase: Second and subsequent PBS-subsidised prescriptions for this drug

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have an estimated glomerular filtration rate (eGFR) greater than 25 mL/minute/1.73 m^2, **AND**
- The treatment must be ceased where the patient's heart failure has worsened to persistent New York Heart Association (NYHA) Class III/IV heart failure, **AND**
- The treatment must be ceased where the patient has received any of: (i) a heart transplant, (ii) a liver transplant, (iii) an implanted ventricular assist device.

Treatment criteria:

- Must be treated by a medical practitioner who is any of the following: (i) a cardiologist, (ii) a consultant physician with experience in the management of amyloid disorders; this authority application must be sought by the same medical practitioner providing treatment.

Confirm whether heart failure has worsened to NYHA Class III/IV since the last authority application (yes/no).

If 'no', continued PBS subsidy is available.

If 'yes', continued PBS subsidy is available, but the prescriber must undertake a review of the patient within 3 months to determine whether the worsening heart failure was transient or persistent.

Where this subsequent clinical review finds that the heart failure persists as NYHA Class III/IV heart failure despite active treatment with this drug, then PBS subsidy is not available.

If heart failure has worsened to NYHA Class III/IV since the last authority application, no more than 2 repeat prescriptions must be prescribed.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

tafamidis 61 mg capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14100D	1	5	0.00	10,189.56	25.00	Vyndamax [PF]

TETRABENAZINE

Authority Required (STREAMLINED)

16537

Hyperkinetic extrapyramidal disorders

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

tetrabenazine 25 mg tablet, 112

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1330B NP	1	5	0.00	205.93	25.00	[a] iNova Pharmaceuticals (Australia) Pty Ltd [IL]	[a] Tetrabenazine SUN [RA]

TETRABENAZINE

Authority Required (STREAMLINED)

16699

Hyperkinetic extrapyramidal disorders

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

tetrabenazine 25 mg tablet, 112

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14390J NP	2	5	0.00	*402.50	25.00	[a] iNova Pharmaceuticals (Australia) Pty Ltd [IL]	[a] Tetrabenazine SUN [RA]

ANTIPARASITIC PRODUCTS, INSECTICIDES AND REPELLENTS

ANTIPROTOZOALS

AGENTS AGAINST AMOEBIASIS AND OTHER PROTOZOAL DISEASES

Other agents against amoebiasis and other protozoal diseases

ATOVAQUONE

Authority Required (STREAMLINED)

5609

Mild to moderate Pneumocystis carinii pneumonia

Population criteria:

- Patient must be an adult
- Patient must be intolerant of trimethoprim/sulfamethoxazole therapy.

atovaquone 750 mg/5 mL oral liquid, 210 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8300W NP	‡1	0	0.00	631.63	25.00	[a] ATOVACUE [JM]	[a] Wellvone [AS]

ANTIMALARIALS

Biguanides

ATOVAQUONE + PROGUANIL

Note This drug is not PBS-subsidised for prophylaxis of malaria.

Restricted benefit

5981

Confirmed or suspected Plasmodium falciparum malaria

Population criteria:

- Patient must be aged 3 years or older.

Clinical criteria:

- The treatment must be used where quinine containing regimens are inappropriate.

atovaquone 250 mg + proguanil hydrochloride 100 mg tablet, 12

9439T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	0	0.00	55.81	25.00	[a] AtovaquoPro Lupin 250/100 [GQ]	[a] Malarone [GK]

Methanolquinolines

QUININE

Caution Severe thrombocytopenia has been reported with this drug.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Authority Required

18962

Malaria

Caution Severe thrombocytopenia has been reported with this drug.

quinine sulfate dihydrate 300 mg tablet, 50

1975Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	2	0.00	24.06	25.00	Quinate [RW]

Artemisinin and derivatives, combinations

ARTEMETHER + LUMEFANTRINE

Restricted benefit

5999

Confirmed or suspected Plasmodium falciparum malaria

Note This drug is not PBS-subsidised for prophylaxis of malaria.

artemether 20 mg + lumefantrine 120 mg tablet, 24

9498X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	0	0.00	64.78	25.00	Riamet [NV]

ANTHELMINTICS

ANTITREMATODALS

Quinoline derivatives and related substances

PRAZIQUANTEL

Note Pharmaceutical benefits that have the brand Praziquantel tablets, USP 600 mg (Endo, USA) can be substituted for pharmaceutical benefits that have the brand Distocide (Korea) in the case of a shortage.

Authority Required (STREAMLINED)

5659

Schistosomiasis

Praziquantel 600 mg tablet, 6

15199Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	0	0.00	885.48	25.00	[a] Praziquantel Tablets, USP 600 mg (Endo, USA) [QY]

praziquantel 600 mg tablet, 8

15239C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	0.75	0	0.00	*139.81	25.00	[a] Distocide (Korea) [LM]

ANTINEMATODAL AGENTS

Benzimidazole derivatives

ALBENDAZOLE

Authority Required (STREAMLINED)

5607

Hydatid disease

Clinical criteria:

- The treatment must be in conjunction with surgery; **OR**
- The treatment must be used when a surgical cure cannot be achieved; **OR**
- The treatment must be used when surgery cannot be used.

albendazole 400 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8459F	1	2	0.00	114.00	25.00	Eskazole [AS]

ALBENDAZOLE

Authority Required (STREAMLINED)
5680
Tapeworm infestation

albendazole 200 mg tablet, 6

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8503M NP	1	1	0.00	29.62	25.00	Zentel [AS]

ALBENDAZOLE

Authority Required (STREAMLINED)
5817
Whipworm infestation
Population criteria:
- Patient must be an Aboriginal or a Torres Strait Islander person.

Authority Required (STREAMLINED)
5712
Strongyloidiasis
Authority Required (STREAMLINED)
5797
Hookworm infestation

albendazole 200 mg tablet, 6

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9047E NP	1	0	0.00	29.62	25.00	Zentel [AS]

Tetrahydropyrimidine derivatives

PYRANTEL

pyrantel 125 mg tablet, 6

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3047J NP	1	0	0.00	18.78	20.32	Anthel 125 [AF]

pyrantel 250 mg tablet, 6

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3048K NP	1	0	0.00	23.08	24.62	Anthel 250 [AF]

Avermectines

IVERMECTIN

Authority Required (STREAMLINED)
4319
Onchocerciasis

ivermectin 3 mg tablet, 4

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8359Y NP	1	0	0.00	31.41	25.00	[a] GLENMECT [JM]	[a] Stromectol [MK]

IVERMECTIN

Authority Required (STREAMLINED)
4328
Strongyloidiasis
Authority Required (STREAMLINED)
4565
Crusted (Norwegian) scabies
Clinical criteria:
- The condition must be established by clinical and/or parasitological examination, **AND**
- Patient must be undergoing topical therapy for this condition; **OR**
- Patient must have a contraindication to topical treatment.

Population criteria:

- Patient must weigh 15 kg or over
- Patient must be 5 years of age or older.

Authority Required (STREAMLINED)

4566

Human sarcoptic scabies

Clinical criteria:

- The condition must be established by clinical and/or parasitological examination, **AND**
- Patient must have completed and failed sequential treatment with topical permethrin and benzyl benzoate and finished the most recent course of topical therapy at least 4 weeks prior to initiating oral therapy; **OR**
- Patient must have a contraindication to topical treatment.

Population criteria:

- Patient must weigh 15 kg or over
- Patient must be 5 years of age or older.

Note This drug is not PBS-subsidised for first line treatment of typical scabies.

Authority Required (STREAMLINED)

12604

Human sarcoptic scabies

Clinical criteria:

- The condition must be established by clinical and/or parasitological examination.

Population criteria:

- Patient must identify as Aboriginal or Torres Strait Islander
- Patient must weigh 15 kg or over
- Patient must be 5 years of age or older.

ivermectin 3 mg tablet, 4

2868Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	2	0.00	*48.46	25.00	[a] GLENMECT [JM]	[a] Stromectol [MK]

ECTOPARASITICIDES, INCL. SCABICIDES, INSECTICIDES AND REPELLENTS

ECTOPARASITICIDES, INCL. SCABICIDES

Pyrethrines, incl. synthetic compounds

PERMETHRIN

permethrin 5% cream, 30 g

3054R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	1	0.00	23.09	24.63	Lyclear [UI]

RESPIRATORY SYSTEM

NASAL PREPARATIONS

DECONGESTANTS AND OTHER NASAL PREPARATIONS FOR TOPICAL USE

Other nasal preparations

MUPIROCIN

Authority Required (STREAMLINED)

6647

Staphylococcus aureus infection

Clinical criteria:

- Patient must have nasal colonisation with the bacteria.

Population criteria:

- Patient must be an Aboriginal or a Torres Strait Islander person.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

mupirocin 2% ointment, 3 g

9440W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	0	0.00	24.05	25.00	Bactroban [GK]

mupirocin 2% ointment, 5 g

11822F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	0	0.00	27.47	25.00	Mupirocin Nasal (Medsurge) [DZ]

DRUGS FOR OBSTRUCTIVE AIRWAY DISEASES

ADRENERGICS, INHALANTS

Selective beta-2-adrenoreceptor agonists

FORMOTEROL

Restricted benefit

6355

Asthma

Clinical criteria:

- Patient must experience frequent episodes of the condition, **AND**
- Patient must be currently receiving treatment with oral corticosteroids; **OR**
- Patient must be currently receiving treatment with optimal doses of inhaled corticosteroids.

formoterol fumarate dihydrate 6 microgram/actuation powder for inhalation, 60 actuations

8239P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	5	0.00	25.00	25.00	Oxis Turbuhaler [AP]

formoterol fumarate dihydrate 12 microgram powder for inhalation, 60 capsules

8136F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	30.84	25.00	Foradile [SZ]

formoterol fumarate dihydrate 12 microgram/actuation powder for inhalation, 60 actuations

8240Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	5	0.00	30.36	25.00	Oxis Turbuhaler [AP]

FORMOTEROL

Restricted benefit

15607

Asthma

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must experience frequent episodes of the condition, **AND**
- Patient must be currently receiving treatment with oral corticosteroids; **OR**
- Patient must be currently receiving treatment with optimal doses of inhaled corticosteroids.

formoterol fumarate dihydrate 6 microgram/actuation powder for inhalation, 60 actuations

14547P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡2	5	0.00	*35.64	25.00	Oxis Turbuhaler [AP]

formoterol fumarate dihydrate 12 microgram powder for inhalation, 60 capsules

14419X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*47.32	25.00	Foradile [SZ]

formoterol fumarate dihydrate 12 microgram/actuation powder for inhalation, 60 actuations

14517C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡2	5	0.00	*46.36	25.00	Oxis Turbuhaler [AP]

INDACATEROL

Restricted benefit

6366

Chronic obstructive pulmonary disease (COPD)

Note This drug is not PBS-subsidised for the treatment of asthma.

Note The treatment must not be used in combination with an ICS/LABA, or LAMA/LABA

Note A LAMA/LABA includes aclidinium/formoterol, glycopyrronium/indacaterol, tiotropium/olodaterol, or umeclidinium/vilanterol.

Note An ICS/LABA includes budesonide/formoterol, fluticasone/salmeterol, or fluticasone/vilanterol

Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

indacaterol 150 microgram powder for inhalation, 30 capsules

5134F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	58.90	25.00	Onbrez [NV]

indacaterol 300 microgram powder for inhalation, 30 capsules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5137J NP	1	5	0.00	58.90	25.00	Onbrez [NV]

INDACATEROL

Restricted benefit

15736

Chronic obstructive pulmonary disease (COPD)

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Note This drug is not PBS-subsidised for the treatment of asthma.

Note The treatment must not be used in combination with an ICS/LABA, or LAMA/LABA

Note A LAMA/LABA includes aclidinium/formoterol, glycopyrronium/indacaterol, tiotropium/olodaterol, or umeclidinium/vilanterol.

Note An ICS/LABA includes budesonide/formoterol, fluticasone/salmeterol, or fluticasone/vilanterol

Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

indacaterol 150 microgram powder for inhalation, 30 capsules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14334K NP	2	5	0.00	*103.44	25.00	Onbrez [NV]

indacaterol 300 microgram powder for inhalation, 30 capsules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14368F NP	2	5	0.00	*103.44	25.00	Onbrez [NV]

SALBUTAMOL

salbutamol 100 microgram/actuation inhalation, 200 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
12109H NP	2	5	0.00	*25.68	25.00	[a] Zempreon CFC-Free with dose counter [AL]	
			[B]0.88	*26.56	25.00	[a] Asmol CFC-Free with dose counter [AF]	
			[B]5.80	*31.48	25.00	[a] Ventolin CFC-Free with dose counter [GK]	

SALBUTAMOL

Restricted benefit

6367

Bronchospasm

Clinical criteria:

- Patient must be unable to achieve co-ordinated use of other metered dose inhalers containing this drug.

salbutamol 100 microgram/actuation breath activated inhalation, 200 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8354Q NP	2	5	0.00	*41.50	25.00	Airomir Autohaler [IL]

SALBUTAMOL

Restricted benefit

6815

Asthma

Clinical criteria:

- Patient must be unable to use this drug delivered from an oral pressurised inhalation device via a spacer.

Restricted benefit

6825

Chronic obstructive pulmonary disease (COPD)

Clinical criteria:

- Patient must be unable to use this drug delivered from an oral pressurised inhalation device via a spacer.

Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

salbutamol 2.5 mg/2.5 mL inhalation solution, 20 x 2.5 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11130T NP	3	5	0.00	*32.25	25.00	Ventolin Nebules [GK]

SALBUTAMOL

Note Pharmaceutical benefits that have the brand Salbutamol (as sulfate) (Accord, UK) may be substituted for pharmaceutical benefits that have the brand Ventolin Nebules or Salbutamol Cipla in case of shortage.

Restricted benefit

6815

Asthma

Clinical criteria:

- Patient must be unable to use this drug delivered from an oral pressurised inhalation device via a spacer.

Note Pharmaceutical benefits that have a 30 x 2 pack size and a 20 x 3 pack size are equivalent for the purposes of substitution **.**

Restricted benefit

6825

Chronic obstructive pulmonary disease (COPD)

Clinical criteria:

- Patient must be unable to use this drug delivered from an oral pressurised inhalation device via a spacer.

Note Pharmaceutical benefits that have a 30 x 2 pack size and a 20 x 3 pack size are equivalent for the purposes of substitution **.**

Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

salbutamol 5 mg/2.5 mL inhalation solution, 30 x 2.5 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2001H NP	2	5	0.00	*24.82	25.00	[a] Salbutamol Cipla [LR]

salbutamol 5 mg/2.5 mL inhalation solution, 20 x 2.5 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11095Y NP	3	5	0.00	*32.55	25.00	[a] Ventolin Nebules [GK]

salbutamol 5 mg/2.5 mL inhalation solution, 20 x 2.5 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15348T NP	3	5	0.00	*173.04	25.00	[a] Salbutamol (as sulfate) (Accord, UK) [OJ]

SALMETEROL

Restricted benefit

6355

Asthma

Clinical criteria:

- Patient must experience frequent episodes of the condition, **AND**
- Patient must be currently receiving treatment with oral corticosteroids; **OR**
- Patient must be currently receiving treatment with optimal doses of inhaled corticosteroids.

salmeterol 50 microgram/actuation powder for inhalation, 60 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8141L NP	‡1	5	0.00	30.84	25.00	Serevent Accuhaler [GK]

SALMETEROL

Restricted benefit

15607

Asthma

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must experience frequent episodes of the condition, **AND**
- Patient must be currently receiving treatment with oral corticosteroids; **OR**
- Patient must be currently receiving treatment with optimal doses of inhaled corticosteroids.

salmeterol 50 microgram/actuation powder for inhalation, 60 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14328D NP	‡2	5	0.00	*47.32	25.00	Serevent Accuhaler [GK]

TERBUTALINE

Authority Required (STREAMLINED)

9828

Bronchospasm

Clinical criteria:

- Patient must be unable to achieve co-ordinated use of a metered dose inhaler containing a short-acting beta-2 agonist; **OR**
- Patient must have developed a clinically important product-related adverse event during treatment with another short-acting beta-2 agonist.

Device (inhaler) technique should be reviewed at each clinical visit and before initiating treatment with this medicine.

terbutaline sulfate 500 microgram/actuation powder for inhalation, 120 actuations

12267P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*28.58	25.00	Bricanyl Turbuhaler [AP]

Adrenergics in combination with corticosteroids or other drugs, excl. anticholinergics

BECLOMETASONE + FORMOTEROL

Note This product is not indicated for the initiation of treatment in asthma

Note This drug is not PBS-subsidised for the treatment of chronic obstructive pulmonary disease (COPD).

Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Note This product is not PBS-subsidised for use as 'anti-inflammatory reliever' therapy for mild asthma.

Authority Required (STREAMLINED)

15469

Asthma

Clinical criteria:

- Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids; **OR**
- Patient must have experienced frequent asthma symptoms while receiving treatment with oral or inhaled corticosteroids and require single maintenance and reliever therapy; **OR**
- Patient must have experienced frequent asthma symptoms while receiving treatment with a combination of an inhaled corticosteroid and long acting beta-2 agonist and require single maintenance and reliever therapy.

Population criteria:

- Patient must be at least 18 years of age.

beclometasone dipropionate 100 microgram/actuation + formoterol fumarate dihydrate 6 microgram/actuation inhalation, 120 actuations

12183F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	‡1	5	0.00	37.65	25.00	[a] Cipla Beclometasone/Formoterol 100/6 [LR]	[a] Fostair [EU]

BECLOMETASONE + FORMOTEROL

Note This product is not indicated for the initiation of treatment in asthma

Note This drug is not PBS-subsidised for the treatment of chronic obstructive pulmonary disease (COPD).

Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Note This product is not PBS-subsidised for use as 'anti-inflammatory reliever' therapy for mild asthma.

Authority Required (STREAMLINED)

15599

Asthma

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids; **OR**
- Patient must have experienced frequent asthma symptoms while receiving treatment with oral or inhaled corticosteroids and require single maintenance and reliever therapy; **OR**
- Patient must have experienced frequent asthma symptoms while receiving treatment with a combination of an inhaled corticosteroid and long acting beta-2 agonist and require single maintenance and reliever therapy.

Population criteria:

- Patient must be at least 18 years of age.

beclometasone dipropionate 100 microgram/actuation + formoterol fumarate dihydrate 6 microgram/actuation inhalation, 120 actuations

14376P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	‡2	5	0.00	*60.94	25.00	[a] Cipla Beclometasone/Formoterol 100/6 [LR]	[a] Fostair [EU]

BECLOMETASONE + FORMOTEROL

Note This product is not indicated for the initiation of treatment in asthma
Note This pharmaceutical benefit is not for the treatment of chronic obstructive pulmonary disease (COPD).
Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)
Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.
Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.
Note This product is not PBS-subsidised for use as 'maintenance and reliever' therapy.
Note This product is not PBS-subsidised for use as 'anti-inflammatory reliever' therapy for mild asthma.

Authority Required (STREAMLINED)

11057

Asthma

Clinical criteria:

- Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids.

Population criteria:

- Patient must be aged 18 years or older.

beclometasone dipropionate 200 microgram/actuation + formoterol fumarate dihydrate 6 microgram/actuation inhalation, 120 actuations

13205B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	‡1	5	0.00	47.53	25.00	[a] Cipla Beclometasone/Formoterol 200/6 [LR]	[a] Fostair 200/6 [EU]

BECLOMETASONE + FORMOTEROL

Note This product is not indicated for the initiation of treatment in asthma
Note This pharmaceutical benefit is not for the treatment of chronic obstructive pulmonary disease (COPD).
Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)
Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.
Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.
Note This product is not PBS-subsidised for use as 'maintenance and reliever' therapy.
Note This product is not PBS-subsidised for use as 'anti-inflammatory reliever' therapy for mild asthma.

Authority Required (STREAMLINED)

15656

Asthma

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids.

Population criteria:

- Patient must be aged 18 years or older.

beclometasone dipropionate 200 microgram/actuation + formoterol fumarate dihydrate 6 microgram/actuation inhalation, 120 actuations

14538E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	‡2	5	0.00	*80.70	25.00	[a] Cipla Beclometasone/Formoterol 200/6 [LR]	[a] Fostair 200/6 [EU]

BUDESONIDE + FORMOTEROL

Authority Required (STREAMLINED)

4380

Asthma

Clinical criteria:

- Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids; **OR**

- Patient must have experienced frequent asthma symptoms while receiving treatment with oral or inhaled corticosteroids and require single maintenance and reliever therapy; **OR**
- Patient must have experienced frequent asthma symptoms while receiving treatment with a combination of an inhaled corticosteroid and long acting beta-2 agonist and require single maintenance and reliever therapy.

Population criteria:

- Patient must be aged 12 years or over.

Note This product is not indicated for the initiation of treatment in asthma

Note This drug is not PBS-subsidised for the treatment of chronic obstructive pulmonary disease (COPD).

Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

budesonide 100 microgram/actuation + formoterol fumarate dihydrate 6 microgram/actuation powder for inhalation, 120 actuations

8796Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	5	0.00	41.05	25.00	Symbicort Turbuhaler 100/6 [AP]

BUDESONIDE + FORMOTEROL

Authority Required (STREAMLINED)

4397

Asthma

Clinical criteria:

- Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids; **OR**
- Patient must have experienced frequent asthma symptoms while receiving treatment with oral or inhaled corticosteroids and require single maintenance and reliever therapy; **OR**
- Patient must have experienced frequent asthma symptoms while receiving treatment with a combination of an inhaled corticosteroid and long acting beta-2 agonist.

Population criteria:

- Patient must be aged 12 years or over.

Note This product is not indicated for the initiation of treatment in asthma

Note This drug is not PBS-subsidised for the treatment of chronic obstructive pulmonary disease (COPD).

Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

budesonide 100 microgram/actuation + formoterol fumarate dihydrate 3 microgram/actuation inhalation, 120 actuations

10015D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*42.32	25.00	[a] Rilast RAPIHALER 100/3 [XT]	
			[B]4.82	*47.14	25.00	[a] Symbicort Rapihaler 100/3 [AP]	

BUDESONIDE + FORMOTEROL

Authority Required (STREAMLINED)

10482

Mild asthma

Clinical criteria:

- Patient must have asthma and require an anti-inflammatory reliever therapy, **AND**
- Patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA).

Population criteria:

- Patient must be aged 12 years or over.

Device (inhaler) technique should be reviewed at each clinical visit and before initiating treatment with this medicine.

Note This drug is not PBS-subsidised for the treatment of chronic obstructive pulmonary disease (COPD) or for allergen-induced or exercise-induced bronchoconstriction in the absence of asthma.

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

budesonide 100 microgram/actuation + formoterol fumarate dihydrate 3 microgram/actuation inhalation, 120 actuations

12042T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	‡2	2	0.00	*42.32	25.00	[a] Rilast RAPIHALER 100/3 [XT]	

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
12042T			[B]4.82	*47.14	25.00	[a] Symbicort Rapihaler 100/3 [AP]	

BUDESONIDE + FORMOTEROL

Authority Required (STREAMLINED)

15755

Asthma

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids; **OR**
- Patient must have experienced frequent asthma symptoms while receiving treatment with oral or inhaled corticosteroids and require single maintenance and reliever therapy; **OR**
- Patient must have experienced frequent asthma symptoms while receiving treatment with a combination of an inhaled corticosteroid and long acting beta-2 agonist and require single maintenance and reliever therapy.

Population criteria:

- Patient must be aged 12 years or over.

Note This product is not indicated for the initiation of treatment in asthma

Note This drug is not PBS-subsidised for the treatment of chronic obstructive pulmonary disease (COPD).

Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

budesonide 100 microgram/actuation + formoterol fumarate dihydrate 6 microgram/actuation powder for inhalation, 120 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14440B NP	‡2	5	0.00	*67.74	25.00	Symbicort Turbuhaler 100/6 [AP]

BUDESONIDE + FORMOTEROL

Authority Required (STREAMLINED)

15702

Asthma

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids; **OR**
- Patient must have experienced frequent asthma symptoms while receiving treatment with oral or inhaled corticosteroids and require single maintenance and reliever therapy; **OR**
- Patient must have experienced frequent asthma symptoms while receiving treatment with a combination of an inhaled corticosteroid and long acting beta-2 agonist.

Population criteria:

- Patient must be aged 12 years or over.

Note This product is not indicated for the initiation of treatment in asthma

Note This drug is not PBS-subsidised for the treatment of chronic obstructive pulmonary disease (COPD).

Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

budesonide 100 microgram/actuation + formoterol fumarate dihydrate 3 microgram/actuation inhalation, 120 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14467K NP	4	5	0.00	*70.28	25.00	[a] Rilast RAPIHALER 100/3 [XT]	
			[B]9.64	*79.92	25.00	[a] Symbicort Rapihaler 100/3 [AP]	

BUDESONIDE + FORMOTEROL

Note Patient must be aged 12 years or over.

Authority Required (STREAMLINED)

7970

Asthma

Clinical criteria:

- Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids; **OR**
- Patient must have experienced frequent asthma symptoms while receiving treatment with oral or inhaled corticosteroids and require single maintenance and reliever therapy; **OR**
- Patient must have experienced frequent asthma symptoms while receiving treatment with a combination of an inhaled corticosteroid and long acting beta-2 agonist and require single maintenance and reliever therapy.

Note This product is not indicated for the initiation of treatment in asthma

Note This drug is not PBS-subsidised for the treatment of chronic obstructive pulmonary disease (COPD).

Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

budesonide 200 microgram/actuation + formoterol fumarate dihydrate 6 microgram/actuation powder for inhalation, 60 actuations

14151T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡2	5	0.00	*37.66	25.00	Bufomix Easyhaler 200/6 [OX]

BUDESONIDE + FORMOTEROL

Note Patient must be aged 12 years or over.

Authority Required (STREAMLINED)

10464

Mild asthma

Clinical criteria:

- Patient must have asthma and require an anti-inflammatory reliever therapy, **AND**
- Patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA).

Device (inhaler) technique should be reviewed at each clinical visit and before initiating treatment with this medicine.

Note This drug is not PBS-subsidised for the treatment of chronic obstructive pulmonary disease (COPD) or for allergen-induced or exercise-induced bronchoconstriction in the absence of asthma.

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

budesonide 200 microgram/actuation + formoterol fumarate dihydrate 6 microgram/actuation powder for inhalation, 60 actuations

14166N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡2	2	0.00	*37.66	25.00	Bufomix Easyhaler 200/6 [OX]

BUDESONIDE + FORMOTEROL

Note Patient must be aged 12 years or over.

Authority Required (STREAMLINED)

18055

Asthma

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids; **OR**
- Patient must have experienced frequent asthma symptoms while receiving treatment with oral or inhaled corticosteroids and require single maintenance and reliever therapy; **OR**
- Patient must have experienced frequent asthma symptoms while receiving treatment with a combination of an inhaled corticosteroid and long acting beta-2 agonist and require single maintenance and reliever therapy.

Note This product is not indicated for the initiation of treatment in asthma

Note This drug is not PBS-subsidised for the treatment of chronic obstructive pulmonary disease (COPD).

Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

budesonide 200 microgram/actuation + formoterol fumarate dihydrate 6 microgram/actuation powder for inhalation, 60 actuations

15240D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	4	5	0.00	*60.96	25.00	Bufomix Easyhaler 200/6 [OX]

BUDESONIDE + FORMOTEROL

Authority Required (STREAMLINED)

4404

Asthma

Clinical criteria:

- Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids.

Population criteria:

- Patient must be aged 12 years or over.

Note Unlike Symbicort Turbuhaler 200/6, Symbicort Rapihaler 200/6 is not recommended nor PBS-subsidised for use as 'maintenance and reliever' therapy as the approved Product Information does not specify such use.

Note This product is not indicated for the initiation of treatment in asthma

Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Authority Required (STREAMLINED)

10121

Chronic obstructive pulmonary disease (COPD)

Clinical criteria:

- Patient must have significant symptoms despite regular beta-2 agonist bronchodilator therapy, **AND**
- Patient must have experienced at least one severe COPD exacerbation, which required hospitalisation, or two or more moderate exacerbations in the previous 12 months.

Note This product is not indicated for the initiation of bronchodilator therapy in COPD.

Note The treatment must not be used in combination with LABA monotherapy or LAMA/LABA combination therapy.

Note A LAMA/LABA includes aclidinium/formoterol, glycopyrronium/indacaterol, tiotropium/olodaterol, or umeclidinium/vilanterol.

Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.

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budesonide 200 microgram/actuation + formoterol fumarate dihydrate 6 microgram/actuation inhalation, 120 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10018G NP	2	5	0.00	*60.38	25.00	[a] Cipla Budesonide + Formoterol 200/6 [LR]	[a] Rilast RAPIHALER 200/6 [XT]
			[B]4.82	*65.20	25.00	[a] Symbicort Rapihaler 200/6 [AP]	

BUDESONIDE + FORMOTEROL

Authority Required (STREAMLINED)

15615

Asthma

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids.

Population criteria:

- Patient must be aged 12 years or over.

Note Unlike Symbicort Turbuhaler 200/6, Symbicort Rapihaler 200/6 is not recommended nor PBS-subsidised for use as 'maintenance and reliever' therapy as the approved Product Information does not specify such use.

Note This product is not indicated for the initiation of treatment in asthma

Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Authority Required (STREAMLINED)

15548

Chronic obstructive pulmonary disease (COPD)

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have significant symptoms despite regular beta-2 agonist bronchodilator therapy, **AND**
- Patient must have experienced at least one severe COPD exacerbation, which required hospitalisation, or two or more moderate exacerbations in the previous 12 months.

Note This product is not indicated for the initiation of bronchodilator therapy in COPD.

Note The treatment must not be used in combination with LABA monotherapy or LAMA/LABA combination therapy.
Note A LAMA/LABA includes aclidinium/formoterol, glycopyrronium/indacaterol, tiotropium/olodaterol, or umeclidinium/vilanterol.
Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.

budesonide 200 microgram/actuation + formoterol fumarate dihydrate 6 microgram/actuation inhalation, 120 actuations

14468L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	4	5	0.00	*106.40	25.00	[a] Cipla Budesonide + Formoterol 200/6 [LR]	[a] Rilast RAPIHALER 200/6 [XT]
			[B]9.72	*116.12	25.00	[a] Symbicort Rapihaler 200/6 [AP]	

BUDESONIDE + FORMOTEROL

Note Pharmaceutical benefits that have the brand DuoResp Spiromax 200/6 powder for inhalation, 120 actuations and pharmaceutical benefits that have the brands Bufomix EASYHALER 200/6, Symbicort Turbuhaler 200/6 and Rilast TURBUHALER 200/6 powder for inhalation, 120 actuations are equivalent for the purposes of substitution.
Note Patient must be aged 12 years or over.

Authority Required (STREAMLINED)
7970
Asthma
Clinical criteria:

- Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids; **OR**
- Patient must have experienced frequent asthma symptoms while receiving treatment with oral or inhaled corticosteroids and require single maintenance and reliever therapy; **OR**
- Patient must have experienced frequent asthma symptoms while receiving treatment with a combination of an inhaled corticosteroid and long acting beta-2 agonist and require single maintenance and reliever therapy.

Note This product is not indicated for the initiation of treatment in asthma
Note This drug is not PBS-subsidised for the treatment of chronic obstructive pulmonary disease (COPD).
Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)
Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.
Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

budesonide 200 microgram/actuation + formoterol fumarate dihydrate 6 microgram/actuation powder for inhalation, 120 actuations

8625Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	‡1	5	0.00	37.65	25.00	[a] Bufomix EASYHALER 200/6 [OX]	[a] Rilast TURBUHALER 200/6 [XT]
			[B]3.88	41.53	25.00	[a] Symbicort Turbuhaler 200/6 [AP]	

BUDESONIDE + FORMOTEROL

Note Pharmaceutical benefits that have the brand DuoResp Spiromax 200/6 powder for inhalation, 120 actuations and pharmaceutical benefits that have the brands Bufomix EASYHALER 200/6, Symbicort Turbuhaler 200/6 and Rilast TURBUHALER 200/6 powder for inhalation, 120 actuations are equivalent for the purposes of substitution.
Note Patient must be aged 18 years or older.

Authority Required (STREAMLINED)
7970
Asthma
Clinical criteria:

- Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids; **OR**
- Patient must have experienced frequent asthma symptoms while receiving treatment with oral or inhaled corticosteroids and require single maintenance and reliever therapy; **OR**
- Patient must have experienced frequent asthma symptoms while receiving treatment with a combination of an inhaled corticosteroid and long acting beta-2 agonist and require single maintenance and reliever therapy.

Note This product is not indicated for the initiation of treatment in asthma
Note This drug is not PBS-subsidised for the treatment of chronic obstructive pulmonary disease (COPD).
Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)
Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.
Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

budesonide 200 microgram/actuation + formoterol fumarate dihydrate 6 microgram/actuation powder for inhalation, 120 actuations

11273H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	5	0.00	37.65	25.00	[a] DuoResp Spiromax [EV]

BUDESONIDE + FORMOTEROL

Note Pharmaceutical benefits that have the brand DuoResp Spiromax 200/6 powder for inhalation, 120 actuations and pharmaceutical benefits that have the brands Bufomix EASYHALER 200/6, Symbicort Turbuhaler 200/6 and Rilast TURBUHALER 200/6 powder for inhalation, 120 actuations are equivalent for the purposes of substitution.

Note Patient must be aged 18 years or older.

Authority Required (STREAMLINED)

10464

Mild asthma

Clinical criteria:

- Patient must have asthma and require an anti-inflammatory reliever therapy, **AND**
- Patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA).

Device (inhaler) technique should be reviewed at each clinical visit and before initiating treatment with this medicine.

Note This drug is not PBS-subsidised for the treatment of chronic obstructive pulmonary disease (COPD) or for allergen-induced or exercise-induced bronchoconstriction in the absence of asthma.

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

budesonide 200 microgram/actuation + formoterol fumarate dihydrate 6 microgram/actuation powder for inhalation, 120 actuations

12029D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	2	0.00	37.65	25.00	[a] DuoResp Spiromax [EV]

BUDESONIDE + FORMOTEROL

Note Pharmaceutical benefits that have the brand DuoResp Spiromax 200/6 powder for inhalation, 120 actuations and pharmaceutical benefits that have the brands Bufomix EASYHALER 200/6, Symbicort Turbuhaler 200/6 and Rilast TURBUHALER 200/6 powder for inhalation, 120 actuations are equivalent for the purposes of substitution.

Note Patient must be aged 12 years or over.

Authority Required (STREAMLINED)

10464

Mild asthma

Clinical criteria:

- Patient must have asthma and require an anti-inflammatory reliever therapy, **AND**
- Patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA).

Device (inhaler) technique should be reviewed at each clinical visit and before initiating treatment with this medicine.

Note This drug is not PBS-subsidised for the treatment of chronic obstructive pulmonary disease (COPD) or for allergen-induced or exercise-induced bronchoconstriction in the absence of asthma.

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

budesonide 200 microgram/actuation + formoterol fumarate dihydrate 6 microgram/actuation powder for inhalation, 120 actuations

12041R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	‡1	2	0.00	37.65	25.00	[a] Bufomix EASYHALER 200/6 [OX]	[a] Rilast TURBUHALER 200/6 [XT]
			[B]3.88	41.53	25.00	[a] Symbicort Turbuhaler 200/6 [AP]	

BUDESONIDE + FORMOTEROL

Note Pharmaceutical benefits that have the brand DuoResp Spiromax 200/6 powder for inhalation, 120 actuations and pharmaceutical benefits that have the brands Bufomix EASYHALER 200/6, Symbicort Turbuhaler 200/6 and Rilast TURBUHALER 200/6 powder for inhalation, 120 actuations are equivalent for the purposes of substitution.

Note Patient must be aged 18 years or older.

Authority Required (STREAMLINED)

15680

Asthma

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids; **OR**
- Patient must have experienced frequent asthma symptoms while receiving treatment with oral or inhaled corticosteroids and require single maintenance and reliever therapy; **OR**

- Patient must have experienced frequent asthma symptoms while receiving treatment with a combination of an inhaled corticosteroid and long acting beta-2 agonist and require single maintenance and reliever therapy.

Note This product is not indicated for the initiation of treatment in asthma

Note This drug is not PBS-subsidised for the treatment of chronic obstructive pulmonary disease (COPD).

Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

budesonide 200 microgram/actuation + formoterol fumarate dihydrate 6 microgram/actuation powder for inhalation, 120 actuations

14434Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡2	5	0.00	*60.94	25.00	[a] DuoResp Spiromax [EV]

BUDESONIDE + FORMOTEROL

Note Pharmaceutical benefits that have the brand DuoResp Spiromax 200/6 powder for inhalation, 120 actuations and pharmaceutical benefits that have the brands Bufomix EASYHALER 200/6, Symbicort Turbuhaler 200/6 and Rilast TURBUHALER 200/6 powder for inhalation, 120 actuations are equivalent for the purposes of substitution.

Note Patient must be aged 12 years or over.

Authority Required (STREAMLINED)

15680

Asthma

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids; **OR**
- Patient must have experienced frequent asthma symptoms while receiving treatment with oral or inhaled corticosteroids and require single maintenance and reliever therapy; **OR**
- Patient must have experienced frequent asthma symptoms while receiving treatment with a combination of an inhaled corticosteroid and long acting beta-2 agonist and require single maintenance and reliever therapy.

Note This product is not indicated for the initiation of treatment in asthma

Note This drug is not PBS-subsidised for the treatment of chronic obstructive pulmonary disease (COPD).

Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

budesonide 200 microgram/actuation + formoterol fumarate dihydrate 6 microgram/actuation powder for inhalation, 120 actuations

14439Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	‡2	5	0.00	*60.94	25.00	[a] Bufomix EASYHALER 200/6 [OX]	[a] Rilast TURBUHALER 200/6 [XT]
			[B]7.76	*68.70	25.00	[a] Symbicort Turbuhaler 200/6 [AP]	

BUDESONIDE + FORMOTEROL

Note For prescriptions written for the Maximum Quantity of 2 inhalers (units), item code 11301T (2x60 pack) and item code 13258T (1x60 pack) are substitutable when dispensing 2 inhalers.

Note Pharmaceutical benefits that have the form budesonide 400 microgram/actuation + formoterol (eformoterol) fumarate dihydrate 12 microgram/actuation powder for inhalation, 2 x 60 actuations and pharmaceutical benefits that have the form budesonide 400 microgram/actuation + formoterol (eformoterol) fumarate dihydrate 12 microgram/actuation powder for inhalation, 60 actuations are equivalent for the purposes of substitution when dispensing 2 inhalers at one time.

Authority Required (STREAMLINED)

7979

Asthma

Clinical criteria:

- Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids.

Note Patient must be aged 18 years or older.

Note Budesonide/formoterol fumarate dihydrate powder for inhalation 400/12 microgram strength inhalers are not recommended nor PBS-subsidised for use as 'maintenance and reliever' therapy.

Note This product is not indicated for the initiation of treatment in asthma

Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Authority Required (STREAMLINED)

10121

Chronic obstructive pulmonary disease (COPD)

Clinical criteria:

- Patient must have significant symptoms despite regular beta-2 agonist bronchodilator therapy, **AND**
- Patient must have experienced at least one severe COPD exacerbation, which required hospitalisation, or two or more moderate exacerbations in the previous 12 months.

Note This product is not indicated for the initiation of bronchodilator therapy in COPD.

Note The treatment must not be used in combination with LABA monotherapy or LAMA/LABA combination therapy.

Note A LAMA/LABA includes aclidinium/formoterol, glycopyrronium/indacaterol, tiotropium/olodaterol, or umeclidinium/vilanterol.

Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.

budesonide 400 microgram/actuation + formoterol fumarate dihydrate 12 microgram/actuation powder for inhalation, 2 x 60 actuations

11301T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	5	0.00	60.40	25.00	[a] DuoResp Spiromax [EV]

budesonide 400 microgram/actuation + formoterol fumarate dihydrate 12 microgram/actuation powder for inhalation, 60 actuations

13258T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*60.40	25.00	[a] Bufomix Easyhaler 400/12 [OX]	[a] DuoResp Spiromax [EV]
						[a] Rilast TURBUHALER 400/12 [XT]	
			[B]3.88	64.28	25.00	[a] Symbicort TURBUHALER 400/12 [AP]	

BUDESONIDE + FORMOTEROL

Note For prescriptions written for the Maximum Quantity of 2 inhalers (units), item code 11301T (2x60 pack) and item code 13258T (1x60 pack) are substitutable when dispensing 2 inhalers.

Note Pharmaceutical benefits that have the form budesonide 400 microgram/actuation + formoterol (eformoterol) fumarate dihydrate 12 microgram/actuation powder for inhalation, 2 x 60 actuations and pharmaceutical benefits that have the form budesonide 400 microgram/actuation + formoterol (eformoterol) fumarate dihydrate 12 microgram/actuation powder for inhalation, 60 actuations are equivalent for the purposes of substitution when dispensing 2 inhalers at one time.

Authority Required (STREAMLINED)

15617

Asthma

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids.

Note Patient must be aged 18 years or older.

Note Budesonide/formoterol fumarate dihydrate powder for inhalation 400/12 microgram strength inhalers are not recommended nor PBS-subsidised for use as 'maintenance and reliever' therapy.

Note This product is not indicated for the initiation of treatment in asthma

Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Authority Required (STREAMLINED)

15548

Chronic obstructive pulmonary disease (COPD)

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have significant symptoms despite regular beta-2 agonist bronchodilator therapy, **AND**
- Patient must have experienced at least one severe COPD exacerbation, which required hospitalisation, or two or more moderate exacerbations in the previous 12 months.

Note This product is not indicated for the initiation of bronchodilator therapy in COPD.

Note The treatment must not be used in combination with LABA monotherapy or LAMA/LABA combination therapy.

Note A LAMA/LABA includes aclidinium/formoterol, glycopyrronium/indacaterol, tiotropium/olodaterol, or umeclidinium/vilanterol.

Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.

budesonide 400 microgram/actuation + formoterol fumarate dihydrate 12 microgram/actuation powder for inhalation, 60 actuations

14398T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	4	5	0.00	*106.44	25.00	[a] Bufomix Easyhaler 400/12 [OX]	[a] DuoResp Spiromax [EV]
						[a] Rilast TURBUHALER 400/12 [XT]	
			[B]7.76	114.20	25.00	[a] Symbicort TURBUHALER 400/12 [AP]	

budesonide 400 microgram/actuation + formoterol fumarate dihydrate 12 microgram/actuation powder for inhalation, 2 x 60 actuations

14435R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡2	5	0.00	*106.44	25.00	[a] DuoResp Spiromax [EV]

BUDESONIDE + FORMOTEROL

Note Unlike Symbicort Turbuhaler 200/6, Symbicort Rapihaler 200/6 is not recommended nor PBS-subsidised for use as 'maintenance and reliever' therapy as the approved Product Information does not specify such use.

Note This product is not indicated for the initiation of treatment in asthma

Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Authority Required (STREAMLINED)

10538

Asthma

Clinical criteria:

- Patient must have failed PBS-subsidised fluticasone proprionate and salmeterol as a fixed dose combination for this condition.

Treatment criteria:

- Must be treated by a respiratory physician; **OR**
- Must be treated by a paediatrician.

budesonide 200 microgram/actuation + formoterol fumarate dihydrate 6 microgram/actuation inhalation, 120 actuations

12082X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	‡2	5	0.00	*60.38	25.00	[a] Cipla Budesonide + Formoterol 200/6 [LR]	[a] Rilast RAPIHALER 200/6 [XT]
			[B]4.82	*65.20	25.00	[a] Symbicort Rapihaler 200/6 [AP]	

BUDESONIDE + FORMOTEROL

Note This product is not indicated for the initiation of treatment in asthma

Note This drug is not PBS-subsidised for the treatment of chronic obstructive pulmonary disease (COPD).

Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Authority Required (STREAMLINED)

10538

Asthma

Clinical criteria:

- Patient must have failed PBS-subsidised fluticasone proprionate and salmeterol as a fixed dose combination for this condition.

Treatment criteria:

- Must be treated by a respiratory physician; **OR**
- Must be treated by a paediatrician.

budesonide 100 microgram/actuation + formoterol fumarate dihydrate 3 microgram/actuation inhalation, 120 actuations

12089G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	‡2	5	0.00	*42.32	25.00	[a] Rilast RAPIHALER 100/3 [XT]	
			[B]4.82	*47.14	25.00	[a] Symbicort Rapihaler 100/3 [AP]	

budesonide 100 microgram/actuation + formoterol fumarate dihydrate 6 microgram/actuation powder for inhalation, 120 actuations

12101X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	5	0.00	41.05	25.00	Symbicort Turbuhaler 100/6 [AP]

budesonide 200 microgram/actuation + formoterol fumarate dihydrate 6 microgram/actuation powder for inhalation, 120 actuations

12093L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	‡1	5	0.00	37.65	25.00	[a] Bufomix EASYHALER 200/6 [OX]	[a] DuoResp Spiromax [EV]
						[a] Rilast TURBUHALER 200/6 [XT]	
			[B]3.88	41.53	25.00	[a] Symbicort Turbuhaler 200/6 [AP]	

budesonide 200 microgram/actuation + formoterol fumarate dihydrate 6 microgram/actuation powder for inhalation, 60 actuations

14159F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡2	5	0.00	*37.66	25.00	Bufomix Easyhaler 200/6 [OX]

BUDESONIDE + FORMOTEROL

Note This product is not indicated for the initiation of treatment in asthma

Note This drug is not PBS-subsidised for the treatment of chronic obstructive pulmonary disease (COPD).

Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Authority Required (STREAMLINED)

15577

Asthma

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have failed PBS-subsidised fluticasone proprionate and salmeterol as a fixed dose combination for this condition.

Treatment criteria:

- Must be treated by a respiratory physician; **OR**
- Must be treated by a paediatrician.

budesonide 100 microgram/actuation + formoterol fumarate dihydrate 3 microgram/actuation inhalation, 120 actuations

14535B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	‡4	5	0.00	*70.28	25.00	[a] Rilast RAPIHALER 100/3 [XT]	
			[B]9.64	*79.92	25.00	[a] Symbicort Rapihaler 100/3 [AP]	

budesonide 100 microgram/actuation + formoterol fumarate dihydrate 6 microgram/actuation powder for inhalation, 120 actuations

14437W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡2	5	0.00	*67.74	25.00	Symbicort Turbuhaler 100/6 [AP]

budesonide 200 microgram/actuation + formoterol fumarate dihydrate 6 microgram/actuation powder for inhalation, 120 actuations

14365C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	‡2	5	0.00	*60.94	25.00	[a] Bufomix EASYHALER 200/6 [OX]	[a] DuoResp Spiromax [EV]
						[a] Rilast TURBUHALER 200/6 [XT]	
			[B]7.76	68.70	25.00	[a] Symbicort Turbuhaler 200/6 [AP]	

BUDESONIDE + FORMOTEROL

Note Unlike Symbicort Turbuhaler 200/6, Symbicort Rapihaler 200/6 is not recommended nor PBS-subsidised for use as 'maintenance and reliever' therapy as the approved Product Information does not specify such use.

Note This product is not indicated for the initiation of treatment in asthma
Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)
Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.
Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Authority Required (STREAMLINED)
15577
Asthma
Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have failed PBS-subsidised fluticasone proprionate and salmeterol as a fixed dose combination for this condition.

Treatment criteria:

- Must be treated by a respiratory physician; **OR**
- Must be treated by a paediatrician.

budesonide 200 microgram/actuation + formoterol fumarate dihydrate 6 microgram/actuation inhalation, 120 actuations

14436T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡4	5	0.00	*106.40	25.00	[a] Cipla Budesonide + Formoterol 200/6 [LR]	[a] Rilast RAPIHALER 200/6 [XT]
		[B]9.72	*116.12	25.00	[a] Symbicort Rapihaler 200/6 [AP]	

BUDESONIDE + FORMOTEROL

Note This product is not indicated for the initiation of treatment in asthma
Note This drug is not PBS-subsidised for the treatment of chronic obstructive pulmonary disease (COPD).
Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)
Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.
Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Authority Required (STREAMLINED)
18114
Asthma
Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have failed PBS-subsidised fluticasone proprionate and salmeterol as a fixed dose combination for this condition.

Treatment criteria:

- Must be treated by a respiratory physician; **OR**
- Must be treated by a paediatrician.

budesonide 200 microgram/actuation + formoterol fumarate dihydrate 6 microgram/actuation powder for inhalation, 60 actuations

15233R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	5	0.00	*60.96	25.00	Bufomix Easyhaler 200/6 [OX]

FLUTICASONE FUROATE + VILANTEROL

Authority Required (STREAMLINED)
4731
Asthma
Clinical criteria:

- Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids.

Population criteria:

- Patient must be aged 12 years or over.

Note This drug is not recommended nor PBS-subsidised for use as 'maintenance and reliever' therapy.
Note This drug is not PBS-subsidised for the treatment of chronic obstructive pulmonary disease (COPD).
Note This product is not indicated for the initiation of treatment in asthma
Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)
Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.
Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

fluticasone furoate 200 microgram/actuation + vilanterol 25 microgram/actuation powder for inhalation, 30 actuations

11129R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	5	0.00	70.15	25.00	Breo Ellipta 200/25 [GK]

FLUTICASONE FUROATE + VILANTEROL

Authority Required (STREAMLINED)

15692

Asthma

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids.

Population criteria:

- Patient must be aged 12 years or over.

Note This drug is not recommended nor PBS-subsidised for use as 'maintenance and reliever' therapy.

Note This drug is not PBS-subsidised for the treatment of chronic obstructive pulmonary disease (COPD).

Note This product is not indicated for the initiation of treatment in asthma

Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

fluticasone furoate 200 microgram/actuation + vilanterol 25 microgram/actuation powder for inhalation, 30 actuations

14345B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡2	5	0.00	*126.52	25.00	Breo Ellipta 200/25 [GK]

FLUTICASONE FUROATE + VILANTEROL

Authority Required (STREAMLINED)

4711

Asthma

Clinical criteria:

- Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids.

Population criteria:

- Patient must be aged 12 years or over.

Note This drug is not recommended nor PBS-subsidised for use as 'maintenance and reliever' therapy.

Note This product is not indicated for the initiation of treatment in asthma

Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Authority Required (STREAMLINED)

10121

Chronic obstructive pulmonary disease (COPD)

Clinical criteria:

- Patient must have significant symptoms despite regular beta-2 agonist bronchodilator therapy, **AND**
- Patient must have experienced at least one severe COPD exacerbation, which required hospitalisation, or two or more moderate exacerbations in the previous 12 months.

Note This product is not indicated for the initiation of bronchodilator therapy in COPD.

Note The treatment must not be used in combination with LABA monotherapy or LAMA/LABA combination therapy.

Note A LAMA/LABA includes aclidinium/formoterol, glycopyrronium/indacaterol, tiotropium/olodaterol, or umeclidinium/vilanterol.

Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.

fluticasone furoate 100 microgram/actuation + vilanterol 25 microgram/actuation powder for inhalation, 30 actuations

11124L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	5	0.00	55.86	25.00	Breo Ellipta 100/25 [GK]

FLUTICASONE FUROATE + VILANTEROL

Authority Required (STREAMLINED)

15546

Asthma

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids.

Population criteria:

- Patient must be aged 12 years or over.

Note This drug is not recommended nor PBS-subsidised for use as 'maintenance and reliever' therapy.
Note This product is not indicated for the initiation of treatment in asthma
Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)
Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.
Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Authority Required (STREAMLINED)

15548

Chronic obstructive pulmonary disease (COPD)

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have significant symptoms despite regular beta-2 agonist bronchodilator therapy, **AND**
- Patient must have experienced at least one severe COPD exacerbation, which required hospitalisation, or two or more moderate exacerbations in the previous 12 months.

Note This product is not indicated for the initiation of bronchodilator therapy in COPD.
Note The treatment must not be used in combination with LABA monotherapy or LAMA/LABA combination therapy.
Note A LAMA/LABA includes aclidinium/formoterol, glycopyrronium/indacaterol, tiotropium/olodaterol, or umeclidinium/vilanterol.
Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.

fluticasone furoate 100 microgram/actuation + vilanterol 25 microgram/actuation powder for inhalation, 30 actuations

14379T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡2	5	0.00	*97.36	25.00	Breo Ellipta 100/25 [GK]

FLUTICASONE PROPIONATE + FORMOTEROL

Authority Required (STREAMLINED)

4395

Asthma

Clinical criteria:

- Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids.

Population criteria:

- Patient must be aged 12 years or over.

Note Flutiform is not recommended nor PBS-subsidised for use as 'maintenance and reliever' therapy.
Note Flutiform is not indicated or PBS-subsidised for bronchodilator therapy in COPD.
Note This product is not indicated for the initiation of treatment in asthma
Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)
Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.
Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

fluticasone propionate 50 microgram/actuation + formoterol fumarate dihydrate 5 microgram/actuation inhalation, 120 actuations

2827T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	5	0.00	39.40	25.00	flutiform 50/5 [MF]

fluticasone propionate 125 microgram/actuation + formoterol fumarate dihydrate 5 microgram/actuation inhalation, 120 actuations

10007Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	5	0.00	39.96	25.00	flutiform 125/5 [MF]

fluticasone propionate 250 microgram/actuation + formoterol fumarate dihydrate 10 microgram/actuation inhalation, 120 actuations

10008R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	5	0.00	51.32	25.00	flutiform 250/10 [MF]

FLUTICASONE PROPIONATE + FORMOTEROL

Authority Required (STREAMLINED)

15635

Asthma

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids.

Population criteria:

- Patient must be aged 12 years or over.

Note Flutiform is not recommended nor PBS-subsidised for use as 'maintenance and reliever' therapy.

Note Flutiform is not indicated or PBS-subsidised for bronchodilator therapy in COPD.

Note This product is not indicated for the initiation of treatment in asthma

Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

fluticasone propionate 50 microgram/actuation + formoterol fumarate dihydrate 5 microgram/actuation inhalation, 120 actuations

14411L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡2	5	0.00	*64.44	25.00	flutiform 50/5 [MF]

fluticasone propionate 125 microgram/actuation + formoterol fumarate dihydrate 5 microgram/actuation inhalation, 120 actuations

14343X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡2	5	0.00	*65.56	25.00	flutiform 125/5 [MF]

fluticasone propionate 250 microgram/actuation + formoterol fumarate dihydrate 10 microgram/actuation inhalation, 120 actuations

14344Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡2	5	0.00	*88.28	25.00	flutiform 250/10 [MF]

FLUTICASONE PROPIONATE + SALMETEROL

Authority Required (STREAMLINED)

4930

Asthma

Clinical criteria:

- Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids.

Population criteria:

- Patient must be aged 4 years or older.

Note This product is not indicated for the initiation of treatment in asthma

Note This drug is not PBS-subsidised for the treatment of chronic obstructive pulmonary disease (COPD).

Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

fluticasone propionate 50 microgram/actuation + salmeterol 25 microgram/actuation inhalation, 120 actuations

8517G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	‡1	5	0.00	43.92	25.00	[a] PAVTIDE MDI 50/25 [TX]	
			[B]3.88	47.80	25.00	[a] Seretide MDI 50/25 [GK]	

fluticasone propionate 100 microgram/actuation + salmeterol 50 microgram/actuation powder for inhalation, 60 actuations

8430Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	‡1	5	0.00	43.92	25.00	[a] PAVTIDE ACCUHALER 100/50 [TX]	
			[B]3.88	47.80	25.00	[a] Seretide Accuhaler 100/50 [GK]	

fluticasone propionate 125 microgram/actuation + salmeterol 25 microgram/actuation inhalation, 120 actuations

8518H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	‡1	5	0.00	42.59	25.00	[a] Evocair MDI [AF]	[a] Fluticasone + Salmeterol Cipla 125/25 [LR]

8518H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
						[a] Pavtide [TX]	[a] SalplusF Inhaler 125/25 [SZ]
			[B]4.85	47.44	25.00	[a] Seretide MDI 125/25 [GK]	

FLUTICASONE PROPIONATE + SALMETEROL

Authority Required (STREAMLINED)

15604

Asthma

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids.

Population criteria:

- Patient must be aged 4 years or older.

Note This product is not indicated for the initiation of treatment in asthma

Note This drug is not PBS-subsidised for the treatment of chronic obstructive pulmonary disease (COPD).

Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

fluticasone propionate 50 microgram/actuation + salmeterol 25 microgram/actuation inhalation, 120 actuations

14414P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	‡2	5	0.00	*73.48	25.00	[a] PAVTIDE MDI 50/25 [TX]	
			[B]7.76	*81.24	25.00	[a] Seretide MDI 50/25 [GK]	

fluticasone propionate 100 microgram/actuation + salmeterol 50 microgram/actuation powder for inhalation, 60 actuations

14413N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	‡2	5	0.00	*73.48	25.00	[a] PAVTIDE ACCUHALER 100/50 [TX]	
			[B]7.76	*81.24	25.00	[a] Seretide Accuhaler 100/50 [GK]	

fluticasone propionate 125 microgram/actuation + salmeterol 25 microgram/actuation inhalation, 120 actuations

14544L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	‡2	5	0.00	*70.82	25.00	[a] Evocair MDI [AF]	[a] Fluticasone + Salmeterol Cipla 125/25 [LR]
						[a] Pavtide [TX]	[a] SalplusF Inhaler 125/25 [SZ]
			[B]9.70	80.52	25.00	[a] Seretide MDI 125/25 [GK]	

FLUTICASONE PROPIONATE + SALMETEROL

Authority Required (STREAMLINED)

15118

Asthma

Clinical criteria:

- Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids.

Note This product is not indicated for the initiation of treatment in asthma

Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Authority Required (STREAMLINED)

10121

Chronic obstructive pulmonary disease (COPD)

Clinical criteria:

- Patient must have significant symptoms despite regular beta-2 agonist bronchodilator therapy, **AND**
- Patient must have experienced at least one severe COPD exacerbation, which required hospitalisation, or two or more moderate exacerbations in the previous 12 months.

Note This product is not indicated for the initiation of bronchodilator therapy in COPD.

Note The treatment must not be used in combination with LABA monotherapy or LAMA/LABA combination therapy.

Note A LAMA/LABA includes aclidinium/formoterol, glycopyrronium/indacaterol, tiotropium/olodaterol, or umeclidinium/vilanterol.

Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.

fluticasone propionate 500 microgram/actuation + salmeterol 50 microgram/actuation powder for inhalation, 60 actuations

8432T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	‡1	5	0.00	52.59	25.00	[a] Fluticasone Salmeterol Ciphaler 500/50 [LR]	[a] PAVTIDE ACCUHALER 500/50 [TX]
						[a] Salflumix Easyhaler 500/50 [OX]	[a] SalplusF DPI 500/50 [SZ]
			[B]3.88	56.47	25.00	[a] Seretide Accuhaler 500/50 [GK]	

FLUTICASONE PROPIONATE + SALMETEROL

Authority Required (STREAMLINED)

4930

Asthma

Clinical criteria:

- Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids.

Population criteria:

- Patient must be aged 4 years or older.

Note This product is not indicated for the initiation of treatment in asthma

Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Authority Required (STREAMLINED)

10121

Chronic obstructive pulmonary disease (COPD)

Clinical criteria:

- Patient must have significant symptoms despite regular beta-2 agonist bronchodilator therapy, **AND**
- Patient must have experienced at least one severe COPD exacerbation, which required hospitalisation, or two or more moderate exacerbations in the previous 12 months.

Note This product is not indicated for the initiation of bronchodilator therapy in COPD.

Note The treatment must not be used in combination with LABA monotherapy or LAMA/LABA combination therapy.

Note A LAMA/LABA includes aclidinium/formoterol, glycopyrronium/indacaterol, tiotropium/olodaterol, or umeclidinium/vilanterol.

Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.

fluticasone propionate 250 microgram/actuation + salmeterol 25 microgram/actuation inhalation, 120 actuations

8519J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	‡1	5	0.00	52.59	25.00	[a] Evocair MDI [AF]	[a] Fluticasone + Salmeterol Cipla 250/25 [LR]
						[a] Pavtide [TX]	[a] SalplusF Inhaler 250/25 [SZ]
			[B]3.88	56.47	25.00	[a] Seretide MDI 250/25 [GK]	

FLUTICASONE PROPIONATE + SALMETEROL

Authority Required (STREAMLINED)

15715

Asthma

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids.

Population criteria:

- Patient must be aged 4 years or older.

Note This product is not indicated for the initiation of treatment in asthma

Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Authority Required (STREAMLINED)

15548

Chronic obstructive pulmonary disease (COPD)

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have significant symptoms despite regular beta-2 agonist bronchodilator therapy, **AND**
- Patient must have experienced at least one severe COPD exacerbation, which required hospitalisation, or two or more moderate exacerbations in the previous 12 months.

Note This product is not indicated for the initiation of bronchodilator therapy in COPD.

Note The treatment must not be used in combination with LABA monotherapy or LAMA/LABA combination therapy.

Note A LAMA/LABA includes aclidinium/formoterol, glycopyrronium/indacaterol, tiotropium/olodaterol, or umeclidinium/vilanterol.

Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.

fluticasone propionate 250 microgram/actuation + salmeterol 25 microgram/actuation inhalation, 120 actuations

14311F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	‡2	5	0.00	*90.82	25.00	[a] Evocair MDI [AF]	[a] Fluticasone + Salmeterol Cipla 250/25 [LR]
						[a] Pavtide [TX]	[a] SalplusF Inhaler 250/25 [SZ]
			[B]7.76	98.58	25.00	[a] Seretide MDI 250/25 [GK]	

FLUTICASONE PROPIONATE + SALMETEROL

Authority Required (STREAMLINED)

15714

Asthma

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids.

Note This product is not indicated for the initiation of treatment in asthma

Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Authority Required (STREAMLINED)

15548

Chronic obstructive pulmonary disease (COPD)

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have significant symptoms despite regular beta-2 agonist bronchodilator therapy, **AND**
- Patient must have experienced at least one severe COPD exacerbation, which required hospitalisation, or two or more moderate exacerbations in the previous 12 months.

Note This product is not indicated for the initiation of bronchodilator therapy in COPD.

Note The treatment must not be used in combination with LABA monotherapy or LAMA/LABA combination therapy.

Note A LAMA/LABA includes aclidinium/formoterol, glycopyrronium/indacaterol, tiotropium/olodaterol, or umeclidinium/vilanterol.

Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.

fluticasone propionate 500 microgram/actuation + salmeterol 50 microgram/actuation powder for inhalation, 60 actuations

14450M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	‡2	5	0.00	*90.82	25.00	[a] Fluticasone Salmeterol Ciphaler 500/50 [LR]	[a] PAVTIDE ACCUHALER 500/50 [TX]
						[a] Salflumix Easyhaler 500/50 [OX]	[a] SalplusF DPI 500/50 [SZ]
			[B]7.76	98.58	25.00	[a] Seretide Accuhaler 500/50 [GK]	

FLUTICASONE PROPIONATE + SALMETEROL

Note This product is not indicated for the initiation of treatment in asthma

Note This drug is not PBS-subsidised for the treatment of chronic obstructive pulmonary disease (COPD).

Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Authority Required (STREAMLINED)

15138

Asthma

Clinical criteria:

- Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids.

fluticasone propionate 250 microgram/actuation + salmeterol 50 microgram/actuation powder for inhalation, 60 actuations

8431R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	‡1	5	0.00	42.59	25.00	[a] Fluticasone Salmeterol Ciphaler 250/50 [LR]	[a] PAVTIDE ACCUHALER 250/50 [TX]
						[a] Salflumix Easyhaler 250/50 [OX]	[a] SalplusF DPI 250/50 [SZ]
			[B]4.85	47.44	25.00	[a] Seretide Accuhaler 250/50 [GK]	

FLUTICASONE PROPIONATE + SALMETEROL

Note This product is not indicated for the initiation of treatment in asthma

Note This drug is not PBS-subsidised for the treatment of chronic obstructive pulmonary disease (COPD).

Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Authority Required (STREAMLINED)

15693

Asthma

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids.

fluticasone propionate 250 microgram/actuation + salmeterol 50 microgram/actuation powder for inhalation, 60 actuations

14449L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	‡2	5	0.00	*70.82	25.00	[a] Fluticasone Salmeterol Ciphaler 250/50 [LR]	[a] PAVTIDE ACCUHALER 250/50 [TX]
						[a] Salflumix Easyhaler 250/50 [OX]	[a] SalplusF DPI 250/50 [SZ]
			[B]9.70	80.52	25.00	[a] Seretide Accuhaler 250/50 [GK]	

INDACATEROL + MOMETASONE

Authority Required (STREAMLINED)

11360

Asthma

Clinical criteria:

- Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids.

Population criteria:

- Patient must be aged 12 years or over.

Note This product is not indicated for the initiation of treatment in asthma

Note This product is not PBS-subsidised for the treatment of chronic obstructive pulmonary disease (COPD).

Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

indacaterol 125 microgram + mometasone furoate 62.5 microgram powder for inhalation, 30 capsules

12269R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	38.14	25.00	Atectura Breezhaler [NV]

indacaterol 125 microgram + mometasone furoate 127.5 microgram powder for inhalation, 30 capsules

12289T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	43.77	25.00	Atectura Breezhaler [NV]

indacaterol 125 microgram + mometasone furoate 260 microgram powder for inhalation, 30 capsules

12279G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	59.13	25.00	Atectura Breezhaler [NV]

INDACATEROL + MOMETASONE

Authority Required (STREAMLINED)

15653

Asthma

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids.

Population criteria:

- Patient must be aged 12 years or over.

Note This product is not indicated for the initiation of treatment in asthma

Note This product is not PBS-subsidised for the treatment of chronic obstructive pulmonary disease (COPD).

Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

indacaterol 125 microgram + mometasone furoate 62.5 microgram powder for inhalation, 30 capsules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14332H NP	2	5	0.00	*61.92	25.00	Atectura Breezhaler [NV]

indacaterol 125 microgram + mometasone furoate 127.5 microgram powder for inhalation, 30 capsules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14333J NP	2	5	0.00	*73.18	25.00	Atectura Breezhaler [NV]

indacaterol 125 microgram + mometasone furoate 260 microgram powder for inhalation, 30 capsules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14441C NP	2	5	0.00	*103.90	25.00	Atectura Breezhaler [NV]

Adrenergics in combination with anticholinergics incl. triple combinations with corticosteroids

ACLIDINIUM + FORMOTEROL

Authority Required (STREAMLINED)

7798

Chronic obstructive pulmonary disease (COPD)

Clinical criteria:

- Patient must have COPD symptoms that persist despite regular bronchodilator treatment with a long acting muscarinic antagonist (LAMA); **OR**
- Patient must have COPD symptoms that persist despite regular bronchodilator treatment with a long acting beta 2 agonist (LABA); **OR**
- Patient must have been stabilised on a combination of a LAMA and a LABA.

Note This product is not PBS-subsidised for the treatment of asthma.

Note This product is not indicated for the initiation of bronchodilator therapy in COPD.

Note The treatment must not be used in combination with an ICS/LABA, LAMA, LABA, or SAMA

Note A LAMA includes tiotropium, glycopyrronium, aclidinium or umeclidinium.

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note A SAMA includes ipratropium

Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

aclidinium 340 microgram/actuation + formoterol fumarate dihydrate 12 microgram/actuation powder for inhalation, 60 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10565C NP	‡1	5	0.00	78.59	25.00	Brimica Genuair [FK]

ACLIDINIUM + FORMOTEROL

Authority Required (STREAMLINED)

15691

Chronic obstructive pulmonary disease (COPD)

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have COPD symptoms that persist despite regular bronchodilator treatment with a long acting muscarinic antagonist (LAMA); **OR**

- Patient must have COPD symptoms that persist despite regular bronchodilator treatment with a long acting beta 2 agonist (LABA); **OR**
- Patient must have been stabilised on a combination of a LAMA and a LABA.

Note This product is not PBS-subsidised for the treatment of asthma.

Note This product is not indicated for the initiation of bronchodilator therapy in COPD.

Note The treatment must not be used in combination with an ICS/LABA, LAMA, LABA, or SAMA

Note A LAMA includes tiotropium, glycopyrronium, aclidinium or umeclidinium.

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note A SAMA includes ipratropium

Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

aclidinium 340 microgram/actuation + formoterol fumarate dihydrate 12 microgram/actuation powder for inhalation, 60 actuations

14410K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡2	5	0.00	*144.24	25.00	Brimica Genuair [FK]

BECLOMETASONE + FORMOTEROL + GLYCOPYRRONIUM

Note Formal assessment and correction of inhaler technique should be performed in accordance with the COPD-X Plan (available at http://copdx.org.au/); the assessment and adherence to correct technique should be documented in the patient's medical records.

Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.

Note The treatment must not be used in combination with an ICS/LABA, LABA/LAMA or LAMA, LABA or ICS monotherapy.

Note A LAMA includes tiotropium, glycopyrronium, aclidinium or umeclidinium.

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note An ICS includes fluticasone propionate, fluticasone furoate, budesonide, beclometasone or ciclesonide.

Authority Required (STREAMLINED)

12349

Chronic obstructive pulmonary disease (COPD)

Clinical criteria:

- Patient must have experienced at least one severe COPD exacerbation, which required hospitalisation, or two or more moderate exacerbations in the previous 12 months, with significant symptoms despite regular bronchodilator therapy with a long acting muscarinic antagonist (LAMA) and a long acting beta-2 agonist (LABA) or an inhaled corticosteroid (ICS) and a LABA; **OR**
- Patient must have been stabilised on a combination of a LAMA, LABA and an ICS for this condition.

Treatment criteria:

- Patient must not be undergoing treatment with this product in each of the following circumstances: (i) treatment of asthma in the absence of a COPD diagnosis, (ii) initiation of bronchodilator therapy in COPD, (iii) use as reliever therapy for asthma, (iv) dosed at an interval/frequency that differs to that recommended in the approved Product Information.

beclometasone dipropionate 100 microgram/actuation + formoterol fumarate dihydrate 6 microgram/actuation + glycopyrronium 10 microgram/actuation inhalation, 120 actuations

12468F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	5	0.00	73.86	25.00	Trimbow [EU]

BECLOMETASONE + FORMOTEROL + GLYCOPYRRONIUM

Note Formal assessment and correction of inhaler technique should be performed in accordance with the COPD-X Plan (available at http://copdx.org.au/); the assessment and adherence to correct technique should be documented in the patient's medical records.

Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.

Note The treatment must not be used in combination with an ICS/LABA, LABA/LAMA or LAMA, LABA or ICS monotherapy.

Note A LAMA includes tiotropium, glycopyrronium, aclidinium or umeclidinium.

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note An ICS includes fluticasone propionate, fluticasone furoate, budesonide, beclometasone or ciclesonide.

Authority Required (STREAMLINED)

15543

Chronic obstructive pulmonary disease (COPD)

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have experienced at least one severe COPD exacerbation, which required hospitalisation, or two or more moderate exacerbations in the previous 12 months, with significant symptoms despite regular bronchodilator therapy with a long acting muscarinic antagonist (LAMA) and a long acting beta-2 agonist (LABA) or an inhaled corticosteroid (ICS) and a LABA; **OR**

- Patient must have been stabilised on a combination of a LAMA, LABA and an ICS for this condition.

Treatment criteria:

- Patient must not be undergoing treatment with this product in each of the following circumstances: (i) treatment of asthma in the absence of a COPD diagnosis, (ii) initiation of bronchodilator therapy in COPD, (iii) use as reliever therapy for asthma, (iv) dosed at an interval/frequency that differs to that recommended in the approved Product Information.

beclometasone dipropionate 100 microgram/actuation + formoterol fumarate dihydrate 6 microgram/actuation + glycopyrronium 10 microgram/actuation inhalation, 120 actuations

14310E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡2	5	0.00	*134.32	25.00	Trimbow [EU]

BECLOMETASONE + FORMOTEROL + GLYCOPYRRONIUM

Note Formal assessment and correction of inhaler technique should be performed in accordance with the National Asthma Council (NAC) Information Paper for Health Professionals on Inhaler Technique (available at www.nationalasthma.org.au); the assessment and adherence to correct technique should be documented in the patient's medical records. Patients can obtain support with inhaler technique through their local Asthma Foundation (1800 645 130).

Note This product is not indicated for the initiation of treatment in asthma

Note The treatment must not be used in combination with an ICS/LABA, LABA/LAMA or LAMA, LABA or ICS monotherapy.

Note A LAMA includes tiotropium, glycopyrronium, aclidinium or umeclidinium.

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note An ICS includes fluticasone propionate, fluticasone furoate, budesonide, beclometasone or ciclesonide.

Authority Required (STREAMLINED)

12603

Severe asthma

Clinical criteria:

- Patient must have experienced at least one severe asthma exacerbation in the 12 months prior to having first commenced treatment for severe asthma, which required systemic corticosteroid treatment despite each of: (i) receiving optimised asthma therapy, (ii) being assessed for adherence to therapy, (iii) being assessed for correct inhaler technique.

Population criteria:

- Patient must be at least 18 years of age.

Optimised asthma therapy includes adherence to the maintenance combination of an inhaled corticosteroid (at least 800 micrograms budesonide per day or equivalent) and a long acting beta-2 agonist.

beclometasone dipropionate 100 microgram/actuation + formoterol fumarate dihydrate 6 microgram/actuation + glycopyrronium 10 microgram/actuation inhalation, 120 actuations

14606R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	5	0.00	73.86	25.00	Trimbow [EU]

BECLOMETASONE + FORMOTEROL + GLYCOPYRRONIUM

Note Formal assessment and correction of inhaler technique should be performed in accordance with the National Asthma Council (NAC) Information Paper for Health Professionals on Inhaler Technique (available at www.nationalasthma.org.au); the assessment and adherence to correct technique should be documented in the patient's medical records. Patients can obtain support with inhaler technique through their local Asthma Foundation (1800 645 130).

Note This product is not indicated for the initiation of treatment in asthma

Note The treatment must not be used in combination with an ICS/LABA, LABA/LAMA or LAMA, LABA or ICS monotherapy.

Note A LAMA includes tiotropium, glycopyrronium, aclidinium or umeclidinium.

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note An ICS includes fluticasone propionate, fluticasone furoate, budesonide, beclometasone or ciclesonide.

Authority Required (STREAMLINED)

18121

Severe asthma

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have experienced at least one severe asthma exacerbation in the 12 months prior to having first commenced treatment for severe asthma, which required systemic corticosteroid treatment despite each of: (i) receiving optimised asthma therapy, (ii) being assessed for adherence to therapy, (iii) being assessed for correct inhaler technique.

Population criteria:

- Patient must be at least 18 years of age.

Optimised asthma therapy includes adherence to the maintenance combination of an inhaled corticosteroid (at least 800 micrograms budesonide per day or equivalent) and a long acting beta-2 agonist.

beclometasone dipropionate 100 microgram/actuation + formoterol fumarate dihydrate 6 microgram/actuation + glycopyrronium 10 microgram/actuation inhalation, 120 actuations

15243G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*134.32	25.00	Trimbow [EU]

BECLOMETASONE + FORMOTEROL + GLYCOPYRRONIUM

Note Formal assessment and correction of inhaler technique should be performed in accordance with the National Asthma Council (NAC) Information Paper for Health Professionals on Inhaler Technique (available at www.nationalasthma.org.au); the assessment and adherence to correct technique should be documented in the patient's medical records. Patients can obtain support with inhaler technique through their local Asthma Foundation (1800 645 130).

Note This product is not indicated for the initiation of treatment in asthma

Note This pharmaceutical benefit is not for the treatment of chronic obstructive pulmonary disease (COPD).

Note The treatment must not be used in combination with an ICS/LABA, LABA/LAMA or LAMA, LABA or ICS monotherapy.

Note A LAMA includes tiotropium, glycopyrronium, aclidinium or umeclidinium.

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note An ICS includes fluticasone propionate, fluticasone furoate, budesonide, beclometasone or ciclesonide.

Authority Required (STREAMLINED)

12603

Severe asthma

Clinical criteria:

- Patient must have experienced at least one severe asthma exacerbation in the 12 months prior to having first commenced treatment for severe asthma, which required systemic corticosteroid treatment despite each of: (i) receiving optimised asthma therapy, (ii) being assessed for adherence to therapy, (iii) being assessed for correct inhaler technique.

Population criteria:

- Patient must be at least 18 years of age.

Optimised asthma therapy includes adherence to the maintenance combination of an inhaled corticosteroid (at least 800 micrograms budesonide per day or equivalent) and a long acting beta-2 agonist.

beclometasone dipropionate 200 microgram/actuation + formoterol fumarate dihydrate 6 microgram/actuation + glycopyrronium 10 microgram/actuation inhalation, 120 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13200R NP	‡1	5	0.00	78.84	25.00	Trimbow [EU]

BECLOMETASONE + FORMOTEROL + GLYCOPYRRONIUM

Note Formal assessment and correction of inhaler technique should be performed in accordance with the National Asthma Council (NAC) Information Paper for Health Professionals on Inhaler Technique (available at www.nationalasthma.org.au); the assessment and adherence to correct technique should be documented in the patient's medical records. Patients can obtain support with inhaler technique through their local Asthma Foundation (1800 645 130).

Note This product is not indicated for the initiation of treatment in asthma

Note This pharmaceutical benefit is not for the treatment of chronic obstructive pulmonary disease (COPD).

Note The treatment must not be used in combination with an ICS/LABA, LABA/LAMA or LAMA, LABA or ICS monotherapy.

Note A LAMA includes tiotropium, glycopyrronium, aclidinium or umeclidinium.

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note An ICS includes fluticasone propionate, fluticasone furoate, budesonide, beclometasone or ciclesonide.

Authority Required (STREAMLINED)

18121

Severe asthma

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have experienced at least one severe asthma exacerbation in the 12 months prior to having first commenced treatment for severe asthma, which required systemic corticosteroid treatment despite each of: (i) receiving optimised asthma therapy, (ii) being assessed for adherence to therapy, (iii) being assessed for correct inhaler technique.

Population criteria:

- Patient must be at least 18 years of age.

Optimised asthma therapy includes adherence to the maintenance combination of an inhaled corticosteroid (at least 800 micrograms budesonide per day or equivalent) and a long acting beta-2 agonist.

beclometasone dipropionate 200 microgram/actuation + formoterol fumarate dihydrate 6 microgram/actuation + glycopyrronium 10 microgram/actuation inhalation, 120 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15232Q NP	2	5	0.00	*144.76	25.00	Trimbow [EU]

BUDESONIDE + GLYCOPYRRONIUM + FORMOTEROL

Note Formal assessment and correction of inhaler technique should be performed in accordance with the COPD-X Plan (available at http://copdx.org.au/); the assessment and adherence to correct technique should be documented in the patient's medical records.

Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.

Note The treatment must not be used in combination with an ICS/LABA, LABA/LAMA or LAMA, LABA or ICS monotherapy.

Note A LAMA includes tiotropium, glycopyrronium, aclidinium or umeclidinium.

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note An ICS includes fluticasone propionate, fluticasone furoate, budesonide, beclometasone or ciclesonide.

Authority Required (STREAMLINED)

12349

Chronic obstructive pulmonary disease (COPD)

Clinical criteria:

- Patient must have experienced at least one severe COPD exacerbation, which required hospitalisation, or two or more moderate exacerbations in the previous 12 months, with significant symptoms despite regular bronchodilator therapy with a long acting muscarinic antagonist (LAMA) and a long acting beta-2 agonist (LABA) or an inhaled corticosteroid (ICS) and a LABA; **OR**
- Patient must have been stabilised on a combination of a LAMA, LABA and an ICS for this condition.

Treatment criteria:

- Patient must not be undergoing treatment with this product in each of the following circumstances: (i) treatment of asthma in the absence of a COPD diagnosis, (ii) initiation of bronchodilator therapy in COPD, (iii) use as reliever therapy for asthma, (iv) dosed at an interval/frequency that differs to that recommended in the approved Product Information.

budesonide 160 microgram/actuation + glycopyrronium 7.2 microgram/actuation + formoterol fumarate dihydrate 5 microgram/actuation inhalation, 120 actuations

12672Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	5	0.00	77.91	25.00	Breztri Aerosphere [AP]

BUDESONIDE + GLYCOPYRRONIUM + FORMOTEROL

Note Formal assessment and correction of inhaler technique should be performed in accordance with the COPD-X Plan (available at http://copdx.org.au/); the assessment and adherence to correct technique should be documented in the patient's medical records.

Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.

Note The treatment must not be used in combination with an ICS/LABA, LABA/LAMA or LAMA, LABA or ICS monotherapy.

Note A LAMA includes tiotropium, glycopyrronium, aclidinium or umeclidinium.

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note An ICS includes fluticasone propionate, fluticasone furoate, budesonide, beclometasone or ciclesonide.

Authority Required (STREAMLINED)

15543

Chronic obstructive pulmonary disease (COPD)

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have experienced at least one severe COPD exacerbation, which required hospitalisation, or two or more moderate exacerbations in the previous 12 months, with significant symptoms despite regular bronchodilator therapy with a long acting muscarinic antagonist (LAMA) and a long acting beta-2 agonist (LABA) or an inhaled corticosteroid (ICS) and a LABA; **OR**
- Patient must have been stabilised on a combination of a LAMA, LABA and an ICS for this condition.

Treatment criteria:

- Patient must not be undergoing treatment with this product in each of the following circumstances: (i) treatment of asthma in the absence of a COPD diagnosis, (ii) initiation of bronchodilator therapy in COPD, (iii) use as reliever therapy for asthma, (iv) dosed at an interval/frequency that differs to that recommended in the approved Product Information.

budesonide 160 microgram/actuation + glycopyrronium 7.2 microgram/actuation + formoterol fumarate dihydrate 5 microgram/actuation inhalation, 120 actuations

14536C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡2	5	0.00	*142.82	25.00	Breztri Aerosphere [AP]

FLUTICASONE FUROATE + UMECLIDINIUM + VILANTEROL

Note Formal assessment and correction of inhaler technique should be performed in accordance with the COPD-X Plan (available at http://copdx.org.au/); the assessment and adherence to correct technique should be documented in the patient's medical records.

Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.

Note The treatment must not be used in combination with an ICS/LABA, LABA/LAMA or LAMA, LABA or ICS monotherapy.

Note A LAMA includes tiotropium, glycopyrronium, aclidinium or umeclidinium.

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note An ICS includes fluticasone propionate, fluticasone furoate, budesonide, beclometasone or ciclesonide.

Authority Required (STREAMLINED)

12349

Chronic obstructive pulmonary disease (COPD)

Clinical criteria:

- Patient must have experienced at least one severe COPD exacerbation, which required hospitalisation, or two or more moderate exacerbations in the previous 12 months, with significant symptoms despite regular bronchodilator therapy with

a long acting muscarinic antagonist (LAMA) and a long acting beta-2 agonist (LABA) or an inhaled corticosteroid (ICS) and a LABA; **OR**

- Patient must have been stabilised on a combination of a LAMA, LABA and an ICS for this condition.

Treatment criteria:

- Patient must not be undergoing treatment with this product in each of the following circumstances: (i) treatment of asthma in the absence of a COPD diagnosis, (ii) initiation of bronchodilator therapy in COPD, (iii) use as reliever therapy for asthma, (iv) dosed at an interval/frequency that differs to that recommended in the approved Product Information.

fluticasone furoate 100 microgram/actuation + umeclidinium 62.5 microgram/actuation + vilanterol 25 microgram/actuation powder for inhalation, 30 actuations

11379X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	5	0.00	84.09	25.00	Trelegy Ellipta 100/62.5/25 [GK]

FLUTICASONE FUROATE + UMECLIDINIUM + VILANTEROL

Note Formal assessment and correction of inhaler technique should be performed in accordance with the COPD-X Plan (available at http://copdx.org.au/); the assessment and adherence to correct technique should be documented in the patient's medical records.

Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.

Note The treatment must not be used in combination with an ICS/LABA, LABA/LAMA or LAMA, LABA or ICS monotherapy.

Note A LAMA includes tiotropium, glycopyrronium, aclidinium or umeclidinium.

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note An ICS includes fluticasone propionate, fluticasone furoate, budesonide, beclometasone or ciclesonide.

Authority Required (STREAMLINED)

15543

Chronic obstructive pulmonary disease (COPD)

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have experienced at least one severe COPD exacerbation, which required hospitalisation, or two or more moderate exacerbations in the previous 12 months, with significant symptoms despite regular bronchodilator therapy with a long acting muscarinic antagonist (LAMA) and a long acting beta-2 agonist (LABA) or an inhaled corticosteroid (ICS) and a LABA; **OR**
- Patient must have been stabilised on a combination of a LAMA, LABA and an ICS for this condition.

Treatment criteria:

- Patient must not be undergoing treatment with this product in each of the following circumstances: (i) treatment of asthma in the absence of a COPD diagnosis, (ii) initiation of bronchodilator therapy in COPD, (iii) use as reliever therapy for asthma, (iv) dosed at an interval/frequency that differs to that recommended in the approved Product Information.

fluticasone furoate 100 microgram/actuation + umeclidinium 62.5 microgram/actuation + vilanterol 25 microgram/actuation powder for inhalation, 30 actuations

14346C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡2	5	0.00	*155.80	25.00	Trelegy Ellipta 100/62.5/25 [GK]

FLUTICASONE FUROATE + UMECLIDINIUM + VILANTEROL

Note Formal assessment and correction of inhaler technique should be performed in accordance with the National Asthma Council (NAC) Information Paper for Health Professionals on Inhaler Technique (available at www.nationalasthma.org.au); the assessment and adherence to correct technique should be documented in the patient's medical records. Patients can obtain support with inhaler technique through their local Asthma Foundation (1800 645 130).

Note This pharmaceutical benefit is not for the treatment of chronic obstructive pulmonary disease (COPD).

Note This product is not indicated for the initiation of treatment in asthma

Note The treatment must not be used in combination with an ICS/LABA, LABA/LAMA or LAMA, LABA or ICS monotherapy.

Note A LAMA includes tiotropium, glycopyrronium, aclidinium or umeclidinium.

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note An ICS includes fluticasone propionate, fluticasone furoate, budesonide, beclometasone or ciclesonide.

Authority Required (STREAMLINED)

12603

Severe asthma

Clinical criteria:

- Patient must have experienced at least one severe asthma exacerbation in the 12 months prior to having first commenced treatment for severe asthma, which required systemic corticosteroid treatment despite each of: (i) receiving optimised asthma therapy, (ii) being assessed for adherence to therapy, (iii) being assessed for correct inhaler technique.

Population criteria:

- Patient must be at least 18 years of age.

Optimised asthma therapy includes adherence to the maintenance combination of an inhaled corticosteroid (at least 800 micrograms budesonide per day or equivalent) and a long acting beta-2 agonist.

fluticasone furoate 200 microgram/actuation + umeclidinium 62.5 microgram/actuation + vilanterol 25 microgram/actuation powder for inhalation, 30 actuations

12917W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	5	0.00	87.69	25.00	Trelegy Ellipta 200/62.5/25 [GK]

FLUTICASONE FUROATE + UMECLIDINIUM + VILANTEROL

Note Formal assessment and correction of inhaler technique should be performed in accordance with the National Asthma Council (NAC) Information Paper for Health Professionals on Inhaler Technique (available at www.nationalasthma.org.au); the assessment and adherence to correct technique should be documented in the patient's medical records. Patients can obtain support with inhaler technique through their local Asthma Foundation (1800 645 130).

Note This pharmaceutical benefit is not for the treatment of chronic obstructive pulmonary disease (COPD).

Note This product is not indicated for the initiation of treatment in asthma

Note The treatment must not be used in combination with an ICS/LABA, LABA/LAMA or LAMA, LABA or ICS monotherapy.

Note A LAMA includes tiotropium, glycopyrronium, aclidinium or umeclidinium.

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note An ICS includes fluticasone propionate, fluticasone furoate, budesonide, beclometasone or ciclesonide.

Authority Required (STREAMLINED)

15601

Severe asthma

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have experienced at least one severe asthma exacerbation in the 12 months prior to having first commenced treatment for severe asthma, which required systemic corticosteroid treatment despite each of: (i) receiving optimised asthma therapy, (ii) being assessed for adherence to therapy, (iii) being assessed for correct inhaler technique.

Population criteria:

- Patient must be at least 18 years of age.

Optimised asthma therapy includes adherence to the maintenance combination of an inhaled corticosteroid (at least 800 micrograms budesonide per day or equivalent) and a long acting beta-2 agonist.

fluticasone furoate 200 microgram/actuation + umeclidinium 62.5 microgram/actuation + vilanterol 25 microgram/actuation powder for inhalation, 30 actuations

14382Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡2	5	0.00	*163.36	25.00	Trelegy Ellipta 200/62.5/25 [GK]

INDACATEROL + GLYCOPYRRONIUM

Authority Required (STREAMLINED)

7798

Chronic obstructive pulmonary disease (COPD)

Clinical criteria:

- Patient must have COPD symptoms that persist despite regular bronchodilator treatment with a long acting muscarinic antagonist (LAMA); **OR**
- Patient must have COPD symptoms that persist despite regular bronchodilator treatment with a long acting beta 2 agonist (LABA); **OR**
- Patient must have been stabilised on a combination of a LAMA and a LABA.

Note This product is not PBS-subsidised for the treatment of asthma.

Note This product is not indicated for the initiation of bronchodilator therapy in COPD.

Note The treatment must not be used in combination with an ICS/LABA, LAMA, LABA, or SAMA

Note A LAMA includes tiotropium, glycopyrronium, aclidinium or umeclidinium.

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note A SAMA includes ipratropium

Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

indacaterol 110 microgram + glycopyrronium 50 microgram powder for inhalation, 30 capsules

10156M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	85.69	25.00	ultibro breezhaler 110/50 [NV]

INDACATEROL + GLYCOPYRRONIUM

Authority Required (STREAMLINED)

15691

Chronic obstructive pulmonary disease (COPD)

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have COPD symptoms that persist despite regular bronchodilator treatment with a long acting muscarinic antagonist (LAMA); **OR**
- Patient must have COPD symptoms that persist despite regular bronchodilator treatment with a long acting beta 2 agonist (LABA); **OR**
- Patient must have been stabilised on a combination of a LAMA and a LABA.

Note This product is not PBS-subsidised for the treatment of asthma.
Note This product is not indicated for the initiation of bronchodilator therapy in COPD.
Note The treatment must not be used in combination with an ICS/LABA, LAMA, LABA, or SAMA
Note A LAMA includes tiotropium, glycopyrronium, aclidinium or umeclidinium.
Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.
Note A SAMA includes ipratropium
Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.
Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

indacaterol 110 microgram + glycopyrronium 50 microgram powder for inhalation, 30 capsules

14504J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*159.16	25.00	ultibro breezhaler 110/50 [NV]

INDACATEROL + GLYCOPYRRONIUM + MOMETASONE

Note Formal assessment and correction of inhaler technique should be performed in accordance with the National Asthma Council (NAC) Information Paper for Health Professionals on Inhaler Technique (available at www.nationalasthma.org.au); the assessment and adherence to correct technique should be documented in the patient's medical records. Patients can obtain support with inhaler technique through their local Asthma Foundation (1800 645 130).
Note This drug is not PBS-subsidised for the treatment of chronic obstructive pulmonary disease (COPD).
Note This product is not indicated for the initiation of treatment in asthma
Note The treatment must not be used in combination with an ICS/LABA, LABA/LAMA or LAMA, LABA or ICS monotherapy.
Note A LAMA includes tiotropium, glycopyrronium, aclidinium or umeclidinium.
Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.
Note An ICS includes fluticasone propionate, fluticasone furoate, budesonide, beclometasone or ciclesonide.

Authority Required (STREAMLINED)
12603
Severe asthma
Clinical criteria:

- Patient must have experienced at least one severe asthma exacerbation in the 12 months prior to having first commenced treatment for severe asthma, which required systemic corticosteroid treatment despite each of: (i) receiving optimised asthma therapy, (ii) being assessed for adherence to therapy, (iii) being assessed for correct inhaler technique.

Population criteria:

- Patient must be at least 18 years of age.

Optimised asthma therapy includes adherence to the maintenance combination of an inhaled corticosteroid (at least 800 micrograms budesonide per day or equivalent) and a long acting beta-2 agonist.

indacaterol 114 microgram + glycopyrronium 46 microgram + mometasone furoate 68 microgram powder for inhalation, 30 capsules

12298G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	72.33	25.00	Enerzair Breezhaler [NV]

indacaterol 114 microgram + glycopyrronium 46 microgram + mometasone furoate 136 microgram powder for inhalation, 30 capsules

12295D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	87.68	25.00	Enerzair Breezhaler [NV]

INDACATEROL + GLYCOPYRRONIUM + MOMETASONE

Note Formal assessment and correction of inhaler technique should be performed in accordance with the National Asthma Council (NAC) Information Paper for Health Professionals on Inhaler Technique (available at www.nationalasthma.org.au); the assessment and adherence to correct technique should be documented in the patient's medical records. Patients can obtain support with inhaler technique through their local Asthma Foundation (1800 645 130).
Note This drug is not PBS-subsidised for the treatment of chronic obstructive pulmonary disease (COPD).
Note This product is not indicated for the initiation of treatment in asthma
Note The treatment must not be used in combination with an ICS/LABA, LABA/LAMA or LAMA, LABA or ICS monotherapy.
Note A LAMA includes tiotropium, glycopyrronium, aclidinium or umeclidinium.
Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.
Note An ICS includes fluticasone propionate, fluticasone furoate, budesonide, beclometasone or ciclesonide.

Authority Required (STREAMLINED)

15601
Severe asthma
Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have experienced at least one severe asthma exacerbation in the 12 months prior to having first commenced treatment for severe asthma, which required systemic corticosteroid treatment despite each of: (i) receiving optimised asthma therapy, (ii) being assessed for adherence to therapy, (iii) being assessed for correct inhaler technique.

Population criteria:

- Patient must be at least 18 years of age.

Optimised asthma therapy includes adherence to the maintenance combination of an inhaled corticosteroid (at least 800 micrograms budesonide per day or equivalent) and a long acting beta-2 agonist.

indacaterol 114 microgram + glycopyrronium 46 microgram + mometasone furoate 68 microgram powder for inhalation, 30 capsules

14471P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*131.10	25.00	Enerzair Breezhaler [NV]

indacaterol 114 microgram + glycopyrronium 46 microgram + mometasone furoate 136 microgram powder for inhalation, 30 capsules

14399W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*163.34	25.00	Enerzair Breezhaler [NV]

TIOTROPIUM + OLODATEROL

Authority Required (STREAMLINED)

7798
Chronic obstructive pulmonary disease (COPD)
Clinical criteria:

- Patient must have COPD symptoms that persist despite regular bronchodilator treatment with a long acting muscarinic antagonist (LAMA); **OR**
- Patient must have COPD symptoms that persist despite regular bronchodilator treatment with a long acting beta 2 agonist (LABA); **OR**
- Patient must have been stabilised on a combination of a LAMA and a LABA.

Note This product is not PBS-subsidised for the treatment of asthma.
Note This product is not indicated for the initiation of bronchodilator therapy in COPD.
Note The treatment must not be used in combination with an ICS/LABA, LAMA, LABA, or SAMA
Note A LAMA includes tiotropium, glycopyrronium, aclidinium or umeclidinium.
Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.
Note A SAMA includes ipratropium
Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.
Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

tiotropium 2.5 microgram/actuation + olodaterol 2.5 microgram/actuation inhalation solution, 60 actuations

10557P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	5	0.00	74.09	25.00	Spiolto Respimat [BY]

TIOTROPIUM + OLODATEROL

Authority Required (STREAMLINED)

15691
Chronic obstructive pulmonary disease (COPD)
Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have COPD symptoms that persist despite regular bronchodilator treatment with a long acting muscarinic antagonist (LAMA); **OR**
- Patient must have COPD symptoms that persist despite regular bronchodilator treatment with a long acting beta 2 agonist (LABA); **OR**
- Patient must have been stabilised on a combination of a LAMA and a LABA.

Note This product is not PBS-subsidised for the treatment of asthma.
Note This product is not indicated for the initiation of bronchodilator therapy in COPD.
Note The treatment must not be used in combination with an ICS/LABA, LAMA, LABA, or SAMA
Note A LAMA includes tiotropium, glycopyrronium, aclidinium or umeclidinium.
Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.
Note A SAMA includes ipratropium

Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

tiotropium 2.5 microgram/actuation + olodaterol 2.5 microgram/actuation inhalation solution, 2 x 60 actuations

14849M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	5	0.00	134.80	25.00	Spiolto Respimat [BY]

UMECLIDINIUM + VILANTEROL

Authority Required (STREAMLINED)

7798

Chronic obstructive pulmonary disease (COPD)

Clinical criteria:

- Patient must have COPD symptoms that persist despite regular bronchodilator treatment with a long acting muscarinic antagonist (LAMA); **OR**
- Patient must have COPD symptoms that persist despite regular bronchodilator treatment with a long acting beta 2 agonist (LABA); **OR**
- Patient must have been stabilised on a combination of a LAMA and a LABA.

Note This product is not PBS-subsidised for the treatment of asthma.

Note This product is not indicated for the initiation of bronchodilator therapy in COPD.

Note The treatment must not be used in combination with an ICS/LABA, LAMA, LABA, or SAMA

Note A LAMA includes tiotropium, glycopyrronium, aclidinium or umeclidinium.

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note A SAMA includes ipratropium

Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

umeclidinium 62.5 microgram/actuation + vilanterol 25 microgram/actuation powder for inhalation, 30 actuations

10188F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	5	0.00	85.68	25.00	Anoro Ellipta 62.5/25 [GK]

UMECLIDINIUM + VILANTEROL

Authority Required (STREAMLINED)

15691

Chronic obstructive pulmonary disease (COPD)

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have COPD symptoms that persist despite regular bronchodilator treatment with a long acting muscarinic antagonist (LAMA); **OR**
- Patient must have COPD symptoms that persist despite regular bronchodilator treatment with a long acting beta 2 agonist (LABA); **OR**
- Patient must have been stabilised on a combination of a LAMA and a LABA.

Note This product is not PBS-subsidised for the treatment of asthma.

Note This product is not indicated for the initiation of bronchodilator therapy in COPD.

Note The treatment must not be used in combination with an ICS/LABA, LAMA, LABA, or SAMA

Note A LAMA includes tiotropium, glycopyrronium, aclidinium or umeclidinium.

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note A SAMA includes ipratropium

Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

umeclidinium 62.5 microgram/actuation + vilanterol 25 microgram/actuation powder for inhalation, 30 actuations

14358Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡2	5	0.00	*159.14	25.00	Anoro Ellipta 62.5/25 [GK]

OTHER DRUGS FOR OBSTRUCTIVE AIRWAY DISEASES, INHALANTS

Glucocorticoids

BECLOMETASONE

beclometasone dipropionate 50 microgram/actuation inhalation, 200 actuations

8406K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	5	0.00	21.22	22.76	Qvar 50 [IL]

beclometasone dipropionate 100 microgram/actuation inhalation, 200 actuations

8407L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	5	0.00	28.77	25.00	Qvar 100 [IL]

BECLOMETASONE

Restricted benefit

14238

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

beclometasone dipropionate 50 microgram/actuation inhalation, 200 actuations

14540G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡2	5	0.00	*28.08	25.00	Qvar 50 [IL]

beclometasone dipropionate 100 microgram/actuation inhalation, 200 actuations

14541H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡2	5	0.00	*43.18	25.00	Qvar 100 [IL]

BUDESONIDE

budesonide 100 microgram/actuation powder for inhalation, 200 actuations

2070Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	5	0.00	23.38	24.92	Pulmicort Turbuhaler [AP]

budesonide 200 microgram/actuation powder for inhalation, 200 actuations

2071B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	5	0.00	30.54	25.00	Pulmicort Turbuhaler [AP]

budesonide 400 microgram/actuation powder for inhalation, 200 actuations

2072C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	5	0.00	35.77	25.00	Pulmicort Turbuhaler [AP]

BUDESONIDE

Restricted benefit

14238

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

budesonide 100 microgram/actuation powder for inhalation, 200 actuations

14331G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡2	5	0.00	*32.40	25.00	Pulmicort Turbuhaler [AP]

budesonide 200 microgram/actuation powder for inhalation, 200 actuations

14503H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡2	5	0.00	*46.72	25.00	Pulmicort Turbuhaler [AP]

budesonide 400 microgram/actuation powder for inhalation, 200 actuations

14470N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡2	5	0.00	*57.18	25.00	Pulmicort Turbuhaler [AP]

BUDESONIDE

Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)

6340

Severe chronic asthma

Clinical criteria:

- Patient must require long-term steroid therapy, **AND**
- Patient must not be able to use other forms of inhaled steroid therapy.

budesonide 500 microgram/2 mL inhalation solution, 30 x 2 mL ampoules

2065Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	5	0.00	87.37	25.00	Pulmicort Respules [AP]

budesonide 1 mg/2 mL inhalation solution, 30 x 2 mL ampoules

2066R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	5	0.00	87.37	25.00	Pulmicort Respules [AP]

BUDESONIDE

Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)

15578

Severe chronic asthma

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must require long-term steroid therapy, **AND**
- Patient must not be able to use other forms of inhaled steroid therapy.

budesonide 500 microgram/2 mL inhalation solution, 30 x 2 mL ampoules

14438X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡2	5	0.00	*162.68	25.00	Pulmicort Respules [AP]

budesonide 1 mg/2 mL inhalation solution, 30 x 2 mL ampoules

14469M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡2	5	0.00	*162.68	25.00	Pulmicort Respules [AP]

CICLESONIDE

ciclesonide 80 microgram/actuation inhalation, 120 actuations

8853Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	5	0.00	24.87	25.00	Alvesco 80 [EU]

ciclesonide 160 microgram/actuation inhalation, 120 actuations

8854B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	5	0.00	33.55	25.00	Alvesco 160 [EU]

CICLESONIDE

Restricted benefit

14238

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

ciclesonide 80 microgram/actuation inhalation, 120 actuations

14312G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡2	5	0.00	*35.38	25.00	Alvesco 80 [EU]

ciclesonide 160 microgram/actuation inhalation, 120 actuations

14348E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡2	5	0.00	*52.74	25.00	Alvesco 160 [EU]

FLUTICASONE FUROATE

fluticasone furoate 100 microgram/actuation powder for inhalation, 30 actuations

11719T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	5	0.00	29.87	25.00	Arnuity Ellipta [GK]

fluticasone furoate 200 microgram/actuation powder for inhalation, 30 actuations

11729H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	5	0.00	42.90	25.00	Arnuity Ellipta [GK]

FLUTICASONE FUROATE

Restricted benefit

14238

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

fluticasone furoate 100 microgram/actuation powder for inhalation, 30 actuations

14515Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡2	5	0.00	*45.38	25.00	Arnuity Ellipta [GK]

fluticasone furoate 200 microgram/actuation powder for inhalation, 30 actuations

14380W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡2	5	0.00	*71.44	25.00	Arnuity Ellipta [GK]

FLUTICASONE PROPIONATE

fluticasone propionate 100 microgram/actuation powder for inhalation, 60 actuations

8147T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	‡1	5	0.00	20.05	21.59	[a] Axotide Junior Accuhaler [TX]	
			[B]3.87	23.92	21.59	[a] Flixotide Junior Accuhaler [GK]	

fluticasone propionate 125 microgram/actuation inhalation, 120 actuations

8345F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	‡1	5	0.00	27.28	25.00	[a] Axotide [TX]	[a] Fluticasone Cipla Inhaler [LR]
			[B]2.91	30.19	25.00	[a] Flixotide [GK]	

fluticasone propionate 250 microgram/actuation powder for inhalation, 60 actuations

8148W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	‡1	5	0.00	27.28	25.00	[a] Axotide Accuhaler [TX]	
			[B]3.88	31.16	25.00	[a] Flixotide Accuhaler [GK]	

fluticasone propionate 250 microgram/actuation inhalation, 120 actuations

8346G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	‡1	1	0.00	38.14	25.00	[a] Axotide [TX]	[a] Fluticasone Cipla Inhaler [LR]
			[B]2.91	41.05	25.00	[a] Flixotide [GK]	

fluticasone propionate 500 microgram/actuation powder for inhalation, 60 actuations

8149X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	1	0.00	38.14	25.00	Flixotide Accuhaler [GK]

FLUTICASONE PROPIONATE

Authority Required (STREAMLINED)

14180

Asthma

Clinical criteria:

- The treatment must not be a PBS benefit where this 50 microgram strength is being initiated in a patient over the age of 6.00 years.

fluticasone propionate 50 microgram/actuation inhalation, 120 actuations

8516F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	‡1	5	0.00	21.55	23.09	[a] Axotide Junior [TX]	
			[B]3.88	25.43	23.09	[a] Flixotide Junior [GK]	

FLUTICASONE PROPIONATE

Restricted benefit

14238

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

fluticasone propionate 100 microgram/actuation powder for inhalation, 60 actuations

14412M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	‡2	5	0.00	*25.74	25.00	[a] Axotide Junior Accuhaler [TX]	
			[B]7.74	*33.48	25.00	[a] Flixotide Junior Accuhaler [GK]	

fluticasone propionate 125 microgram/actuation inhalation, 120 actuations

14347D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	‡2	5	0.00	*40.20	25.00	[a] Axotide [TX]	[a] Fluticasone Cipla Inhaler [LR]
			[B]5.82	*46.02	25.00	[a] Flixotide [GK]	

fluticasone propionate 250 microgram/actuation powder for inhalation, 60 actuations

14381X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	‡2	5	0.00	*40.20	25.00	[a] Axotide Accuhaler [TX]	
			[B]7.76	*47.96	25.00	[a] Flixotide Accuhaler [GK]	

FLUTICASONE PROPIONATE

Authority Required (STREAMLINED)

15854

Asthma

Clinical criteria:

- The treatment must not be a PBS benefit where this 50 microgram strength is being initiated in a patient over the age of 6.00 years, **AND**
- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

fluticasone propionate 50 microgram/actuation inhalation, 120 actuations

14487L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	‡2	5	0.00	*28.74	25.00	[a] Axotide Junior [TX]	
			[B]7.76	*36.50	25.00	[a] Flixotide Junior [GK]	

Anticholinergics

ACLIDINIUM

Restricted benefit

4516

Chronic obstructive pulmonary disease (COPD)

Note The treatment must not be used in combination with a LAMA/LABA or SAMA

Note A LAMA/LABA includes aclidinium/formoterol, glycopyrronium/indacaterol, tiotropium/olodaterol, or umeclidinium/vilanterol.

Note A SAMA includes ipratropium

Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

aclidinium 322 microgram/actuation powder for inhalation, 60 actuations

10124W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	5	0.00	58.90	25.00	Bretaris Genuair [FK]

ACLIDINIUM

Restricted benefit

15634

Chronic obstructive pulmonary disease (COPD)

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Note The treatment must not be used in combination with a LAMA/LABA or SAMA

Note A LAMA/LABA includes aclidinium/formoterol, glycopyrronium/indacaterol, tiotropium/olodaterol, or umeclidinium/vilanterol.

Note A SAMA includes ipratropium

Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

aclidinium 322 microgram/actuation powder for inhalation, 60 actuations

14539F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡2	5	0.00	*103.44	25.00	Bretaris Genuair [FK]

GLYCOPYRRONIUM

Restricted benefit

4516

Chronic obstructive pulmonary disease (COPD)

Note The treatment must not be used in combination with a LAMA/LABA or SAMA

Note A LAMA/LABA includes aclidinium/formoterol, glycopyrronium/indacaterol, tiotropium/olodaterol, or umeclidinium/vilanterol.

Note A SAMA includes ipratropium

Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

glycopyrronium 50 microgram powder for inhalation, 30 capsules

10059K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	58.90	25.00	seebri breezhaler [NV]

GLYCOPYRRONIUM

Restricted benefit

15634

Chronic obstructive pulmonary disease (COPD)

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Note The treatment must not be used in combination with a LAMA/LABA or SAMA

Note A LAMA/LABA includes aclidinium/formoterol, glycopyrronium/indacaterol, tiotropium/olodaterol, or umeclidinium/vilanterol.

Note A SAMA includes ipratropium

Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

glycopyrronium 50 microgram powder for inhalation, 30 capsules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14417T NP	2	5	0.00	*103.44	25.00	seebri breezhaler [NV]

IPRATROPIUM

ipratropium bromide monohydrate 21 microgram/actuation inhalation, 200 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8671J NP	2	5	0.00	*34.86	25.00	[a] Atrovent [BY]	[a] Cipla Ipratropium [LR]

IPRATROPIUM

Restricted benefit

6331

Asthma

Clinical criteria:

- Patient must be unable to use this drug delivered from an oral pressurised inhalation device via a spacer.

Restricted benefit

6341

Chronic obstructive pulmonary disease (COPD)

Clinical criteria:

- Patient must be unable to use this drug delivered from an oral pressurised inhalation device via a spacer.

Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

ipratropium bromide 250 microgram/mL inhalation solution, 30 x 1 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1542E NP	2	5	0.00	*27.74	25.00	Atrovent [BY]

ipratropium bromide 500 microgram/mL inhalation solution, 30 x 1 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8238N NP	2	5	0.00	*30.18	25.00	Atrovent Adult [BY]

TIOTROPIUM

Restricted benefit

5509

Bronchospasm and dyspnoea associated with chronic obstructive pulmonary disease

Treatment Phase: Long-term maintenance treatment

Note The treatment must not be used in combination with a LAMA/LABA or SAMA

Note A LAMA/LABA includes aclidinium/formoterol, glycopyrronium/indacaterol, tiotropium/olodaterol, or umeclidinium/vilanterol.

Note A SAMA includes ipratropium

Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

tiotropium 2.5 microgram/actuation inhalation solution, 60 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10509D NP	‡1	5	0.00	44.42	25.00	Spiriva Respimat [BY]

TIOTROPIUM

Restricted benefit

12599

Severe asthma

Clinical criteria:

- Patient must have experienced at least one severe asthma exacerbation in the 12 months prior to having first commenced treatment for severe asthma, which required systemic corticosteroid treatment despite each of: (i) receiving optimised asthma therapy, (ii) being assessed for adherence to therapy, (iii) being assessed for correct inhaler technique, **AND**
- The treatment must be used in combination with a maintenance combination of an inhaled corticosteroid (ICS) and a long acting beta-2 agonist (LABA) unless a LABA is contraindicated.

Population criteria:

- Patient must be at least 18 years of age.

Optimised asthma therapy includes adherence to the maintenance combination of an inhaled corticosteroid (at least 800 micrograms budesonide per day or equivalent) and a long acting beta-2 agonist.

Note Formal assessment and correction of inhaler technique should be performed in accordance with the National Asthma Council (NAC) Information Paper for Health Professionals on Inhaler Technique (available at www.humanservices.gov.au or www.nationalasthma.org.au); the assessment and adherence to correct technique should be documented in the patient's medical records. Patients can obtain support with inhaler technique through their local Asthma Foundation (1800 645 130).

tiotropium 2.5 microgram/actuation inhalation solution, 60 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11043F NP	‡1	5	0.00	44.42	25.00	Spiriva Respimat [BY]

TIOTROPIUM

Authority Required (STREAMLINED)

8606

Severe asthma

Treatment criteria:

- Must be treated by a respiratory physician, paediatric respiratory physician, clinical immunologist, allergist, paediatrician or general physician experienced in the management of patients with severe asthma; or in consultation with one of these specialists.

Clinical criteria:

- Patient must have failed to achieve adequate control with optimised asthma therapy, despite formal assessment of and adherence to correct inhaler technique, which has been documented, **AND**
- Patient must have experienced at least one severe exacerbation prior to receiving PBS-subsidised treatment with this drug for this condition, which has required documented use of systemic corticosteroids in the previous 12 months while receiving optimised asthma therapy; **OR**
- Patient must have experienced frequent episodes of moderate asthma exacerbations prior to receiving PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be used in combination with a maintenance combination of an inhaled corticosteroid (ICS) and a long acting beta-2 agonist (LABA) unless a LABA is contraindicated.

Population criteria:

- Patient must be aged 6 to 17 years inclusive.

Optimised asthma therapy includes adherence to the maintenance combination of a medium to high dose ICS and a LABA. If LABA therapy is contraindicated, not tolerated or not effective, montelukast, cromoglycate or nedocromil may be used as an alternative

Note Formal assessment and correction of inhaler technique should be performed in accordance with the National Asthma Council (NAC) Information Paper for Health Professionals on Inhaler Technique (available at www.humanservices.gov.au or www.nationalasthma.org.au); the assessment and adherence to correct technique should be documented in the patient's medical records. Patients can obtain support with inhaler technique through their local Asthma Foundation (1800 645 130).

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

tiotropium 2.5 microgram/actuation inhalation solution, 60 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11629C NP	‡1	5	0.00	44.42	25.00	Spiriva Respimat [BY]

TIOTROPIUM

Authority Required (STREAMLINED)

15754

Severe asthma

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Treatment criteria:

- Must be treated by a respiratory physician, paediatric respiratory physician, clinical immunologist, allergist, paediatrician or general physician experienced in the management of patients with severe asthma; or in consultation with one of these specialists.

Clinical criteria:

- Patient must have failed to achieve adequate control with optimised asthma therapy, despite formal assessment of and adherence to correct inhaler technique, which has been documented, **AND**
- Patient must have experienced at least one severe exacerbation prior to receiving PBS-subsidised treatment with this drug for this condition, which has required documented use of systemic corticosteroids in the previous 12 months while receiving optimised asthma therapy; **OR**
- Patient must have experienced frequent episodes of moderate asthma exacerbations prior to receiving PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be used in combination with a maintenance combination of an inhaled corticosteroid (ICS) and a long acting beta-2 agonist (LABA) unless a LABA is contraindicated.

Population criteria:

- Patient must be aged 6 to 17 years inclusive.

Optimised asthma therapy includes adherence to the maintenance combination of a medium to high dose ICS and a LABA. If LABA therapy is contraindicated, not tolerated or not effective, montelukast, cromoglycate or nedocromil may be used as an alternative

Note Formal assessment and correction of inhaler technique should be performed in accordance with the National Asthma Council (NAC) Information Paper for Health Professionals on Inhaler Technique (available at www.humanservices.gov.au or www.nationalasthma.org.au); the assessment and adherence to correct technique should be documented in the patient's medical records. Patients can obtain support with inhaler technique through their local Asthma Foundation (1800 645 130).

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

tiotropium 2.5 microgram/actuation inhalation solution, 2 x 60 actuations

14839B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	5	0.00	74.48	25.00	Spiriva Respimat [BY]

TIOTROPIUM

Restricted benefit

15753

Bronchospasm and dyspnoea associated with chronic obstructive pulmonary disease

Treatment Phase: Long-term maintenance treatment

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Note The treatment must not be used in combination with a LAMA/LABA or SAMA

Note A LAMA/LABA includes aclidinium/formoterol, glycopyrronium/indacaterol, tiotropium/olodaterol, or umeclidinium/vilanterol.

Note A SAMA includes ipratropium

Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

tiotropium 2.5 microgram/actuation inhalation solution, 2 x 60 actuations

14842E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	5	0.00	74.48	25.00	Spiriva Respimat [BY]

TIOTROPIUM

Restricted benefit

15566

Severe asthma

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have experienced at least one severe asthma exacerbation in the 12 months prior to having first commenced treatment for severe asthma, which required systemic corticosteroid treatment despite each of: (i) receiving optimised asthma therapy, (ii) being assessed for adherence to therapy, (iii) being assessed for correct inhaler technique, **AND**
- The treatment must be used in combination with a maintenance combination of an inhaled corticosteroid (ICS) and a long acting beta-2 agonist (LABA) unless a LABA is contraindicated.

Population criteria:

- Patient must be at least 18 years of age.

Optimised asthma therapy includes adherence to the maintenance combination of an inhaled corticosteroid (at least 800 micrograms budesonide per day or equivalent) and a long acting beta-2 agonist.

Note Formal assessment and correction of inhaler technique should be performed in accordance with the National Asthma Council (NAC) Information Paper for Health Professionals on Inhaler Technique (available at www.humanservices.gov.au or www.nationalasthma.org.au); the assessment and adherence to correct technique should be documented in the patient's medical records. Patients can obtain support with inhaler technique through their local Asthma Foundation (1800 645 130).

tiotropium 2.5 microgram/actuation inhalation solution, 2 x 60 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14845H NP	‡1	5	0.00	74.48	25.00	Spiriva Respimat [BY]

TIOTROPIUM

Note Pharmaceutical benefits that have the form tiotropium 18 microgram powder for inhalation and pharmaceutical benefits that have the form tiotropium 13 microgram powder for inhalation are equivalent for the purposes of substitution.

Restricted benefit

6352

Chronic obstructive pulmonary disease (COPD)

Note The treatment must not be used in combination with a LAMA/LABA or SAMA

Note A LAMA/LABA includes aclidinium/formoterol, glycopyrronium/indacaterol, tiotropium/olodaterol, or umeclidinium/vilanterol.

Note A SAMA includes ipratropium

Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

tiotropium 13 microgram powder for inhalation, 30 capsules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11892X NP	1	5	0.00	39.68	25.00	[a] Braltus [TB]

tiotropium 18 microgram powder for inhalation, 30 capsules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8626B NP	1	5	0.00	44.42	25.00	[a] Spiriva [BY]

tiotropium 18 microgram powder for inhalation, 30 capsules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14576E NP	1	5	0.00	39.68	25.00	[a] Tiotropium Lupin [GQ]

TIOTROPIUM

Note Pharmaceutical benefits that have the form tiotropium 18 microgram powder for inhalation and pharmaceutical benefits that have the form tiotropium 13 microgram powder for inhalation are equivalent for the purposes of substitution.

Restricted benefit

15611

Chronic obstructive pulmonary disease (COPD)

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Note The treatment must not be used in combination with a LAMA/LABA or SAMA

Note A LAMA/LABA includes aclidinium/formoterol, glycopyrronium/indacaterol, tiotropium/olodaterol, or umeclidinium/vilanterol.

Note A SAMA includes ipratropium

Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

tiotropium 13 microgram powder for inhalation, 30 capsules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14555C NP	2	5	0.00	*65.00	25.00	[a] Braltus [TB]

tiotropium 18 microgram powder for inhalation, 30 capsules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14361W NP	2	5	0.00	*74.48	25.00	[a] Spiriva [BY]

tiotropium 18 microgram powder for inhalation, 30 capsules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14574C NP	2	5	0.00	*65.00	25.00	[a] Tiotropium Lupin [GQ]

UMECLIDINIUM

Restricted benefit

4516

Chronic obstructive pulmonary disease (COPD)

Note The treatment must not be used in combination with a LAMA/LABA or SAMA
Note A LAMA/LABA includes aclidinium/formoterol, glycopyrronium/indacaterol, tiotropium/olodaterol, or umeclidinium/vilanterol.
Note A SAMA includes ipratropium
Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.
Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

umeclidinium 62.5 microgram powder for inhalation, 30 actuations

10187E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	5	0.00	58.90	25.00	Incruse Ellipta [GK]

UMECLIDINIUM

Restricted benefit
15634
Chronic obstructive pulmonary disease (COPD)
Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Note The treatment must not be used in combination with a LAMA/LABA or SAMA
Note A LAMA/LABA includes aclidinium/formoterol, glycopyrronium/indacaterol, tiotropium/olodaterol, or umeclidinium/vilanterol.
Note A SAMA includes ipratropium
Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.
Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

umeclidinium 62.5 microgram powder for inhalation, 30 actuations

14389H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡2	5	0.00	*103.44	25.00	Incruse Ellipta [GK]

ADRENERGICS FOR SYSTEMIC USE

Alpha- and beta-adrenoreceptor agonists

ADRENALINE (EPINEPHRINE)

Note Pharmaceutical benefits that have the form adrenaline 1 mg/mL ampoules for injection in a pack size of 10 can be substituted for a pack size of 5 in the case of a shortage.

adrenaline (epinephrine) 1 in 1000 (1 mg/mL) injection, 5 x 1 mL ampoules

1016L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	1	0.00	21.78	23.32	Link Medical Products Pty Ltd [LM]

adrenaline (epinephrine) 1 in 1000 (1 mg/mL) injection, 5 x 1 mL ampoules

5004J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
DP	1	0	0.00	21.78	23.32	Link Medical Products Pty Ltd [LM]

ADRENALINE (EPINEPHRINE)

Caution Adrenaline products have different administration techniques. These products should not be prescribed to the same patient without training in their use. Pharmacists should ensure that patients are educated regarding the product differences upon dispensing.
Note The adrenaline devices should be provided in the framework of a comprehensive anaphylaxis prevention program and an emergency action plan including training in recognition of the symptoms of anaphylaxis and the use of the device. (For further information see the Australasian Society of Clinical Immunology and Allergy website at www.allergy.org.au).
Note Pharmaceutical benefits that have the form adrenaline (epinephrine) 150 microgram/0.3 mL injection, 0.3 mL pen device and pharmaceutical benefits that have the form adrenaline (epinephrine) 150 microgram/0.15 mL injection, 0.15 mL pen device are equivalent for the purposes of substitution.
Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.
Note No increase in the maximum quantity or number of units may be authorised.
Note No applications for repeats will be authorised.

Authority Required
4909
Acute allergic reaction with anaphylaxis
Treatment Phase: Initial sole PBS-subsidised supply for anticipated emergency treatment
Clinical criteria:

- Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with a clinical immunologist; **OR**
- Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with an allergist; **OR**
- Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with a paediatrician; **OR**
- Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with a respiratory physician.

The name of the specialist consulted must be provided at the time of application for initial supply.

Authority Required

8734

Acute allergic reaction with anaphylaxis

Treatment Phase: Initial sole PBS-subsidised supply for anticipated emergency treatment

Clinical criteria:

- Patient must have been discharged from hospital or an emergency department after treatment with adrenaline (epinephrine) for acute allergic reaction with anaphylaxis.

Authority Required

18922

Acute allergic reaction with anaphylaxis

Treatment Phase: Continuing sole PBS-subsidised supply for anticipated emergency treatment

Clinical criteria:

- Patient must have previously been issued with an authority prescription for any form of this drug for this indication.

adrenaline (epinephrine) 150 microgram/0.15 mL injection, 0.15 mL pen device

15359J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	0	0.00	*156.52	25.00	[a] Jext Jnr [KF]

adrenaline (epinephrine) 150 microgram/0.3 mL injection, 0.3 mL pen device

8697R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	0	0.00	*156.52	25.00	[a] Adrenaline Jr Viatris [AF] [a] EpiPen Jr. [AL]	[a] Anapen Junior 150 [XT]

ADRENALINE (EPINEPHRINE)

Caution Adrenaline products have different administration techniques. These products should not be prescribed to the same patient without training in their use. Pharmacists should ensure that patients are educated regarding the product differences upon dispensing.

Note The adrenaline devices should be provided in the framework of a comprehensive anaphylaxis prevention program and an emergency action plan including training in recognition of the symptoms of anaphylaxis and the use of the device. (For further information see the Australasian Society of Clinical Immunology and Allergy website at www.allergy.org.au).

Note Pharmaceutical benefits that have the form adrenaline (epinephrine) 300 microgram/0.3 mL injection, 0.3 mL pen device (Adrenaline Viatris, Anapen 300 and EpiPen) and pharmaceutical benefits that have the form adrenaline (epinephrine) 300 microgram/0.3 mL injection, 0.3 mL pen device (Jext) are equivalent for the purposes of substitution.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No applications for repeats will be authorised.

Authority Required

4909

Acute allergic reaction with anaphylaxis

Treatment Phase: Initial sole PBS-subsidised supply for anticipated emergency treatment

Clinical criteria:

- Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with a clinical immunologist; **OR**
- Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with an allergist; **OR**
- Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with a paediatrician; **OR**
- Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with a respiratory physician.

The name of the specialist consulted must be provided at the time of application for initial supply.

Authority Required

8734

Acute allergic reaction with anaphylaxis

Treatment Phase: Initial sole PBS-subsidised supply for anticipated emergency treatment

Clinical criteria:

- Patient must have been discharged from hospital or an emergency department after treatment with adrenaline (epinephrine) for acute allergic reaction with anaphylaxis.

Authority Required

18922

Acute allergic reaction with anaphylaxis

Treatment Phase: Continuing sole PBS-subsidised supply for anticipated emergency treatment

Clinical criteria:

- Patient must have previously been issued with an authority prescription for any form of this drug for this indication.

adrenaline (epinephrine) 300 microgram/0.3 mL injection, 0.3 mL pen device

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8698T NP	2	0	0.00	*156.52	25.00	[a] Adrenaline Viatris [AF] [a] EpiPen [AL]	[a] Anapen 300 [XT]

adrenaline (epinephrine) 300 microgram/0.3 mL injection, 0.3 mL pen device

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15355E NP	2	0	0.00	*156.52	25.00	[a] Jext [KF]

ADRENALINE (EPINEPHRINE)

Caution Adrenaline products have different administration techniques. These products should not be prescribed to the same patient without training in their use. Pharmacists should ensure that patients are educated regarding the product differences upon dispensing.

Note The adrenaline devices should be provided in the framework of a comprehensive anaphylaxis prevention program and an emergency action plan including training in recognition of the symptoms of anaphylaxis and the use of the device. (For further information see the Australasian Society of Clinical Immunology and Allergy website at www.allergy.org.au).

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No applications for repeats will be authorised.

Authority Required

4909

Acute allergic reaction with anaphylaxis

Treatment Phase: Initial sole PBS-subsidised supply for anticipated emergency treatment

Clinical criteria:

- Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with a clinical immunologist; **OR**
- Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with an allergist; **OR**
- Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with a paediatrician; **OR**
- Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with a respiratory physician.

The name of the specialist consulted must be provided at the time of application for initial supply.

Authority Required

8734

Acute allergic reaction with anaphylaxis

Treatment Phase: Initial sole PBS-subsidised supply for anticipated emergency treatment

Clinical criteria:

- Patient must have been discharged from hospital or an emergency department after treatment with adrenaline (epinephrine) for acute allergic reaction with anaphylaxis.

Authority Required

18922

Acute allergic reaction with anaphylaxis

Treatment Phase: Continuing sole PBS-subsidised supply for anticipated emergency treatment

Clinical criteria:

- Patient must have previously been issued with an authority prescription for any form of this drug for this indication.

adrenaline (epinephrine) 500 microgram/0.3 mL injection, 0.3 mL pen device

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12655C NP	2	0	0.00	*156.52	25.00	Anapen 500 [XT]

ADRENALINE (EPINEPHRINE)

Caution Adrenaline products have different administration techniques. These products should not be prescribed to the same patient without training in their use. Pharmacists should ensure that patients are educated regarding the product differences upon dispensing.

Note The adrenaline devices should be provided in the framework of a comprehensive anaphylaxis prevention program and an emergency action plan including training in recognition of the symptoms of anaphylaxis and the use of the device. (For further information see the Australasian Society of Clinical Immunology and Allergy website at www.allergy.org.au).

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No applications for repeats will be authorised.

Authority Required

18798

Acute allergic reaction with anaphylaxis
Treatment Phase: Initial sole PBS-subsidised supply for anticipated emergency treatment
Clinical criteria:
- Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with a clinical immunologist; **OR**
- Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with an allergist; **OR**
- Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with a paediatrician; **OR**
- Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with a respiratory physician.

Population criteria:
- Patient must be aged 4 years or older
- Patient must weigh 15 kg or more.

The name of the specialist consulted must be provided at the time of application for initial supply.
Authority Required
18795
Acute allergic reaction with anaphylaxis
Treatment Phase: Initial sole PBS-subsidised supply for anticipated emergency treatment
Clinical criteria:
- Patient must have been discharged from hospital or an emergency department after treatment with adrenaline (epinephrine) for acute allergic reaction with anaphylaxis.

Population criteria:
- Patient must be aged 4 years or older
- Patient must weigh 15 kg or more.

Authority Required
18924
Acute allergic reaction with anaphylaxis
Treatment Phase: Continuing sole PBS-subsidised supply for anticipated emergency treatment
Clinical criteria:
- Patient must have previously been issued with an authority prescription for any form of this drug for this indication.

Population criteria:
- Patient must be aged 4 years or older
- Patient must weigh 15 kg or more.

Adrenaline (epinephrine) 1 mg/actuation nasal spray, 2 x 1 actuation

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15414G NP	1	0	0.00	171.25	25.00	neffy [CS]

Adrenaline (epinephrine) 2 mg/actuation nasal spray, 2 x 1 actuation

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15404R NP	1	0	0.00	171.25	25.00	neffy [CS]

Selective beta-2-adrenoreceptor agonists

SALBUTAMOL

salbutamol 2 mg/5 mL oral liquid, 150 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1103C NP	2	5	0.00	*27.66	25.00	Ventolin [GK]

TERBUTALINE

terbutaline sulfate 500 microgram/mL injection, 5 x 1 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1034K NP	1	0	0.00	27.24	25.00	Bricanyl [AP]

OTHER SYSTEMIC DRUGS FOR OBSTRUCTIVE AIRWAY DISEASES

Xanthines

THEOPHYLLINE

Caution Because of variable effects of food on absorption of sustained release theophylline preparations, patients stabilised on one brand should not be changed to another without appropriate monitoring.

theophylline 133.3 mg/25 mL oral liquid, 500 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2614N NP	‡1	5	0.00	19.05	20.59	Nuelin [IL]

theophylline 200 mg modified release tablet, 100

8230E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	18.75	20.29	Nuelin-SR 200 [IL]

theophylline 250 mg modified release tablet, 100

2634P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	19.58	21.12	Nuelin-SR 250 [IL]

theophylline 300 mg modified release tablet, 100

8231F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	20.62	22.16	Nuelin-SR 300 [IL]

Leukotriene receptor antagonists

MONTELUKAST

Authority Required (STREAMLINED)

6666

Asthma

Treatment Phase: First-line prevention

Population criteria:

- Patient must be aged 2 to 5 years inclusive.

Clinical criteria:

- The condition must be frequent intermittent; **OR**
- The condition must be mild persistent, **AND**
- The treatment must be the single preventer agent, **AND**
- The treatment must be an alternative to sodium cromoglycate; **OR**
- The treatment must be an alternative to nedocromil sodium.

Note This drug is not PBS-subsidised for use in a child aged 2 to 5 years with moderate to severe asthma. It is not intended as an alternative for a child aged 2 to 5 years who requires a corticosteroid as a preventer medication.

Note This drug is not subsidised in a child aged 2 to 5 years for use in combination with other preventer medications. PBS subsidy for this drug will therefore cease for a child aged 2 to 5 years who requires a preventer medication in addition to this drug.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

montelukast 4 mg chewable tablet, 28

8627C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	18.69	20.23	[a] APX-MONTELUKAST [TX]	[a] MONTELAIR 4 [RF]
						[a] Montelukast Lupin [HQ]	[a] Montelukast Sandoz 4 [SZ]
						[a] Montelukast Viatris [AL]	[a] MONTELUKAST-WGR [WG]

MONTELUKAST

Authority Required (STREAMLINED)

15642

Asthma

Treatment Phase: First-line prevention

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Population criteria:

- Patient must be aged 2 to 5 years inclusive.

Clinical criteria:

- The condition must be frequent intermittent; **OR**
- The condition must be mild persistent, **AND**
- The treatment must be the single preventer agent, **AND**
- The treatment must be an alternative to sodium cromoglycate; **OR**
- The treatment must be an alternative to nedocromil sodium.

Note This drug is not PBS-subsidised for use in a child aged 2 to 5 years with moderate to severe asthma. It is not intended as an alternative for a child aged 2 to 5 years who requires a corticosteroid as a preventer medication.

Note This drug is not subsidised in a child aged 2 to 5 years for use in combination with other preventer medications. PBS subsidy for this drug will therefore cease for a child aged 2 to 5 years who requires a preventer medication in addition to this drug.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

montelukast 4 mg chewable tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14526M	2	5	0.00	*23.02	24.56	[a] APX-MONTELUKAST [TX]	[a] MONTELAIR 4 [RF]
NP						[a] Montelukast Lupin [HQ]	[a] Montelukast Sandoz 4 [SZ]
						[a] Montelukast Viatris [AL]	[a] MONTELUKAST-WGR [WG]

MONTELUKAST

Authority Required (STREAMLINED)

6674

Asthma

Treatment Phase: First-line prevention

Clinical criteria:

- The condition must be frequent intermittent; **OR**
- The condition must be mild persistent, **AND**
- The treatment must be the single preventer agent, **AND**
- The treatment must be an alternative to sodium cromoglycate; **OR**
- The treatment must be an alternative to nedocromil sodium.

Population criteria:

- Patient must be aged 6 to 14 years inclusive.

Note This drug is not PBS-subsidised for use in a patient aged 15 years or older, or for use in addition to a long-acting beta-agonist in any age group, or for use as a single second line preventer, as an alternative to corticosteroids, in a child aged 6 to 14 years with moderate to severe asthma.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

7781

Asthma

Treatment Phase: Prevention of condition

Clinical criteria:

- The condition must be exercise-induced, **AND**
- The treatment must be as an alternative to adding salmeterol xinafoate; **OR**
- The treatment must be an alternative to adding formoterol fumarate, **AND**
- The condition must be otherwise well controlled while receiving optimal dose inhaled corticosteroid, **AND**
- Patient must require short-acting beta-2 agonist 3 or more times per week for prevention or relief of residual exercise-related symptoms.

Population criteria:

- Patient must be aged 6 to 14 years inclusive.

Note This drug is not PBS-subsidised for use in a patient aged 15 years or older, or for use in addition to a long-acting beta-agonist in any age group, or for use as a single second line preventer, as an alternative to corticosteroids, in a child aged 6 to 14 years with moderate to severe asthma.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

montelukast 5 mg chewable tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8628D	1	5	0.00	18.60	20.14	[a] APX-MONTELUKAST [TX]	[a] MONTELAIR 5 [RF]
NP						[a] Montelukast Lupin [HQ]	[a] Montelukast Sandoz 5 [SZ]
						[a] Montelukast Viatris [AL]	[a] MONTELUKAST-WGR [WG]

MONTELUKAST

Authority Required (STREAMLINED)

15643

Asthma

Treatment Phase: First-line prevention

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must be frequent intermittent; **OR**
- The condition must be mild persistent, **AND**
- The treatment must be the single preventer agent, **AND**
- The treatment must be an alternative to sodium cromoglycate; **OR**
- The treatment must be an alternative to nedocromil sodium.

Population criteria:

- Patient must be aged 6 to 14 years inclusive.

Note This drug is not PBS-subsidised for use in a patient aged 15 years or older, or for use in addition to a long-acting beta-agonist in any age group, or for use as a single second line preventer, as an alternative to corticosteroids, in a child aged 6 to 14 years with moderate to severe asthma.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

15644

Asthma

Treatment Phase: Prevention of condition

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must be exercise-induced, **AND**
- The treatment must be as an alternative to adding salmeterol xinafoate; **OR**
- The treatment must be an alternative to adding formoterol fumarate, **AND**
- The condition must be otherwise well controlled while receiving optimal dose inhaled corticosteroid, **AND**
- Patient must require short-acting beta-2 agonist 3 or more times per week for prevention or relief of residual exercise-related symptoms.

Population criteria:

- Patient must be aged 6 to 14 years inclusive.

Note This drug is not PBS-subsidised for use in a patient aged 15 years or older, or for use in addition to a long-acting beta-agonist in any age group, or for use as a single second line preventer, as an alternative to corticosteroids, in a child aged 6 to 14 years with moderate to severe asthma.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

montelukast 5 mg chewable tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14553Y NP	2	5	0.00	*22.84	24.38	[a] APX-MONTELUKAST [TX]	[a] MONTELAIR 5 [RF]
						[a] Montelukast Lupin [HQ]	[a] Montelukast Sandoz 5 [SZ]
						[a] Montelukast Viatris [AL]	[a] MONTELUKAST-WGR [WG]

SENSORY ORGANS

OPHTHALMOLOGICALS

ANTIINFECTIVES

Antibiotics

AZITHROMYCIN

Note Authority applications for increased quantities and/or repeats (where relevant) may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone to Services Australia on 1800 888 333.

azithromycin 200 mg/5 mL powder for oral liquid, 15 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8201P NP	‡1	0	0.00	29.68	25.00	Zithromax [PF]

AZITHROMYCIN

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

azithromycin 500 mg tablet, 2

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8336R NP MW	4	0	0.00	*31.24	25.00	[a] APO-Azithromycin [TX]	[a] Azithromycin Sandoz [SZ]
						[a] Azithromycin Viatris [AL]	[a] AZITHROMYCIN-WGR [WG]
						[a] ZITHRO [RW]	[a] Zithromax [PF]

CHLORAMPHENICOL

Restricted benefit

5835

For treatment of a patient identifying as Aboriginal or Torres Strait Islander

chloramphenicol 0.5% eye drops, 10 mL

11112W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP OP MW	‡1	2	0.00	18.30	19.84	Chlorsig [AS]

Antivirals

ACICLOVIR

Restricted benefit

5965

Herpes simplex keratitis

aciclovir 3% eye ointment, 4.5 g

1002R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	‡1	0	0.00	29.05	25.00	[a] ViruPOS [AE]	[a] XOROX [IX]

ACICLOVIR

Restricted benefit

5964

Herpes simplex keratitis

aciclovir 3% eye ointment, 4.5 g

5501M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
OP	‡1	0	0.00	29.05	25.00	[a] ViruPOS [AE]	[a] XOROX [IX]

Fluoroquinolones

CIPROFLOXACIN

Authority Required

4195

Bacterial keratitis

Treatment criteria:

- Must be treated by an ophthalmologist or in consultation with an ophthalmologist.

ciprofloxacin 0.3% eye drops, 5 mL

1217C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	0	0.00	*43.66	25.00	[a] CiloQuin [NM]	
			[B]9.22	*52.88	25.00	[a] Ciloxan [NV]	

CIPROFLOXACIN

Authority Required

4181

Bacterial keratitis

Treatment criteria:

- Must be treated by an ophthalmologist or in consultation with an ophthalmologist.

ciprofloxacin 0.3% eye drops, 5 mL

5564W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
OP	2	0	0.00	*43.66	25.00	[a] CiloQuin [NM]	
			[B]9.22	*52.88	25.00	[a] Ciloxan [NV]	

OFLOXACIN

Authority Required

4181

Bacterial keratitis

Treatment criteria:

- Must be treated by an ophthalmologist or in consultation with an ophthalmologist.

ofloxacin 0.3% eye drops, 5 mL

5567B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
OP	2	0	0.00	*29.76	25.00	Ocuflox [VE]

OFLOXACIN

Authority Required

4195

Bacterial keratitis

Treatment criteria:

- Must be treated by an ophthalmologist or in consultation with an ophthalmologist.

ofloxacin 0.3% eye drops, 5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8383F NP	2	0	0.00	*29.76	25.00	Ocuflox [VE]

ANTIINFLAMMATORY AGENTS

Corticosteroids, plain

DEXAMETHASONE

Authority Required

7566

Non-infectious posterior segment uveitis

Treatment criteria:

- Must be treated by an ophthalmologist or in consultation with an ophthalmologist.

Clinical criteria:

- Patient must have documented visual impairment defined as a best corrected visual acuity score of approximate Snellen equivalent 6/12 or worse in the eye proposed for treatment, secondary to vitreous haze or macular oedema, **AND**
- Patient must have unilateral, asymmetric or bilateral flare-up where systemic treatment or further intensification of systemic treatment is not clinically indicated.

dexamethasone 700 microgram implant, 1

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11317P	1	0	0.00	1,202.87	25.00	Ozurdex [VE]

DEXAMETHASONE

Note Special Pricing Arrangements apply.

Note No increase in the maximum number of repeats may be authorised.

Note No increase in the maximum quantity or number of units may be authorised for applications for treatment of one eye.

Note Where both eyes are affected by the condition, a quantity of 2 units can be requested through the same authority application.

Authority Required (STREAMLINED)

13428

Diabetic macular oedema (DMO)

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Clinical criteria:

- Patient must have had a cataract removed in the treated eye; **OR**
- Patient must be scheduled for cataract surgery in the treated eye, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition for the same eye, **AND**
- The treatment must be as monotherapy; **OR**
- The treatment must be in combination with laser photocoagulation, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

dexamethasone 700 microgram implant, 1

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13168C	1	1	0.00	1,202.87	25.00	Ozurdex [VE]

DEXAMETHASONE

Note Where both eyes are affected by the condition, a quantity of 2 units can be requested through the same authority application.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised for applications for treatment of one eye.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

17387

Diabetic macular oedema (DMO)

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have visual impairment due to diabetic macular oedema, **AND**

- Patient must have documented visual impairment defined as a best corrected visual acuity score between 78 and 39 letters based on the early treatment diabetic retinopathy study chart administered at a distance of 4 metres (approximate Snellen equivalent 20/32 to 20/160), in the eye proposed for treatment, **AND**
- The condition must be diagnosed by optical coherence tomography; **OR**
- The condition must be diagnosed by fluorescein angiography, **AND**
- Patient must have had a cataract removed in the treated eye; **OR**
- Patient must be scheduled for cataract surgery in the treated eye, **AND**
- Patient must have a contraindication to vascular endothelial growth factor (VEGF) inhibitors; **OR**
- Patient must be unsuitable for treatment with VEGF inhibitors; **OR**
- Patient must have failed prior treatment with VEGF inhibitors, **AND**
- The treatment must be as monotherapy; **OR**
- The treatment must be in combination with laser photocoagulation, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Authority approval for initial treatment of each eye must be sought.

Details (date, unique identifying number/code or provider number) of one of the following diagnostic reports for each eye must be documented in the patient's medical records:

(i) fluorescein angiogram report;

(ii) optical coherence tomography report.

dexamethasone 700 microgram implant, 1

10943Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	0.00	1,202.87	25.00	Ozurdex [VE]

DEXAMETHASONE

Note Special Pricing Arrangements apply.

Note No increase in the maximum number of repeats may be authorised.

Note No increase in the maximum quantity or number of units may be authorised for applications for treatment of one eye.

Note Where both eyes are affected by the condition, a quantity of 2 units can be requested through the same authority application.

Authority Required

18428

Branch retinal vein occlusion with macular oedema

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Clinical criteria:

- Patient must have visual impairment due to macular oedema secondary to branched retinal vein occlusion (BRVO), **AND**
- Patient must have documented visual impairment defined as a best corrected visual acuity score between 73 and 20 letters based on the early treatment diabetic retinopathy study chart administered at a distance of 4 metres (approximate Snellen equivalent 20/40 to 20/400), in the eye proposed for treatment, **AND**
- The condition must be diagnosed by optical coherence tomography; **OR**
- The condition must be diagnosed by fluorescein angiography, **AND**
- Patient must have a contraindication to vascular endothelial growth factor (VEGF) inhibitors; **OR**
- Patient must have failed prior treatment with VEGF inhibitors, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Authority approval for initial treatment of each eye must be sought.

The first authority application for each eye must be made via the Online PBS Authorities System (real time assessment) or in writing via HPOS form upload or mail and must include:

(1) Details (date, unique identifying number/code or provider number) of the optical coherence tomography or fluorescein angiogram report.

If the application is submitted through HPOS form upload or mail, it must include:

(a) details of the proposed prescription; and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

All reports must be documented in the patient's medical records.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authorisation under this restriction should be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)

Alternatively, applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18336

Central retinal vein occlusion with macular oedema

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Clinical criteria:

- Patient must have visual impairment due to macular oedema secondary to central retinal vein occlusion (CRVO), **AND**
- Patient must have documented visual impairment defined as a best corrected visual acuity score between 73 and 24 letters based on the early treatment diabetic retinopathy study chart administered at a distance of 4 metres (approximate Snellen equivalent 20/40 to 20/320), in the eye proposed for treatment, **AND**
- The condition must be diagnosed by optical coherence tomography; **OR**
- The condition must be diagnosed by fluorescein angiography, **AND**
- Patient must have a contraindication to vascular endothelial growth factor (VEGF) inhibitors; **OR**
- Patient must have failed prior treatment with VEGF inhibitors, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Authority approval for initial treatment of each eye must be sought.

The first authority application for each eye must be made via the Online PBS Authorities System (real time assessment) or in writing via HPOS form upload or mail and must include:

(1) Details (date, unique identifying number/code or provider number) of the optical coherence tomography or fluorescein angiogram report.

If the application is submitted through HPOS form upload or mail, it must include:

(a) details of the proposed prescription; and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

All reports must be documented in the patient's medical records.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authorisation under this restriction should be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)

Alternatively, applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

dexamethasone 700 microgram implant, 1

11469P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	0.00	1,202.87	25.00	Ozurdex [VE]

DEXAMETHASONE

Note Special Pricing Arrangements apply.

Note No increase in the maximum number of repeats may be authorised.

Note No increase in the maximum quantity or number of units may be authorised for applications for treatment of one eye.

Note Where both eyes are affected by the condition, a quantity of 2 units can be requested through the same authority application.

Authority Required (STREAMLINED)

13387

Branch retinal vein occlusion with macular oedema

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition for the same eye, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority Required (STREAMLINED)

13336

Central retinal vein occlusion with macular oedema

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition for the same eye, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

dexamethasone 700 microgram implant, 1

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13142Q	1	1	0.00	1,202.87	25.00	Ozurdex [VE]

HYDROCORTISONE ACETATE

hydrocortisone acetate 1% eye ointment, 5 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2441L NP	‡1	0	0.00	19.67	21.21	Hycor [AS]

HYDROCORTISONE ACETATE

Note No applications for increased maximum quantities will be authorised.

Note No applications for increased repeats will be authorised.

hydrocortisone acetate 1% eye ointment, 5 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5516H OP	‡1	0	0.00	19.67	21.21	Hycor [AS]

Corticosteroids and mydriatics in combination

PREDNISOLONE ACETATE + PHENYLEPHRINE

Restricted benefit

6087

Uveitis

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

prednisolone acetate 1% + phenylephrine hydrochloride 0.12% eye drops, 10 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5568C OP	‡1	0	0.00	24.70	25.00	Prednefrin Forte [VE]

PREDNISOLONE ACETATE + PHENYLEPHRINE

Restricted benefit

10095

Severe eye inflammation

Clinical criteria:

- Patient must have had a cataract removed in the treated eye; **OR**
- Patient must be scheduled for cataract surgery in the treated eye.

Population criteria:

- Patient must identify as Aboriginal or Torres Strait Islander.

prednisolone acetate 1% + phenylephrine hydrochloride 0.12% eye drops, 10 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11908R	‡1	0	0.00	24.70	25.00	Prednefrin Forte [VE]

PREDNISOLONE ACETATE + PHENYLEPHRINE

Restricted benefit

6080

Corneal grafts

Restricted benefit
6101
Uveitis

prednisolone acetate 1% + phenylephrine hydrochloride 0.12% eye drops, 10 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3112T NP	‡1	2	0.00	24.70	25.00	Prednefrin Forte [VE]

ANTIGLAUCOMA PREPARATIONS AND MIOTICS

Sympathomimetics in glaucoma therapy

BRIMONIDINE

brimonidine tartrate 0.2% eye drops, 5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8351M NP	‡1	5	0.00	22.29	23.83	[a] Enidin [VB]	
			[B]0.95	23.24	23.83	[a] Alphagan [VE]	

BRIMONIDINE

Note For prescribing in accordance with Optometry Board of Australia guidelines.

brimonidine tartrate 0.2% eye drops, 5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5534G OP	‡1	5	0.00	22.29	23.83	[a] Enidin [VB]	
			[B]0.95	23.24	23.83	[a] Alphagan [VE]	

BRIMONIDINE

Note For Optometrists, prescribe in accordance with Optometry Board of Australia guidelines.

Restricted benefit
14238
The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

brimonidine tartrate 0.2% eye drops, 5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14497B NP OP	‡2	5	0.00	*30.22	25.00	[a] Enidin [VB]	
			[B]1.90	*32.12	25.00	[a] Alphagan [VE]	

BRIMONIDINE + TIMOLOL

Restricted benefit
5038
Elevated intra-ocular pressure
Clinical criteria:

- The condition must have been inadequately controlled with monotherapy, **AND**
- Patient must have open-angle glaucoma; **OR**
- Patient must have ocular hypertension.

Note For prescribing in accordance with Optometry Board of Australia guidelines.

brimonidine tartrate 0.2% + timolol 0.5% eye drops, 5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5535H OP	‡1	5	0.00	26.70	25.00	Combigan [VE]

BRIMONIDINE + TIMOLOL

Restricted benefit
4343
Elevated intra-ocular pressure
Clinical criteria:

- The condition must have been inadequately controlled with monotherapy, **AND**
- Patient must have open-angle glaucoma; **OR**
- Patient must have ocular hypertension.

brimonidine tartrate 0.2% + timolol 0.5% eye drops, 5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8826M NP	‡1	5	0.00	26.70	25.00	Combigan [VE]

BRIMONIDINE + TIMOLOL

Note For Optometrists, prescribe in accordance with Optometry Board of Australia guidelines.

Restricted benefit

15558

Elevated intra-ocular pressure

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must have been inadequately controlled with monotherapy, **AND**
- Patient must have open-angle glaucoma; **OR**
- Patient must have ocular hypertension.

brimonidine tartrate 0.2% + timolol 0.5% eye drops, 5 mL

14491Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP OP	‡2	5	0.00	*39.04	25.00	Combigan [VE]

Parasympathomimetics

PILOCARPINE

pilocarpine hydrochloride 1% eye drops, 15 mL

2595N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	5	0.00	19.54	21.08	Isopto Carpine [NV]

pilocarpine hydrochloride 2% eye drops, 15 mL

2596P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	5	0.00	20.57	22.11	Isopto Carpine [NV]

pilocarpine hydrochloride 4% eye drops, 15 mL

2598R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	5	0.00	22.98	24.52	Isopto Carpine [NV]

PILOCARPINE

Note For prescribing in accordance with Optometry Board of Australia guidelines.

pilocarpine hydrochloride 1% eye drops, 15 mL

5536J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
OP	‡1	5	0.00	19.54	21.08	Isopto Carpine [NV]

pilocarpine hydrochloride 2% eye drops, 15 mL

5537K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
OP	‡1	5	0.00	20.57	22.11	Isopto Carpine [NV]

pilocarpine hydrochloride 4% eye drops, 15 mL

5538L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
OP	‡1	5	0.00	22.98	24.52	Isopto Carpine [NV]

PILOCARPINE

Note For Optometrists, prescribe in accordance with Optometry Board of Australia guidelines.

Restricted benefit

14238

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

pilocarpine hydrochloride 1% eye drops, 15 mL

14355M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP OP	‡2	5	0.00	*24.72	25.00	Isopto Carpine [NV]

pilocarpine hydrochloride 2% eye drops, 15 mL

14523J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP OP	‡2	5	0.00	*26.78	25.00	Isopto Carpine [NV]

pilocarpine hydrochloride 4% eye drops, 15 mL

14550T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP OP	‡2	5	0.00	*31.60	25.00	Isopto Carpine [NV]

Carbonic anhydrase inhibitors

ACETAZOLAMIDE

Restricted benefit

16559

For prescribing by certain health practitioners

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) a nurse practitioner who is continuing treatment with this medicine (of any strength) that was initiated by a medical practitioner as a PBS benefit.

acetazolamide 250 mg tablet, 100

1004W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	3	0.00	28.50	25.00	Diamox [RW]

BRINZOLAMIDE

brinzolamide 1% eye drops, 5 mL

8483L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	‡1	5	0.00	23.81	25.00	[a] BrinzoQuin [NM]	
			[B]6.59	30.40	25.00	[a] Azopt [NV]	

BRINZOLAMIDE

Note For prescribing in accordance with Optometry Board of Australia guidelines.

brinzolamide 1% eye drops, 5 mL

5540N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
OP	‡1	5	0.00	23.81	25.00	[a] BrinzoQuin [NM]	
			[B]6.59	30.40	25.00	[a] Azopt [NV]	

BRINZOLAMIDE

Note For Optometrists, prescribe in accordance with Optometry Board of Australia guidelines.

Restricted benefit

14238

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

brinzolamide 1% eye drops, 5 mL

14321R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP OP	‡2	5	0.00	*33.26	25.00	[a] BrinzoQuin [NM]	
			[B]13.18	*46.44	25.00	[a] Azopt [NV]	

BRINZOLAMIDE + BRIMONIDINE

Restricted benefit

4343

Elevated intra-ocular pressure

Clinical criteria:

- The condition must have been inadequately controlled with monotherapy, **AND**
- Patient must have open-angle glaucoma; **OR**
- Patient must have ocular hypertension.

brinzolamide 1% + brimonidine tartrate 0.2% eye drops, 5 mL

10536M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	5	0.00	25.36	25.00	Simbrinza 1%/0.2% [NV]

BRINZOLAMIDE + BRIMONIDINE

Restricted benefit

5038

Elevated intra-ocular pressure

Clinical criteria:

- The condition must have been inadequately controlled with monotherapy, **AND**
- Patient must have open-angle glaucoma; **OR**
- Patient must have ocular hypertension.

Note For prescribing in accordance with Optometry Board of Australia guidelines.

brinzolamide 1% + brimonidine tartrate 0.2% eye drops, 5 mL

10547D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
OP	‡1	5	0.00	25.36	25.00	Simbrinza 1%/0.2% [NV]

BRINZOLAMIDE + BRIMONIDINE

Note For Optometrists, prescribe in accordance with Optometry Board of Australia guidelines.

Restricted benefit

15558

Elevated intra-ocular pressure

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must have been inadequately controlled with monotherapy, **AND**
- Patient must have open-angle glaucoma; **OR**
- Patient must have ocular hypertension.

brinzolamide 1% + brimonidine tartrate 0.2% eye drops, 5 mL

14423D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP OP	‡2	5	0.00	*36.36	25.00	Simbrinza 1%/0.2% [NV]

BRINZOLAMIDE + TIMOLOL

Restricted benefit

4343

Elevated intra-ocular pressure

Clinical criteria:

- The condition must have been inadequately controlled with monotherapy, **AND**
- Patient must have open-angle glaucoma; **OR**
- Patient must have ocular hypertension.

brinzolamide 1% + timolol 0.5% eye drops, 5 mL

3438Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	5	0.00	23.83	25.00	Azarga [NV]

BRINZOLAMIDE + TIMOLOL

Restricted benefit

5038

Elevated intra-ocular pressure

Clinical criteria:

- The condition must have been inadequately controlled with monotherapy, **AND**
- Patient must have open-angle glaucoma; **OR**
- Patient must have ocular hypertension.

Note For prescribing in accordance with Optometry Board of Australia guidelines.

brinzolamide 1% + timolol 0.5% eye drops, 5 mL

5562R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
OP	‡1	5	0.00	23.83	25.00	Azarga [NV]

BRINZOLAMIDE + TIMOLOL

Note For Optometrists, prescribe in accordance with Optometry Board of Australia guidelines.

Restricted benefit

15558

Elevated intra-ocular pressure

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must have been inadequately controlled with monotherapy, **AND**
- Patient must have open-angle glaucoma; **OR**
- Patient must have ocular hypertension.

brinzolamide 1% + timolol 0.5% eye drops, 5 mL

14495X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP OP	‡2	5	0.00	*33.30	25.00	Azarga [NV]

DORZOLAMIDE

dorzolamide 2% eye drops, 5 mL

8488R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	‡1	5	0.00	19.53	21.07	[a] Trusamide [AF]	[a] Trusopt [MF]

DORZOLAMIDE

Note For prescribing in accordance with Optometry Board of Australia guidelines.

dorzolamide 2% eye drops, 5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5541P OP	‡1	5	0.00	19.53	21.07	[a] Trusamide [AF]	[a] Trusopt [MF]

DORZOLAMIDE

Note For Optometrists, prescribe in accordance with Optometry Board of Australia guidelines.

Restricted benefit

14238

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

dorzolamide 2% eye drops, 5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14524K NP OP	‡2	5	0.00	*24.70	25.00	[a] Trusamide [AF]	[a] Trusopt [MF]

DORZOLAMIDE + TIMOLOL

Restricted benefit

5038

Elevated intra-ocular pressure

Clinical criteria:

- The condition must have been inadequately controlled with monotherapy, **AND**
- Patient must have open-angle glaucoma; **OR**
- Patient must have ocular hypertension.

Note For prescribing in accordance with Optometry Board of Australia guidelines.

dorzolamide 2% + timolol 0.5% eye drops, 5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5542Q OP	‡1	5	0.00	22.94	24.48	[a] Cosdor [AF]	[a] Vizo-PF Dorzolatim [AE]
			[B]0.47	23.41	24.48	[a] Cosopt [MF]	

DORZOLAMIDE + TIMOLOL

Restricted benefit

4343

Elevated intra-ocular pressure

Clinical criteria:

- The condition must have been inadequately controlled with monotherapy, **AND**
- Patient must have open-angle glaucoma; **OR**
- Patient must have ocular hypertension.

dorzolamide 2% + timolol 0.5% eye drops, 5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8567X NP	‡1	5	0.00	22.94	24.48	[a] Cosdor [AF]	[a] Vizo-PF Dorzolatim [AE]
			[B]0.47	23.41	24.48	[a] Cosopt [MF]	

DORZOLAMIDE + TIMOLOL

Note For Optometrists, prescribe in accordance with Optometry Board of Australia guidelines.

Restricted benefit

15558

Elevated intra-ocular pressure

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must have been inadequately controlled with monotherapy, **AND**
- Patient must have open-angle glaucoma; **OR**
- Patient must have ocular hypertension.

dorzolamide 2% + timolol 0.5% eye drops, 5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14386E NP OP	‡2	5	0.00	*31.52	25.00	[a] Cosdor [AF]	[a] Vizo-PF Dorzolatim [AE]
			[B]0.94	*32.46	25.00	[a] Cosopt [MF]	

Beta blocking agents

TIMOLOL

timolol 0.5% eye drops, 2.5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1926J NP	‡1	5	0.00	24.16	25.00	Timoptol XE [MF]

timolol 0.5% eye drops, 5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1279H NP	‡1	5	0.00	22.38	23.92	[a] TIMOEYE [DZ]	[a] Timoptol [MF]

TIMOLOL

Note For prescribing in accordance with Optometry Board of Australia guidelines.

timolol 0.5% eye drops, 2.5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5550D OP	‡1	5	0.00	24.16	25.00	Timoptol XE [MF]

timolol 0.5% eye drops, 5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5548B OP	‡1	5	0.00	22.38	23.92	[a] TIMOEYE [DZ]	[a] Timoptol [MF]

TIMOLOL

Note For Optometrists, prescribe in accordance with Optometry Board of Australia guidelines.

Restricted benefit

14238

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

timolol 0.5% eye drops, 2.5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15062R NP OP	2	5	0.00	*33.96	25.00	Timoptol XE [MF]

timolol 0.5% eye drops, 5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
15048B NP OP	2	5	0.00	*30.40	25.00	[a] TIMOEYE [DZ]	[a] Timoptol [MF]

Prostaglandin analogues

BIMATOPROST

bimatoprost 0.03% eye drops, 30 x 0.4 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10046R NP	‡1	5	0.00	30.43	25.00	Lumigan PF [VE]

bimatoprost 0.03% eye drops, 3 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8620Q NP	‡1	5	0.00	33.50	25.00	[a] Bimatoprost Sandoz [SZ]	[a] BIMATOPROST-WGR [WG]
						[a] Bimprozt [TY]	[a] Lumigan [VE]

BIMATOPROST

Note For prescribing in accordance with Optometry Board of Australia guidelines.

bimatoprost 0.03% eye drops, 30 x 0.4 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10053D OP	‡1	5	0.00	30.43	25.00	Lumigan PF [VE]

bimatoprost 0.03% eye drops, 3 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5551E OP	‡1	5	0.00	33.50	25.00	[a] Bimatoprost Sandoz [SZ]	[a] BIMATOPROST-WGR [WG]
						[a] Bimprozt [TY]	[a] Lumigan [VE]

BIMATOPROST

Note For Optometrists, prescribe in accordance with Optometry Board of Australia guidelines.

Restricted benefit

14238

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

bimatoprost 0.03% eye drops, 30 x 0.4 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14422C NP OP	‡2	5	0.00	*46.50	25.00	Lumigan PF [VE]

bimatoprost 0.03% eye drops, 3 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14315K NP OP	‡2	5	0.00	*52.64	25.00	[a] Bimatoprost Sandoz [SZ]	[a] BIMATOPROST-WGR [WG]
						[a] Bimprozt [TY]	[a] Lumigan [VE]

BIMATOPROST + TIMOLOL

Restricted benefit

5038

Elevated intra-ocular pressure

Clinical criteria:

- The condition must have been inadequately controlled with monotherapy, **AND**
- Patient must have open-angle glaucoma; **OR**
- Patient must have ocular hypertension.

Note For prescribing in accordance with Optometry Board of Australia guidelines.

bimatoprost 0.03% + timolol 0.5% eye drops, 30 x 0.4 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10108B OP	‡1	5	0.00	35.04	25.00	GANfort PF 0.3/5 [VE]

bimatoprost 0.03% + timolol 0.5% eye drops, 3 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5558M OP	‡1	5	0.00	37.24	25.00	Ganfort 0.3/5 [VE]

BIMATOPROST + TIMOLOL

Restricted benefit

4343

Elevated intra-ocular pressure

Clinical criteria:

- The condition must have been inadequately controlled with monotherapy, **AND**
- Patient must have open-angle glaucoma; **OR**
- Patient must have ocular hypertension.

bimatoprost 0.03% + timolol 0.5% eye drops, 30 x 0.4 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10107Y NP	‡1	5	0.00	35.04	25.00	GANfort PF 0.3/5 [VE]

bimatoprost 0.03% + timolol 0.5% eye drops, 3 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9464D NP	‡1	5	0.00	37.24	25.00	Ganfort 0.3/5 [VE]

BIMATOPROST + TIMOLOL

Note For Optometrists, prescribe in accordance with Optometry Board of Australia guidelines.

Restricted benefit

15558

Elevated intra-ocular pressure

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must have been inadequately controlled with monotherapy, **AND**
- Patient must have open-angle glaucoma; **OR**
- Patient must have ocular hypertension.

bimatoprost 0.03% + timolol 0.5% eye drops, 30 x 0.4 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14351H NP OP	‡2	5	0.00	*55.72	25.00	GANfort PF 0.3/5 [VE]

bimatoprost 0.03% + timolol 0.5% eye drops, 3 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14317M NP OP	‡2	5	0.00	*60.12	25.00	Ganfort 0.3/5 [VE]

LATANOPROST

latanoprost 0.005% eye drops, 2.5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8243W	‡1	5	0.00	18.60	20.14	[a] APO-Latanoprost [TX]	[a] Latanoprost Sandoz [SZ]
NP						[a] Xalaprost [AF]	[a] Xalatan [AS]

LATANOPROST

Note For prescribing in accordance with Optometry Board of Australia guidelines.

latanoprost 0.005% eye drops, 2.5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5552F	‡1	5	0.00	18.60	20.14	[a] APO-Latanoprost [TX]	[a] Latanoprost Sandoz [SZ]
OP						[a] Xalaprost [AF]	[a] Xalatan [AS]

LATANOPROST

Note For Optometrists, prescribe in accordance with Optometry Board of Australia guidelines.

Restricted benefit

14238

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

latanoprost 0.005% eye drops, 2.5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14453Q	‡2	5	0.00	*22.84	24.38	[a] APO-Latanoprost [TX]	[a] Latanoprost Sandoz [SZ]
NP OP						[a] Xalaprost [AF]	[a] Xalatan [AS]

LATANOPROST + TIMOLOL

Restricted benefit

5038

Elevated intra-ocular pressure

Clinical criteria:

- The condition must have been inadequately controlled with monotherapy, **AND**
- Patient must have open-angle glaucoma; **OR**
- Patient must have ocular hypertension.

Note For prescribing in accordance with Optometry Board of Australia guidelines.

latanoprost 0.005% + timolol 0.5% eye drops, 2.5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5553G	‡1	5	0.00	22.27	23.81	[a] APO-Latanoprost/Timolol 0.05/5 [TX]	[a] Xalacom [AS]
OP						[a] Xalamol 50/5 [AF]	

LATANOPROST + TIMOLOL

Restricted benefit

4343

Elevated intra-ocular pressure

Clinical criteria:

- The condition must have been inadequately controlled with monotherapy, **AND**
- Patient must have open-angle glaucoma; **OR**
- Patient must have ocular hypertension.

latanoprost 0.005% + timolol 0.5% eye drops, 2.5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8895E	‡1	5	0.00	22.27	23.81	[a] APO-Latanoprost/Timolol 0.05/5 [TX]	[a] Xalacom [AS]
NP						[a] Xalamol 50/5 [AF]	

LATANOPROST + TIMOLOL

Note For Optometrists, prescribe in accordance with Optometry Board of Australia guidelines.

Restricted benefit

15558

Elevated intra-ocular pressure

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**

- The condition must have been inadequately controlled with monotherapy, **AND**
- Patient must have open-angle glaucoma; **OR**
- Patient must have ocular hypertension.

latanoprost 0.005% + timolol 0.5% eye drops, 2.5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14350G NP OP	‡2	5	0.00	*30.18	25.00	[a] APO-Latanoprost/Timolol 0.05/5 [TX] [a] Xalamol 50/5 [AF]	[a] Xalacom [AS]

TRAVOPROST

travoprost 0.004% eye drops, 2.5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8597L NP	‡1	5	0.00	33.50	25.00	Travatan [NV]

TRAVOPROST

Note For prescribing in accordance with Optometry Board of Australia guidelines.

travoprost 0.004% eye drops, 2.5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5554H OP	‡1	5	0.00	33.50	25.00	Travatan [NV]

TRAVOPROST

Note For Optometrists, prescribe in accordance with Optometry Board of Australia guidelines.

Restricted benefit

14238

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

travoprost 0.004% eye drops, 2.5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14549R NP OP	‡2	5	0.00	*52.64	25.00	Travatan [NV]

TRAVOPROST + TIMOLOL

Restricted benefit

5038

Elevated intra-ocular pressure

Clinical criteria:

- The condition must have been inadequately controlled with monotherapy, **AND**
- Patient must have open-angle glaucoma; **OR**
- Patient must have ocular hypertension.

Note For prescribing in accordance with Optometry Board of Australia guidelines.

travoprost 0.004% + timolol 0.5% eye drops, 2.5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5555J OP	‡1	5	0.00	36.36	25.00	Duotrav [NV]

TRAVOPROST + TIMOLOL

Restricted benefit

4343

Elevated intra-ocular pressure

Clinical criteria:

- The condition must have been inadequately controlled with monotherapy, **AND**
- Patient must have open-angle glaucoma; **OR**
- Patient must have ocular hypertension.

travoprost 0.004% + timolol 0.5% eye drops, 2.5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9057Q NP	‡1	5	0.00	36.36	25.00	Duotrav [NV]

TRAVOPROST + TIMOLOL

Note For Optometrists, prescribe in accordance with Optometry Board of Australia guidelines.

Restricted benefit

15558

Elevated intra-ocular pressure

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must have been inadequately controlled with monotherapy, **AND**
- Patient must have open-angle glaucoma; **OR**
- Patient must have ocular hypertension.

travoprost 0.004% + timolol 0.5% eye drops, 2.5 mL

14316L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP OP	‡2	5	0.00	*58.36	25.00	Duotrav [NV]

MYDRIATICS AND CYCLOPLEGICS

Anticholinergics

ATROPINE SULFATE

atropine sulfate monohydrate 1% eye drops, 15 mL

1093M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	2	0.00	31.57	25.00	Atropt [AS]

OCULAR VASCULAR DISORDER AGENTS

Antineovascularisation agents

AFLIBERCEPT

Note Pharmaceutical benefits that have the form aflibercept 0.09 mL injection syringe, pharmaceutical benefits that have the form aflibercept 0.165 mL injection syringe and pharmaceutical benefits that have the form aflibercept 0.1 mL injection vial are equivalent for the purposes of substitution

Note Where both eyes are affected by the condition, a quantity of 2 units can be requested through the same authority application.

Note No increase in the maximum quantity or number of units may be authorised for applications for treatment of one eye.

Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

13392

Subfoveal choroidal neovascularisation (CNV)

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Clinical criteria:

- The condition must be due to pathologic myopia (PM), **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition for the same eye.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

aflibercept 2 mg/0.05 mL injection, 0.05 mL syringe

13139M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	2	0.00	304.55	25.00	[a] Eylea [BN]

aflibercept 2 mg/0.05 mL injection, 0.05 mL syringe

15218Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	2	0.00	304.55	25.00	[a] Afqlir [ZE]

aflibercept 2 mg/0.05 mL injection, 0.05 mL vial

13151E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	2	0.00	306.54	25.00	[a] Eylea [BN]

AFLIBERCEPT

Note Pharmaceutical benefits that have the form aflibercept 0.09 mL injection syringe, pharmaceutical benefits that have the form aflibercept 0.165 mL injection syringe and pharmaceutical benefits that have the form aflibercept 0.1 mL injection vial are equivalent for the purposes of substitution

Note Where both eyes are affected by the condition, a quantity of 2 units can be requested through the same authority application.

Note No increase in the maximum quantity or number of units may be authorised for applications for treatment of one eye.

Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

13406

Subfoveal choroidal neovascularisation (CNV)

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Clinical criteria:

- The condition must be due to age-related macular degeneration (AMD), **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition for the same eye.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

aflibercept 2 mg/0.05 mL injection, 0.05 mL vial

13146X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	2	0.00	306.54	25.00	[a] Eylea [BN]

aflibercept 2 mg/0.05 mL injection, 0.05 mL syringe

13167B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	2	0.00	304.55	25.00	[a] Eylea [BN]

aflibercept 2 mg/0.05 mL injection, 0.05 mL syringe

15219B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	2	0.00	304.55	25.00	[a] Afqlir [ZE]

AFLIBERCEPT

Note Pharmaceutical benefits that have the form aflibercept 0.09 mL injection syringe, pharmaceutical benefits that have the form aflibercept 0.165 mL injection syringe and pharmaceutical benefits that have the form aflibercept 0.1 mL injection vial are equivalent for the purposes of substitution

Note Where both eyes are affected by the condition, a quantity of 2 units can be requested through the same authority application.

Note No increase in the maximum quantity or number of units may be authorised for applications for treatment of one eye.

Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

13402

Diabetic macular oedema (DMO)

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition for the same eye, **AND**
- The treatment must be as monotherapy; **OR**
- The treatment must be in combination with laser photocoagulation, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

aflibercept 2 mg/0.05 mL injection, 0.05 mL syringe

13150D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	0.00	304.55	25.00	[a] Eylea [BN]

aflibercept 2 mg/0.05 mL injection, 0.05 mL syringe

15215T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	0.00	304.55	25.00	[a] Afqlir [ZE]

aflibercept 2 mg/0.05 mL injection, 0.05 mL vial

13164W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	0.00	306.54	25.00	[a] Eylea [BN]

AFLIBERCEPT

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note Pharmaceutical benefits that have the form aflibercept 8 mg/0.07 mL injection syringe and pharmaceutical benefits that have the form aflibercept 8 mg/0.07 mL injection vial are equivalent for the purposes of substitution.

Note Where both eyes are affected by the condition, a quantity of 2 units can be requested through the same authority application.

Note No increase in the maximum quantity or number of units may be authorised for applications for treatment of one eye.

Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

13406

Subfoveal choroidal neovascularisation (CNV)

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Clinical criteria:

- The condition must be due to age-related macular degeneration (AMD), **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition for the same eye.

aflibercept 8 mg/0.07 mL injection, 0.07 mL vial

14594D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	0.00	443.80	25.00	[a] Eylea [BN]

aflibercept 8 mg/0.07 mL injection, 0.07 mL syringe

15221D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	0.00	428.34	25.00	[a] Eylea [BN]

AFLIBERCEPT

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authorisation under this restriction should be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)

Alternatively, applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Note Pharmaceutical benefits that have the form aflibercept 8 mg/0.07 mL injection syringe and pharmaceutical benefits that have the form aflibercept 8 mg/0.07 mL injection vial are equivalent for the purposes of substitution.

Note Where both eyes are affected by the condition, a quantity of 2 units can be requested through the same authority application.

Note No increase in the maximum quantity or number of units may be authorised for applications for treatment of one eye.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

15918

Subfoveal choroidal neovascularisation (CNV)

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Clinical criteria:

- The condition must be due to age-related macular degeneration (AMD), **AND**
- The condition must be diagnosed by optical coherence tomography; **OR**
- The condition must be diagnosed by fluorescein angiography, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Authority approval for initial treatment of each eye must be sought.

The first authority application for each eye must be made via the Online PBS Authorities System (real time assessment) or in writing via HPOS form upload or mail and must include:

(1) Details (date, unique identifying number/code or provider number) of the optical coherence tomography or fluorescein angiogram report.

If the application is submitted through HPOS form upload or mail, it must include:

(a) details of the proposed prescription; and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

All reports must be documented in the patient's medical records.

aflibercept 8 mg/0.07 mL injection, 0.07 mL vial

14626T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	2	0.00	443.80	25.00	[a] Eylea [BN]

aflibercept 8 mg/0.07 mL injection, 0.07 mL syringe

15260E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	2	0.00	428.34	25.00	[a] Eylea [BN]

AFLIBERCEPT

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note Pharmaceutical benefits that have the form aflibercept 8 mg/0.07 mL injection syringe and pharmaceutical benefits that have the form aflibercept 8 mg/0.07 mL injection vial are equivalent for the purposes of substitution.

Note Where both eyes are affected by the condition, a quantity of 2 units can be requested through the same authority application.

Note No increase in the maximum quantity or number of units may be authorised for applications for treatment of one eye.

Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

13402

Diabetic macular oedema (DMO)

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition for the same eye, **AND**
- The treatment must be as monotherapy; **OR**
- The treatment must be in combination with laser photocoagulation, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

aflibercept 8 mg/0.07 mL injection, 0.07 mL vial

14627W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	0.00	443.80	25.00	[a] Eylea [BN]

aflibercept 8 mg/0.07 mL injection, 0.07 mL syringe

15220C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	0.00	428.34	25.00	[a] Eylea [BN]

AFLIBERCEPT

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note Pharmaceutical benefits that have the form aflibercept 8 mg/0.07 mL injection syringe and pharmaceutical benefits that have the form aflibercept 8 mg/0.07 mL injection vial are equivalent for the purposes of substitution.

Note Where both eyes are affected by the condition, a quantity of 2 units can be requested through the same authority application.

Note No increase in the maximum quantity or number of units may be authorised for applications for treatment of one eye.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

17289

Diabetic macular oedema (DMO)

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have visual impairment due to diabetic macular oedema, **AND**
- Patient must have documented visual impairment defined as a best corrected visual acuity score between 78 and 39 letters based on the early treatment diabetic retinopathy study chart administered at a distance of 4 metres (approximate Snellen equivalent 20/32 to 20/160), in the eye proposed for treatment, **AND**
- The condition must be diagnosed by optical coherence tomography; **OR**
- The condition must be diagnosed by fluorescein angiography, **AND**
- The treatment must be as monotherapy; **OR**
- The treatment must be in combination with laser photocoagulation, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Authority approval for initial treatment of each eye must be sought.

Details (date, unique identifying number/code or provider number) of one of the following diagnostic reports for each eye must be documented in the patient's medical records:
(i) fluorescein angiogram report;
(ii) optical coherence tomography report.

aflibercept 8 mg/0.07 mL injection, 0.07 mL vial

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14635G	1	5	0.00	443.80	25.00	[a] Eylea [BN]

aflibercept 8 mg/0.07 mL injection, 0.07 mL syringe

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15248M	1	5	0.00	428.34	25.00	[a] Eylea [BN]

AFLIBERCEPT

Note Pharmaceutical benefits that have the form aflibercept 0.09 mL injection syringe, pharmaceutical benefits that have the form aflibercept 0.165 mL injection syringe and pharmaceutical benefits that have the form aflibercept 0.1 mL injection vial are equivalent for the purposes of substitution

Note Where both eyes are affected by the condition, a quantity of 2 units can be requested through the same authority application.

Note No increase in the maximum quantity or number of units may be authorised for applications for treatment of one eye.

Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

13387

Branch retinal vein occlusion with macular oedema

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition for the same eye, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority Required (STREAMLINED)

13336

Central retinal vein occlusion with macular oedema

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition for the same eye, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

aflibercept 2 mg/0.05 mL injection, 0.05 mL vial

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13138L	1	2	0.00	306.54	25.00	[a] Eylea [BN]

aflibercept 2 mg/0.05 mL injection, 0.05 mL syringe

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13141P	1	2	0.00	304.55	25.00	[a] Eylea [BN]

aflibercept 2 mg/0.05 mL injection, 0.05 mL syringe

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15206H	1	2	0.00	304.55	25.00	[a] Afqlir [ZE]

AFLIBERCEPT

Note Biosimilar prescribing policy

Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Pharmaceutical benefits that have the form aflibercept 0.09 mL injection syringe, pharmaceutical benefits that have the form aflibercept 0.165 mL injection syringe and pharmaceutical benefits that have the form aflibercept 0.1 mL injection vial are equivalent for the purposes of substitution

Note Where both eyes are affected by the condition, a quantity of 2 units can be requested through the same authority application.

Note No increase in the maximum quantity or number of units may be authorised for applications for treatment of one eye.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

18146

Subfoveal choroidal neovascularisation (CNV)

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Clinical criteria:

- The condition must be due to pathologic myopia (PM), **AND**
- The condition must be diagnosed by optical coherence tomography; **OR**
- The condition must be diagnosed by fluorescein angiography, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Authority approval for initial treatment of each eye must be sought.

The first authority application for each eye must be made via the Online PBS Authorities System (real time assessment) or in writing via HPOS form upload or mail and must include:

(1) Details (date, unique identifying number/code or provider number) of the optical coherence tomography or fluorescein angiogram report.

If the application is submitted through HPOS form upload or mail, it must include:

(a) details of the proposed prescription; and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

All reports must be documented in the patient's medical records.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authorisation under this restriction should be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)

Alternatively, applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

aflibercept 2 mg/0.05 mL injection, 0.05 mL vial

12131L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	2	0.00	306.54	25.00	[a] Eylea [BN]

aflibercept 2 mg/0.05 mL injection, 0.05 mL syringe

12141B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	2	0.00	304.55	25.00	[a] Eylea [BN]

aflibercept 2 mg/0.05 mL injection, 0.05 mL syringe

15213Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	2	0.00	304.55	25.00	[a] Afqlir [ZE]

AFLIBERCEPT

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authorisation under this restriction should be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)

Alternatively, applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Note Biosimilar prescribing policy

Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Pharmaceutical benefits that have the form aflibercept 0.09 mL injection syringe, pharmaceutical benefits that have the form aflibercept 0.165 mL injection syringe and pharmaceutical benefits that have the form aflibercept 0.1 mL injection vial are equivalent for the purposes of substitution

Note Where both eyes are affected by the condition, a quantity of 2 units can be requested through the same authority application.

Note No increase in the maximum quantity or number of units may be authorised for applications for treatment of one eye.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

15918

Subfoveal choroidal neovascularisation (CNV)

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Clinical criteria:

- The condition must be due to age-related macular degeneration (AMD), **AND**
- The condition must be diagnosed by optical coherence tomography; **OR**
- The condition must be diagnosed by fluorescein angiography, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Authority approval for initial treatment of each eye must be sought.

The first authority application for each eye must be made via the Online PBS Authorities System (real time assessment) or in writing via HPOS form upload or mail and must include:

(1) Details (date, unique identifying number/code or provider number) of the optical coherence tomography or fluorescein angiogram report.

If the application is submitted through HPOS form upload or mail, it must include:

(a) details of the proposed prescription; and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

All reports must be documented in the patient's medical records.

aflibercept 2 mg/0.05 mL injection, 0.05 mL vial

2168D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	2	0.00	306.54	25.00	[a] Eylea [BN]

aflibercept 2 mg/0.05 mL injection, 0.05 mL syringe

12152N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	2	0.00	304.55	25.00	[a] Eylea [BN]

aflibercept 2 mg/0.05 mL injection, 0.05 mL syringe

15217X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	2	0.00	304.55	25.00	[a] Afqlir [ZE]

AFLIBERCEPT

Note Biosimilar prescribing policy

Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Pharmaceutical benefits that have the form aflibercept 0.09 mL injection syringe, pharmaceutical benefits that have the form aflibercept 0.165 mL injection syringe and pharmaceutical benefits that have the form aflibercept 0.1 mL injection vial are equivalent for the purposes of substitution

Note Where both eyes are affected by the condition, a quantity of 2 units can be requested through the same authority application.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised for applications for treatment of one eye.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

17289

Diabetic macular oedema (DMO)

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have visual impairment due to diabetic macular oedema, **AND**
- Patient must have documented visual impairment defined as a best corrected visual acuity score between 78 and 39 letters based on the early treatment diabetic retinopathy study chart administered at a distance of 4 metres (approximate Snellen equivalent 20/32 to 20/160), in the eye proposed for treatment, **AND**
- The condition must be diagnosed by optical coherence tomography; **OR**
- The condition must be diagnosed by fluorescein angiography, **AND**
- The treatment must be as monotherapy; **OR**
- The treatment must be in combination with laser photocoagulation, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Authority approval for initial treatment of each eye must be sought.

Details (date, unique identifying number/code or provider number) of one of the following diagnostic reports for each eye must be documented in the patient's medical records:

(i) fluorescein angiogram report;

(ii) optical coherence tomography report.

aflibercept 2 mg/0.05 mL injection, 0.05 mL vial

10505X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	0.00	306.54	25.00	[a] Eylea [BN]

AFLIBERCEPT

Note Biosimilar prescribing policy

Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Pharmaceutical benefits that have the form aflibercept 0.09 mL injection syringe, pharmaceutical benefits that have the form aflibercept 0.165 mL injection syringe and pharmaceutical benefits that have the form aflibercept 0.1 mL injection vial are equivalent for the purposes of substitution

Note Where both eyes are affected by the condition, a quantity of 2 units can be requested through the same authority application.

Note No increase in the maximum quantity or number of units may be authorised for applications for treatment of one eye.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum number of repeats may be authorised.

Authority Required

17289

Diabetic macular oedema (DMO)

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have visual impairment due to diabetic macular oedema, **AND**
- Patient must have documented visual impairment defined as a best corrected visual acuity score between 78 and 39 letters based on the early treatment diabetic retinopathy study chart administered at a distance of 4 metres (approximate Snellen equivalent 20/32 to 20/160), in the eye proposed for treatment, **AND**
- The condition must be diagnosed by optical coherence tomography; **OR**
- The condition must be diagnosed by fluorescein angiography, **AND**
- The treatment must be as monotherapy; **OR**
- The treatment must be in combination with laser photocoagulation, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Authority approval for initial treatment of each eye must be sought.

Details (date, unique identifying number/code or provider number) of one of the following diagnostic reports for each eye must be documented in the patient's medical records:

(i) fluorescein angiogram report;

(ii) optical coherence tomography report.

aflibercept 2 mg/0.05 mL injection, 0.05 mL syringe

12153P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	0.00	304.55	25.00	[a] Eylea [BN]

aflibercept 2 mg/0.05 mL injection, 0.05 mL syringe

15214R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	0.00	304.55	25.00	[a] Afqlir [ZE]

AFLIBERCEPT

Note Biosimilar prescribing policy

Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Pharmaceutical benefits that have the form aflibercept 0.09 mL injection syringe, pharmaceutical benefits that have the form aflibercept 0.165 mL injection syringe and pharmaceutical benefits that have the form aflibercept 0.1 mL injection vial are equivalent for the purposes of substitution

Note Where both eyes are affected by the condition, a quantity of 2 units can be requested through the same authority application.

Note No increase in the maximum quantity or number of units may be authorised for applications for treatment of one eye.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

18144

Branch retinal vein occlusion with macular oedema

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Clinical criteria:

- Patient must have visual impairment due to macular oedema secondary to branched retinal vein occlusion (BRVO), **AND**
- Patient must have documented visual impairment defined as a best corrected visual acuity score between 73 and 20 letters based on the early treatment diabetic retinopathy study chart administered at a distance of 4 metres (approximate Snellen equivalent 20/40 to 20/400), in the eye proposed for treatment, **AND**
- The condition must be diagnosed by optical coherence tomography; **OR**
- The condition must be diagnosed by fluorescein angiography, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Authority approval for initial treatment of each eye must be sought.

The first authority application for each eye must be made via the Online PBS Authorities System (real time assessment) or in writing via HPOS form upload or mail and must include:

(1) Details (date, unique identifying number/code or provider number) of the optical coherence tomography or fluorescein angiogram report.

If the application is submitted through HPOS form upload or mail, it must include:

(a) details of the proposed prescription; and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

All reports must be documented in the patient's medical records.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authorisation under this restriction should be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)

Alternatively, applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18145

Central retinal vein occlusion with macular oedema

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Clinical criteria:

- Patient must have visual impairment due to macular oedema secondary to central retinal vein occlusion (CRVO), **AND**

- Patient must have documented visual impairment defined as a best corrected visual acuity score between 73 and 24 letters based on the early treatment diabetic retinopathy study chart administered at a distance of 4 metres (approximate Snellen equivalent 20/40 to 20/320), in the eye proposed for treatment, **AND**
- The condition must be diagnosed by optical coherence tomography; **OR**
- The condition must be diagnosed by fluorescein angiography, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Authority approval for initial treatment of each eye must be sought.

The first authority application for each eye must be made via the Online PBS Authorities System (real time assessment) or in writing via HPOS form upload or mail and must include:

(1) Details (date, unique identifying number/code or provider number) of the optical coherence tomography or fluorescein angiogram report.

If the application is submitted through HPOS form upload or mail, it must include:

(a) details of the proposed prescription; and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

All reports must be documented in the patient's medical records.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authorisation under this restriction should be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)

Alternatively, applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

aflibercept 2 mg/0.05 mL injection, 0.05 mL vial

11991D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	2	0.00	306.54	25.00	[a] Eylea [BN]

aflibercept 2 mg/0.05 mL injection, 0.05 mL syringe

12132M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	2	0.00	304.55	25.00	[a] Eylea [BN]

aflibercept 2 mg/0.05 mL injection, 0.05 mL syringe

15207J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	2	0.00	304.55	25.00	[a] Afqlir [ZE]

BROLUCIZUMAB

Note Where both eyes are affected by the condition, a quantity of 2 units can be requested through the same authority application.

Note No increase in the maximum quantity or number of units may be authorised for applications for treatment of one eye.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

18490

Subfoveal choroidal neovascularisation (CNV)

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Clinical criteria:

- The condition must be due to age-related macular degeneration (AMD), **AND**
- Patient must have persistent macular exudation, as determined clinically and/or by optical coherence tomography or fluorescein angiography, despite at least 6 months of PBS-subsidised treatment with: 1. Aflibercept and/or 2. Ranibizumab and/or 3. Faricimab, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must not have previously received PBS-subsidised treatment with this drug for this condition.

Authority approval for initial treatment of each eye must be sought.

The first authority application for each eye must be made via the Online PBS Authorities System (real time assessment) or in writing via HPOS form upload or mail and must include:

(1) Details (date, unique identifying number/code or provider number) of the optical coherence tomography or fluorescein angiogram report.

If the application is submitted through HPOS form upload or mail, it must include:

(a) details of the proposed prescription; and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

All reports must be documented in the patient's medical records.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authorisation under this restriction should be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)

Alternatively, applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

13426

Subfoveal choroidal neovascularisation (CNV)

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Clinical criteria:

- The condition must be due to age-related macular degeneration (AMD), **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition for the same eye.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

brolucizumab 6 mg/0.05 mL intraocular injection, 0.05 mL syringe

12667Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	0.00	979.42	25.00	Beovu [NV]

FARICIMAB

Note Pharmaceutical benefits that have the form faricimab 6 mg/0.05 mL injection vial and pharmaceutical benefits that have the form faricimab 6 mg/0.05 mL injection syringe are equivalent for the purposes of substitution.

Note Where both eyes are affected by the condition, a quantity of 2 units can be requested through the same authority application.

Note No increase in the maximum quantity or number of units may be authorised for applications for treatment of one eye.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

16482

Subfoveal choroidal neovascularisation (CNV)

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Clinical criteria:

- The condition must be due to age-related macular degeneration (AMD), **AND**
- The condition must be diagnosed by optical coherence tomography; **OR**
- The condition must be diagnosed by fluorescein angiography, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Authority approval for initial treatment of each eye must be sought.

The first authority application for each eye must be made via the Online PBS Authorities System (real time assessment) or in writing via HPOS form upload or mail and must include:

(1) Details (date, unique identifying number/code or provider number) of the optical coherence tomography or fluorescein angiogram report.

If the application is submitted through HPOS form upload or mail, it must include:

(a) details of the proposed prescription; and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

All reports must be documented in the patient's medical records.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authorisation under this restriction should be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)

Alternatively, applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

faricimab 6 mg/0.05 mL intraocular injection, 0.05 mL vial

13183W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	0.00	915.49	25.00	[a] Vabysmo [RO]

faricimab 6 mg/0.05 mL intraocular injection, 0.05 mL syringe

14788H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	0.00	915.49	25.00	[a] Vabysmo [RO]

FARICIMAB

Note Pharmaceutical benefits that have the form faricimab 6 mg/0.05 mL injection vial and pharmaceutical benefits that have the form faricimab 6 mg/0.05 mL injection syringe are equivalent for the purposes of substitution.

Note Where both eyes are affected by the condition, a quantity of 2 units can be requested through the same authority application.

Note No increase in the maximum quantity or number of units may be authorised for applications for treatment of one eye.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)

13406

Subfoveal choroidal neovascularisation (CNV)

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Clinical criteria:

- The condition must be due to age-related macular degeneration (AMD), **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition for the same eye.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

faricimab 6 mg/0.05 mL intraocular injection, 0.05 mL vial

13195L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	0.00	915.49	25.00	[a] Vabysmo [RO]

faricimab 6 mg/0.05 mL intraocular injection, 0.05 mL syringe

14799X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	0.00	915.49	25.00	[a] Vabysmo [RO]

FARICIMAB

Note Pharmaceutical benefits that have the form faricimab 6 mg/0.05 mL injection vial and pharmaceutical benefits that have the form faricimab 6 mg/0.05 mL injection syringe are equivalent for the purposes of substitution.

Note Where both eyes are affected by the condition, a quantity of 2 units can be requested through the same authority application.

Note No increase in the maximum quantity or number of units may be authorised for applications for treatment of one eye.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)

13402

Diabetic macular oedema (DMO)

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition for the same eye, **AND**
- The treatment must be as monotherapy; **OR**
- The treatment must be in combination with laser photocoagulation, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

faricimab 6 mg/0.05 mL intraocular injection, 0.05 mL vial

13198P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	0.00	915.49	25.00	[a] Vabysmo [RO]

faricimab 6 mg/0.05 mL intraocular injection, 0.05 mL syringe

14817W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	0.00	915.49	25.00	[a] Vabysmo [RO]

FARICIMAB

Note Pharmaceutical benefits that have the form faricimab 6 mg/0.05 mL injection vial and pharmaceutical benefits that have the form faricimab 6 mg/0.05 mL injection syringe are equivalent for the purposes of substitution.

Note Where both eyes are affected by the condition, a quantity of 2 units can be requested through the same authority application.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised for applications for treatment of one eye.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

17289

Diabetic macular oedema (DMO)

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have visual impairment due to diabetic macular oedema, **AND**
- Patient must have documented visual impairment defined as a best corrected visual acuity score between 78 and 39 letters based on the early treatment diabetic retinopathy study chart administered at a distance of 4 metres (approximate Snellen equivalent 20/32 to 20/160), in the eye proposed for treatment, **AND**
- The condition must be diagnosed by optical coherence tomography; **OR**
- The condition must be diagnosed by fluorescein angiography, **AND**
- The treatment must be as monotherapy; **OR**
- The treatment must be in combination with laser photocoagulation, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Authority approval for initial treatment of each eye must be sought.

Details (date, unique identifying number/code or provider number) of one of the following diagnostic reports for each eye must be documented in the patient's medical records:

(i) fluorescein angiogram report;

(ii) optical coherence tomography report.

faricimab 6 mg/0.05 mL intraocular injection, 0.05 mL vial

13177M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	0.00	915.49	25.00	[a] Vabysmo [RO]

faricimab 6 mg/0.05 mL intraocular injection, 0.05 mL syringe

14789J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	0.00	915.49	25.00	[a] Vabysmo [RO]

FARICIMAB

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authorisation under this restriction should be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)

Alternatively, applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Note Pharmaceutical benefits that have the form faricimab 6 mg/0.05 mL injection vial and pharmaceutical benefits that have the form faricimab 6 mg/0.05 mL injection syringe are equivalent for the purposes of substitution.

Note Where both eyes are affected by the condition, a quantity of 2 units can be requested through the same authority application.

Note No increase in the maximum quantity or number of units may be authorised for applications for treatment of one eye.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

16319

Branch retinal vein occlusion with macular oedema

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Clinical criteria:

- Patient must have visual impairment due to macular oedema secondary to branched retinal vein occlusion (BRVO), **AND**
- Patient must have documented visual impairment defined as a best corrected visual acuity score between 73 and 20 letters based on the early treatment diabetic retinopathy study chart administered at a distance of 4 metres (approximate Snellen equivalent 20/40 to 20/400), in the eye proposed for treatment, **AND**
- The condition must be diagnosed by optical coherence tomography; **OR**
- The condition must be diagnosed by fluorescein angiography, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Authority approval for initial treatment of each eye must be sought.

The first authority application for each eye must be made via the Online PBS Authorities System (real time assessment) or in writing via HPOS form upload or mail and must include:

(1) Details (date, unique identifying number/code or provider number) of the optical coherence tomography or fluorescein angiogram report.

If the application is submitted through HPOS form upload or mail, it must include:

(a) details of the proposed prescription; and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

All reports must be documented in the patient's medical records.

Authority Required

16309

Central retinal vein occlusion with macular oedema

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Clinical criteria:

- Patient must have visual impairment due to macular oedema secondary to central retinal vein occlusion (CRVO), **AND**
- Patient must have documented visual impairment defined as a best corrected visual acuity score between 73 and 24 letters based on the early treatment diabetic retinopathy study chart administered at a distance of 4 metres (approximate Snellen equivalent 20/40 to 20/320), in the eye proposed for treatment, **AND**
- The condition must be diagnosed by optical coherence tomography; **OR**
- The condition must be diagnosed by fluorescein angiography, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Authority approval for initial treatment of each eye must be sought.

The first authority application for each eye must be made via the Online PBS Authorities System (real time assessment) or in writing via HPOS form upload or mail and must include:

(1) Details (date, unique identifying number/code or provider number) of the optical coherence tomography or fluorescein angiogram report.

If the application is submitted through HPOS form upload or mail, it must include:

(a) details of the proposed prescription; and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

All reports must be documented in the patient's medical records.

faricimab 6 mg/0.05 mL intraocular injection, 0.05 mL vial

14737P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	2	0.00	915.49	25.00	[a] Vabysmo [RO]

faricimab 6 mg/0.05 mL intraocular injection, 0.05 mL syringe

14873T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	2	0.00	915.49	25.00	[a] Vabysmo [RO]

FARICIMAB

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note Pharmaceutical benefits that have the form faricimab 6 mg/0.05 mL injection vial and pharmaceutical benefits that have the form faricimab 6 mg/0.05 mL injection syringe are equivalent for the purposes of substitution.

Note Where both eyes are affected by the condition, a quantity of 2 units can be requested through the same authority application.

Note No increase in the maximum quantity or number of units may be authorised for applications for treatment of one eye.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)

13387

Branch retinal vein occlusion with macular oedema

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition for the same eye, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Authority Required (STREAMLINED)

13336

Central retinal vein occlusion with macular oedema

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition for the same eye, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

faricimab 6 mg/0.05 mL intraocular injection, 0.05 mL vial

14738Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	2	0.00	915.49	25.00	[a] Vabysmo [RO]

faricimab 6 mg/0.05 mL intraocular injection, 0.05 mL syringe

14864H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	2	0.00	915.49	25.00	[a] Vabysmo [RO]

RANIBIZUMAB

Note Special Pricing Arrangements apply.

Note No increase in the maximum number of repeats may be authorised.

Note No increase in the maximum quantity or number of units may be authorised for applications for treatment of one eye.

Note Where both eyes are affected by the condition, a quantity of 2 units can be requested through the same authority application.

Note Pharmaceutical benefits that have the form ranibizumab 0.165 mL injection syringe and pharmaceutical benefits that have the form ranibizumab 0.23 mL injection vial are equivalent for the purposes of substitution.

Authority Required (STREAMLINED)

13406

Subfoveal choroidal neovascularisation (CNV)

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Clinical criteria:

- The condition must be due to age-related macular degeneration (AMD), **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition for the same eye.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

ranibizumab 1.65 mg/0.165 mL injection, 0.165 mL syringe

13157L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	2	0.00	763.96	25.00	[a] Lucentis [NV]

ranibizumab 2.3 mg/0.23 mL injection, 0.23 mL vial

13137K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	2	0.00	763.96	25.00	[a] Lucentis [NV]

RANIBIZUMAB

Note Pharmaceutical benefits that have the form ranibizumab 0.165 mL injection syringe and pharmaceutical benefits that have the form ranibizumab 0.23 mL injection vial are equivalent for the purposes of substitution.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authorisation under this restriction should be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)

Alternatively, applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Note Where both eyes are affected by the condition, a quantity of 2 units can be requested through the same authority application.

Note No increase in the maximum quantity or number of units may be authorised for applications for treatment of one eye.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

15918

Subfoveal choroidal neovascularisation (CNV)

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Clinical criteria:

- The condition must be due to age-related macular degeneration (AMD), **AND**
- The condition must be diagnosed by optical coherence tomography; **OR**
- The condition must be diagnosed by fluorescein angiography, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Authority approval for initial treatment of each eye must be sought.

The first authority application for each eye must be made via the Online PBS Authorities System (real time assessment) or in writing via HPOS form upload or mail and must include:

(1) Details (date, unique identifying number/code or provider number) of the optical coherence tomography or fluorescein angiogram report.

If the application is submitted through HPOS form upload or mail, it must include:

(a) details of the proposed prescription; and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

All reports must be documented in the patient's medical records.

ranibizumab 1.65 mg/0.165 mL injection, 0.165 mL syringe

10138N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	2	0.00	763.96	25.00	[a] Lucentis [NV]

ranibizumab 2.3 mg/0.23 mL injection, 0.23 mL vial

1382R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	2	0.00	763.96	25.00	[a] Lucentis [NV]

RANIBIZUMAB

Note Pharmaceutical benefits that have the form ranibizumab 0.165 mL injection syringe and pharmaceutical benefits that have the form ranibizumab 0.23 mL injection vial are equivalent for the purposes of substitution.

Note Where both eyes are affected by the condition, a quantity of 2 units can be requested through the same authority application.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised for applications for treatment of one eye.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

17288

Proliferative diabetic retinopathy (PDR) and/or Diabetic macular oedema (DMO)

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have documented visual impairment defined as a best corrected visual acuity score between 78 and 39 letters based on the early treatment diabetic retinopathy study chart administered at a distance of 4 metres (approximate Snellen equivalent 20/32 to 20/160), in the eye proposed for treatment. This is only a requirement for patients being treated for DMO, **AND**
- The condition must be diagnosed by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist, **AND**
- The condition must be diagnosed by optical coherence tomography; **OR**
- The condition must be diagnosed by fluorescein angiography; **OR**
- The condition must be diagnosed by retinal photography, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- The treatment must be as monotherapy; **OR**
- The treatment must be in combination with laser photocoagulation, **AND**
- Patient must not have previously received PBS-subsidised treatment with this drug for this indication for the same eye.

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Authority approval for initial treatment of each eye must be sought.

Details (date, unique identifying number/code or provider number) of one of the following diagnostic reports for each eye must be documented in the patient's medical records:

(i) fluorescein angiogram report;

(ii) optical coherence tomography report;

(iii) retinal photography report.

ranibizumab 1.65 mg/0.165 mL injection, 0.165 mL syringe

10374B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	0.00	763.96	25.00	[a] Lucentis [NV]

ranibizumab 2.3 mg/0.23 mL injection, 0.23 mL vial

10373Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	0.00	763.96	25.00	[a] Lucentis [NV]

RANIBIZUMAB

Note Pharmaceutical benefits that have the form ranibizumab 0.165 mL injection syringe and pharmaceutical benefits that have the form ranibizumab 0.23 mL injection vial are equivalent for the purposes of substitution.

Note Where both eyes are affected by the condition, a quantity of 2 units can be requested through the same authority application.

Note Applications for increased maximum quantities to treat both eyes may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised for applications for treatment of one eye.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)

17395

Proliferative diabetic retinopathy (PDR) and/or Diabetic macular oedema (DMO)

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition for the same eye, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- The treatment must be as monotherapy; **OR**

- The treatment must be in combination with laser photocoagulation.

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

ranibizumab 1.65 mg/0.165 mL injection, 0.165 mL syringe

13134G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	0.00	763.96	25.00	[a] Lucentis [NV]

ranibizumab 2.3 mg/0.23 mL injection, 0.23 mL vial

13165X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	0.00	763.96	25.00	[a] Lucentis [NV]

RANIBIZUMAB

Note Special Pricing Arrangements apply.

Note No increase in the maximum number of repeats may be authorised.

Note No increase in the maximum quantity or number of units may be authorised for applications for treatment of one eye.

Note Where both eyes are affected by the condition, a quantity of 2 units can be requested through the same authority application.

Note Pharmaceutical benefits that have the form ranibizumab 0.165 mL injection syringe and pharmaceutical benefits that have the form ranibizumab 0.23 mL injection vial are equivalent for the purposes of substitution.

Authority Required

18146

Subfoveal choroidal neovascularisation (CNV)

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Clinical criteria:

- The condition must be due to pathologic myopia (PM), **AND**
- The condition must be diagnosed by optical coherence tomography; **OR**
- The condition must be diagnosed by fluorescein angiography, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Authority approval for initial treatment of each eye must be sought.

The first authority application for each eye must be made via the Online PBS Authorities System (real time assessment) or in writing via HPOS form upload or mail and must include:

(1) Details (date, unique identifying number/code or provider number) of the optical coherence tomography or fluorescein angiogram report.

If the application is submitted through HPOS form upload or mail, it must include:

(a) details of the proposed prescription; and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

All reports must be documented in the patient's medical records.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authorisation under this restriction should be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)

Alternatively, applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18147

Subfoveal choroidal neovascularisation (CNV)

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Clinical criteria:

- The condition must not be due to pathologic myopia, **AND**

- The condition must not be due to age-related macular degeneration, **AND**
- The condition must be diagnosed by optical coherence tomography; **OR**
- The condition must be diagnosed by fluorescein angiography, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Authority approval for initial treatment of each eye must be sought.

The first authority application for each eye must be made via the Online PBS Authorities System (real time assessment) or in writing via HPOS form upload or mail and must include:

(1) Details (date, unique identifying number/code or provider number) of the optical coherence tomography or fluorescein angiogram report.

If the application is submitted through HPOS form upload or mail, it must include:

(a) details of the proposed prescription; and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

All reports must be documented in the patient's medical records.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authorisation under this restriction should be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)

Alternatively, applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

ranibizumab 1.65 mg/0.165 mL injection, 0.165 mL syringe

11480F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	0.00	763.96	25.00	[a] Lucentis [NV]

ranibizumab 2.3 mg/0.23 mL injection, 0.23 mL vial

11471R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	0.00	763.96	25.00	[a] Lucentis [NV]

RANIBIZUMAB

Note Pharmaceutical benefits that have the form ranibizumab 0.165 mL injection syringe and pharmaceutical benefits that have the form ranibizumab 0.23 mL injection vial are equivalent for the purposes of substitution.

Note Where both eyes are affected by the condition, a quantity of 2 units can be requested through the same authority application.

Note No increase in the maximum quantity or number of units may be authorised for applications for treatment of one eye.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority Required

18144

Branch retinal vein occlusion with macular oedema

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Clinical criteria:

- Patient must have visual impairment due to macular oedema secondary to branched retinal vein occlusion (BRVO), **AND**
- Patient must have documented visual impairment defined as a best corrected visual acuity score between 73 and 20 letters based on the early treatment diabetic retinopathy study chart administered at a distance of 4 metres (approximate Snellen equivalent 20/40 to 20/400), in the eye proposed for treatment, **AND**
- The condition must be diagnosed by optical coherence tomography; **OR**
- The condition must be diagnosed by fluorescein angiography, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Authority approval for initial treatment of each eye must be sought.

The first authority application for each eye must be made via the Online PBS Authorities System (real time assessment) or in writing via HPOS form upload or mail and must include:

(1) Details (date, unique identifying number/code or provider number) of the optical coherence tomography or fluorescein angiogram report.

If the application is submitted through HPOS form upload or mail, it must include:

(a) details of the proposed prescription; and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

All reports must be documented in the patient's medical records.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authorisation under this restriction should be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)

Alternatively, applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority Required

18145

Central retinal vein occlusion with macular oedema

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Clinical criteria:

- Patient must have visual impairment due to macular oedema secondary to central retinal vein occlusion (CRVO), **AND**
- Patient must have documented visual impairment defined as a best corrected visual acuity score between 73 and 24 letters based on the early treatment diabetic retinopathy study chart administered at a distance of 4 metres (approximate Snellen equivalent 20/40 to 20/320), in the eye proposed for treatment, **AND**
- The condition must be diagnosed by optical coherence tomography; **OR**
- The condition must be diagnosed by fluorescein angiography, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Authority approval for initial treatment of each eye must be sought.

The first authority application for each eye must be made via the Online PBS Authorities System (real time assessment) or in writing via HPOS form upload or mail and must include:

(1) Details (date, unique identifying number/code or provider number) of the optical coherence tomography or fluorescein angiogram report.

If the application is submitted through HPOS form upload or mail, it must include:

(a) details of the proposed prescription; and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

All reports must be documented in the patient's medical records.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authorisation under this restriction should be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)

Alternatively, applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

ranibizumab 1.65 mg/0.165 mL injection, 0.165 mL syringe

11975G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	2	0.00	763.96	25.00	[a] Lucentis [NV]

ranibizumab 2.3 mg/0.23 mL injection, 0.23 mL vial

11981N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	2	0.00	763.96	25.00	[a] Lucentis [NV]

RANIBIZUMAB

Note Special Pricing Arrangements apply.

Note No increase in the maximum number of repeats may be authorised.

Note No increase in the maximum quantity or number of units may be authorised for applications for treatment of one eye.

Note Where both eyes are affected by the condition, a quantity of 2 units can be requested through the same authority application.

Note Pharmaceutical benefits that have the form ranibizumab 0.165 mL injection syringe and pharmaceutical benefits that have the form ranibizumab 0.23 mL injection vial are equivalent for the purposes of substitution.

Authority Required (STREAMLINED)

13392

Subfoveal choroidal neovascularisation (CNV)

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Clinical criteria:

- The condition must be due to pathologic myopia (PM), **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition for the same eye.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority Required (STREAMLINED)

13340

Subfoveal choroidal neovascularisation (CNV)

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Clinical criteria:

- The condition must not be due to pathologic myopia, **AND**
- The condition must not be due to age-related macular degeneration, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition for the same eye.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

ranibizumab 1.65 mg/0.165 mL injection, 0.165 mL syringe

13143R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	0.00	763.96	25.00	[a] Lucentis [NV]

ranibizumab 2.3 mg/0.23 mL injection, 0.23 mL vial

13156K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	0.00	763.96	25.00	[a] Lucentis [NV]

RANIBIZUMAB

Note Special Pricing Arrangements apply.

Note No increase in the maximum number of repeats may be authorised.

Note No increase in the maximum quantity or number of units may be authorised for applications for treatment of one eye.

Note Where both eyes are affected by the condition, a quantity of 2 units can be requested through the same authority application.

Note Pharmaceutical benefits that have the form ranibizumab 0.165 mL injection syringe and pharmaceutical benefits that have the form ranibizumab 0.23 mL injection vial are equivalent for the purposes of substitution.

Authority Required (STREAMLINED)

13387

Branch retinal vein occlusion with macular oedema

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition for the same eye, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority Required (STREAMLINED)

13336

Central retinal vein occlusion with macular oedema

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition for the same eye, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

ranibizumab 1.65 mg/0.165 mL injection, 0.165 mL syringe

13166Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	2	0.00	763.96	25.00	[a] Lucentis [NV]

ranibizumab 2.3 mg/0.23 mL injection, 0.23 mL vial

13149C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	2	0.00	763.96	25.00	[a] Lucentis [NV]

OTHER OPHTHALMOLOGICALS

Other ophthalmologicals

CARBOMER-980

Restricted benefit

15560

Severe dry eye syndrome

carbomer-980 0.2% eye gel, 10 g

5503P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
OP	‡1	5	0.00	17.72	19.26	[a] Optifresh eye gel [PP]	[a] PAA [UL]
			[B]3.63	21.35	19.26	[a] Viscotears [UO]	

carbomer-980 0.2% eye gel, 10 g

8384G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	‡1	5	0.00	17.72	19.26	[a] Optifresh eye gel [PP]	[a] PAA [UL]
			[B]3.63	21.35	19.26	[a] Viscotears [UO]	

CARBOMER-980

Authority Required (STREAMLINED)

6172

Severe dry eye syndrome

Clinical criteria:

- Patient must be sensitive to preservatives in multi-dose eye drops.

carbomer-980 0.2% eye drops, 30 x 600 mg ampoules

5504Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
OP	3	5	0.00	*31.53	25.00	Viscotears Gel PF [UO]

carbomer-980 0.2% eye drops, 30 x 600 mg ampoules

8578L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	3	5	0.00	*31.53	25.00	Viscotears Gel PF [UO]

CARBOMER-980

Restricted benefit

15556

Severe dry eye syndrome

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

carbomer-980 0.2% eye gel, 10 g

14385D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP OP	‡2	5	0.00	*21.08	22.62	[a] Optifresh eye gel [PP]	[a] PAA [UL]
			[B]7.26	*28.34	22.62	[a] Viscotears [UO]	

CARBOMER-980

Authority Required (STREAMLINED)

15559

Severe dry eye syndrome

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must be sensitive to preservatives in multi-dose eye drops.

carbomer-980 0.2% eye drops, 30 x 600 mg ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14420Y NP OP	6	5	0.00	*48.66	25.00	Viscotears Gel PF [UO]

CARMELLOSE SODIUM

Note The in-use shelf life of this product is 3 months from the date of opening.

Authority Required (STREAMLINED)

6172

Severe dry eye syndrome

Clinical criteria:

- Patient must be sensitive to preservatives in multi-dose eye drops.

carmellose sodium 0.5% eye drops, 10 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11852T NP	‡1	5	0.00	25.56	25.00	Evolve Carmellose [CX]

carmellose sodium 0.5% eye drops, 10 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11853W OP	‡1	5	0.00	25.56	25.00	Evolve Carmellose [CX]

CARMELLOSE SODIUM

Note The in-use shelf life of this product is 3 months from the date of opening.

Authority Required (STREAMLINED)

15559

Severe dry eye syndrome

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must be sensitive to preservatives in multi-dose eye drops.

carmellose sodium 0.5% eye drops, 10 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14319P NP OP	‡2	5	0.00	*36.76	25.00	Evolve Carmellose [CX]

CICLOSPORIN

Caution It is recommended that the potential for immunosuppression with long term use of this drug be clinically reviewed after at least 24 months of treatment, if not already reviewed.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Authority Required

14026

Chronic severe dry eye disease with keratitis

Treatment Phase: Initial treatment for up to the first 180 days of treatment

Clinical criteria:

- Patient must have a corneal fluorescein staining (CFS) grade of 4 at treatment initiation, using at least one of: (i) the Oxford scale, (ii) the modified Oxford scale, (iii) an equivalent scale to the Oxford scale as determined by the prescriber, **AND**
- Patient must have an ocular surface disease index (OSDI) score of at least 23 at treatment initiation, **AND**
- The condition must be inadequately controlled by monotherapy with a preservative free artificial tears substitute, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Treatment criteria:

- Patient must be undergoing simultaneous treatment with a preservative free artificial tears substitute, **AND**
- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist; **OR**
- Must be treated by an optometrist in accordance with Optometry Board of Australia guidelines, **AND**
- Patient must not be undergoing treatment with this drug under this treatment phase beyond day 180 of treatment.

Population criteria:

- Patient must be at least 18 years of age.

Prescribing instruction:

State in the first authority application for this drug, for the purpose of having a baseline measurement to assess response to treatment under the Continuing treatment listing, each of: (i) the qualifying corneal fluorescein staining grade (a numerical value no less than 4), (ii) the qualifying ocular surface disease index score (a numerical value no less than 23).

Note The Oxford scale, modified Oxford scale and Ocular Surface Disease Index (OSDI) were relied upon in the submission supporting initial PBS listing.

The Oxford scale uses a chart system consisting of a series of panels, labelled A to E in order of increasing severity. In each chart, staining is represented by dots. To grade staining, comparisons are made between the panels and the appearance of staining on the exposed interpalpebral conjunctiva and cornea of the patient. The details of the chart are presented in Figure 1 and, in a simplified form in Figure 4 (where the criteria, dot count and log columns are not displayed), in the following literature article: Bron A, Evans V, Smith, J. Grading of corneal and conjunctival staining in the context of other dry eye tests. Cornea. 2003;22(7):640-650.

The modified Oxford scale is as above, but with the first grade depiction (Grade 0), termed 'Grade 0.5'.

A list of equivalent scales to the Oxford scale is not provided. Prescribers should be satisfied that a scale other than the Oxford scale, if used, is equivalent to the Oxford scale.

The Ocular Surface Disease Index (OSDI) is a 12-item questionnaire created by the Outcomes Research Group at Allergan Inc, Irvine, CA, USA, to assess dry eye symptoms and the effects on vision-related function.

The questionnaire has 3 subscales: ocular symptoms, vision-related function, and environmental triggers. Patients rate their responses on a 0 to 4 scale with 0 corresponding to 'none of the time' and 4 corresponding to 'all of the time'. A final score is calculated which ranges from 0 to 100 with scores 0 to 12 representing normal, 13 to 22 representing mild dry eye disease, 23 to 32 representing moderate dry eye disease, and greater than 33 representing severe dry eye disease.

The OSDI questionnaire asks the following:

Presence of ocular symptoms - Have you experienced any of the following during the last week?

1. Eyes that are sensitive to light 2. Eyes that feel gritty 3. Painful or sore eyes 4. Blurred vision 5. Poor vision

Impact on daily activities - Have you had problems with your eyes limited you in performing any of the following during the last week?

1. Reading 2. Driving at night 3. Working with a computer or bank machine (ATM) 4. Watching TV

Environmental factors - Have your eyes felt uncomfortable in any of the following situations during the last week?

1. Windy conditions 2. Places or areas with low humidity (very dry) 3. Areas that are airconditioned

Rate responses on a scale of 0 to 4; 0 = none of the time, 1 = some of the time, 2 = half of the time, 3 = most of the time, and 4 = all of the time.

Further information on this index is in the following literature article: Walt J, Rowe M, Stern K. Evaluating the functional impact of dry eye: the Ocular Surface Disease Index. Drug Information Journal. 1997;31:1436

The 'Dry Eye OSDI 'Questionnaire' app developed by Allergan Inc is available to download for iPhone.

Note If the maximum number of repeats stated in this listing is not requested in this application, further supplies can be obtained through this treatment phase listing to continue treatment for up to the first 180 days of treatment, but the OSDI score and CFS grade need not be re-stated. Alternatively, treatment may be continued under the 'Continuing treatment' phase listing, provided the patient meets all eligibility criteria specified in that treatment phase listing.

Authority Required

14032

Chronic severe dry eye disease with keratitis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received PBS-subsidised treatment with this drug for this condition, **AND**
- The condition must have improved to an extent that corneal fluorescein staining, using the same scale used at the time of the first authority application, shows an improvement (reduction) by at least 3 grades from baseline (the grade stated in the first authority application) - the improvement need only be demonstrated by staining once only with the first Continuing treatment authority application, **AND**
- The condition must have improved to an extent that the patient's ocular surface disease index score at the time of this authority application, has improved (reduced) by at least 30% compared to the value stated in the first authority application (i.e. baseline), **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist; **OR**
- Must be treated by an optometrist in accordance with Optometry Board of Australia guidelines.

Prescribing instructions:

State in the first continuing treatment authority application for this drug:

(i) an improved corneal fluorescein staining grade (a numerical value that has improved by 3 grades from that provided in the first Initial 1 treatment authority application).

State in all continuing treatment authority applications:

(ii) the ocular surface disease index score at the time of this authority application (a numerical value that is at least 30% lower than that stated in the first Initial 1 treatment authority application).

ciclosporin 0.09% eye drops, 60 x 0.25 mL ampoules

13284E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
OP	1	5	0.00	82.16	25.00	Cequa [RA]

ciclosporin 0.1% eye drops, 30 x 0.3 mL ampoules

12663L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
OP	‡1	5	0.00	82.16	25.00	Ikervis [CS]

Ciclosporin 0.1% eye drops, 2 mL

15541Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
OP	‡1	5	0.00	77.64	25.00	Vevye [AE]

DEXTRAN-70 + HYPROMELLOSE

Restricted benefit

15560

Severe dry eye syndrome

dextran-70 0.1% + hypromellose 0.3% eye drops, 15 mL

1509K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	‡1	5	0.00	18.10	19.64	[a] Poly-Tears [IQ]	
			[B]3.79	21.89	19.64	[a] Tears Naturale [AQ]	

dextran-70 0.1% + hypromellose 0.3% eye drops, 15 mL

5520M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
OP	‡1	5	0.00	18.10	19.64	[a] Poly-Tears [IQ]	
			[B]3.79	21.89	19.64	[a] Tears Naturale [AQ]	

DEXTRAN-70 + HYPROMELLOSE

Restricted benefit

15556

Severe dry eye syndrome

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

dextran-70 0.1% + hypromellose 0.3% eye drops, 15 mL

14521G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP OP	‡2	5	0.00	*21.84	23.38	[a] Poly-Tears [IQ]	
			[B]7.58	*29.42	23.38	[a] Tears Naturale [AQ]	

HYALURONATE SODIUM

Note The in-use shelf life of this product is 6 months from the date of opening

Authority Required (STREAMLINED)

6172

Severe dry eye syndrome

Clinical criteria:

- Patient must be sensitive to preservatives in multi-dose eye drops.

hyaluronate sodium 0.2% eye drops, 10 mL

2171G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
OP	‡1	5	0.00	35.07	25.00	Hylo-Forte [AE]

hyaluronate sodium 0.2% eye drops, 10 mL

2253N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	5	0.00	35.07	25.00	Hylo-Forte [AE]

hyaluronate sodium 0.1% eye drops, 10 mL

2181T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	5	0.00	35.07	25.00	Hylo-Fresh [AE]

hyaluronate sodium 0.1% eye drops, 10 mL

2184Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
OP	‡1	5	0.00	35.07	25.00	Hylo-Fresh [AE]

HYALURONATE SODIUM

Note The in-use shelf life of this product is 6 months from the date of opening

Authority Required (STREAMLINED)

15559
Severe dry eye syndrome
Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must be sensitive to preservatives in multi-dose eye drops.

hyaluronate sodium 0.1% eye drops, 10 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14354L NP OP	‡2	5	0.00	*55.78	25.00	Hylo-Fresh [AE]

hyaluronate sodium 0.2% eye drops, 10 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14494W NP OP	‡2	5	0.00	*55.78	25.00	Hylo-Forte [AE]

HYPROMELLOSE

Restricted benefit
15560
Severe dry eye syndrome

hypromellose 0.3% w/w eye drops, 10 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11625W NP	‡1	5	0.00	17.10	18.64	Revive Tears [PP]

hypromellose 0.3% w/w eye drops, 10 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11634H OP	‡1	5	0.00	17.10	18.64	Revive Tears [PP]

hypromellose 0.5% eye drops, 15 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2956N NP	‡1	5	0.00	18.10	19.64	Methopt [AF]

hypromellose 0.5% eye drops, 15 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5517J OP	‡1	5	0.00	18.10	19.64	Methopt [AF]

HYPROMELLOSE

Restricted benefit
15556
Severe dry eye syndrome
Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

hypromellose 0.3% w/w eye drops, 10 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14318N NP OP	‡2	5	0.00	*19.84	21.38	Revive Tears [PP]

hypromellose 0.5% eye drops, 15 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14320Q NP OP	‡2	5	0.00	*21.84	23.38	Methopt [AF]

HYPROMELLOSE

Note The in-use shelf life of this product is 3 months from the date of opening.

Authority Required (STREAMLINED)
6172
Severe dry eye syndrome
Clinical criteria:

- Patient must be sensitive to preservatives in multi-dose eye drops.

hypromellose 0.3% w/v eye drops, 10 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11842G NP	‡1	5	0.00	25.56	25.00	Evolve Hypromellose [CX]

hypromellose 0.3% w/v eye drops, 10 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11849P OP	‡1	5	0.00	25.56	25.00	Evolve Hypromellose [CX]

HYPROMELLOSE

Note The in-use shelf life of this product is 3 months from the date of opening.

Authority Required (STREAMLINED)

15559

Severe dry eye syndrome

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must be sensitive to preservatives in multi-dose eye drops.

hypromellose 0.3% w/v eye drops, 10 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14492R NP OP	‡2	5	0.00	*36.76	25.00	Evolve Hypromellose [CX]

LIQUID PARAFFIN + GLYCEROL + TYLOXAPOL + POLOXAMER-188 + TROMETAMOL HYDROCHLORIDE + TROMETAMOL + CETALKONIUM CHLORIDE

Note The in-use shelf life of this product is 3 months from the date of opening.

Authority Required (STREAMLINED)

6172

Severe dry eye syndrome

Clinical criteria:

- Patient must be sensitive to preservatives in multi-dose eye drops.

liquid paraffin + glycerol + tyloxapol + poloxamer-188 + trometamol hydrochloride + trometamol + cetalkonium chloride eye drops, 10 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12612T NP OP	‡1	5	0.00	36.03	25.00	Cationorm [CS]

LIQUID PARAFFIN + GLYCEROL + TYLOXAPOL + POLOXAMER-188 + TROMETAMOL HYDROCHLORIDE + TROMETAMOL + CETALKONIUM CHLORIDE

Note The in-use shelf life of this product is 3 months from the date of opening.

Authority Required (STREAMLINED)

15559

Severe dry eye syndrome

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must be sensitive to preservatives in multi-dose eye drops.

liquid paraffin + glycerol + tyloxapol + poloxamer-188 + trometamol hydrochloride + trometamol + cetalkonium chloride eye drops, 10 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14352J NP OP	‡2	5	0.00	*57.70	25.00	Cationorm [CS]

PARAFFIN

paraffin 1 g/g eye ointment, 3.5 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1754H NP	2	5	0.00	*22.00	23.54	Poly Visc [IQ]

paraffin 1 g/g eye ointment, 3.5 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5523Q OP	2	5	0.00	*22.00	23.54	Poly Visc [IQ]

PARAFFIN

Restricted benefit

14238

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

paraffin 1 g/g eye ointment, 3.5 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14353K NP OP	4	5	0.00	*29.64	25.00	Poly Visc [IQ]

PERFLUOROHEXYLOCTANE

Authority Required (STREAMLINED)

6172

Severe dry eye syndrome

Clinical criteria:

- Patient must be sensitive to preservatives in multi-dose eye drops.

Note The in-use shelf life of Novatears is 6 months from the date of opening.

perfluorohexyloctane 100% eye drops, 3 mL

11439C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
OP	1	5	0.00	34.18	25.00	Novatears [AE]

perfluorohexyloctane 100% eye drops, 3 mL

11446K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	34.18	25.00	Novatears [AE]

PERFLUOROHEXYLOCTANE

Note The in-use shelf life of Novatears is 6 months from the date of opening.

Authority Required (STREAMLINED)

15559

Severe dry eye syndrome

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must be sensitive to preservatives in multi-dose eye drops.

perfluorohexyloctane 100% eye drops, 3 mL

14424E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP OP	2	5	0.00	*54.00	25.00	Novatears [AE]

POLYETHYLENE GLYCOL-400 + PROPYLENE GLYCOL

Restricted benefit

15560

Severe dry eye syndrome

polyethylene glycol-400 0.4% + propylene glycol 0.3% eye drops, 15 mL

5524R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
OP	‡1	5	0.00	16.91	18.45	Systane [AQ]

polyethylene glycol-400 0.4% + propylene glycol 0.3% eye drops, 15 mL

8676P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	5	0.00	16.91	18.45	Systane [AQ]

POLYETHYLENE GLYCOL-400 + PROPYLENE GLYCOL

Authority Required (STREAMLINED)

6172

Severe dry eye syndrome

Clinical criteria:

- Patient must be sensitive to preservatives in multi-dose eye drops.

polyethylene glycol-400 0.4% + propylene glycol 0.3% eye drops, 28 x 0.8 mL unit doses

15272T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*33.32	25.00	Systane [AQ]

polyethylene glycol-400 0.4% + propylene glycol 0.3% eye drops, 28 x 0.8 mL unit doses

15326P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
OP	2	5	0.00	*33.32	25.00	Systane [AQ]

polyethylene glycol-400 0.4% + propylene glycol 0.3% eye drops, 30 x 0.8 mL unit doses

13100L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*34.68	25.00	Systane [AQ]

polyethylene glycol-400 0.4% + propylene glycol 0.3% eye drops, 30 x 0.8 mL unit doses

13113E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
OP	2	5	0.00	*34.68	25.00	Systane [AQ]

POLYETHYLENE GLYCOL-400 + PROPYLENE GLYCOL

Restricted benefit

15556

Severe dry eye syndrome

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

polyethylene glycol-400 0.4% + propylene glycol 0.3% eye drops, 15 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14421B NP OP	‡2	5	0.00	*19.46	21.00	Systane [AQ]

POLYETHYLENE GLYCOL-400 + PROPYLENE GLYCOL

Authority Required (STREAMLINED)

15559

Severe dry eye syndrome

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must be sensitive to preservatives in multi-dose eye drops.

polyethylene glycol-400 0.4% + propylene glycol 0.3% eye drops, 28 x 0.8 mL unit doses

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15320H NP OP	4	5	0.00	*52.28	25.00	Systane [AQ]

polyethylene glycol-400 0.4% + propylene glycol 0.3% eye drops, 30 x 0.8 mL unit doses

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14520F NP OP	4	5	0.00	*55.00	25.00	Systane [AQ]

PROPYLENE GLYCOL

Note The in-use shelf life of this product is 6 months from the date of opening

Restricted benefit

16387

Severe dry eye syndrome

propylene glycol 0.6% eye drops, 10 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14768G NP OP	‡1	5	0.00	17.16	18.70	Systane Balance [AQ]

PROPYLENE GLYCOL

Note The in-use shelf life of this product is 6 months from the date of opening

Restricted benefit

15556

Severe dry eye syndrome

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

propylene glycol 0.6% eye drops, 10 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15242F NP OP	2	5	0.00	*19.96	21.50	Systane Balance [AQ]

OTOLOGICALS

ANTIINFECTIVES

Antiinfectives

CIPROFLOXACIN

Authority Required

5593

Chronic suppurative otitis media

Population criteria:

- Patient must be an Aboriginal or a Torres Strait Islander person
- Patient must be aged 1 month or older.

Authority Required

5551

Chronic suppurative otitis media

Population criteria:

- Patient must be less than 18 years of age.

Clinical criteria:

- Patient must have perforation of the tympanic membrane.

Authority Required

5535
Chronic suppurative otitis media
Population criteria:
- Patient must be less than 18 years of age.

Clinical criteria:
- Patient must have a grommet in situ.

ciprofloxacin 0.3% ear drops, 5 mL

2480M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	1	0.00	40.00	25.00	Ciloxan [NV]

CORTICOSTEROIDS AND ANTIINFECTIVES IN COMBINATION

Corticosteroids and antiinfectives in combination

FRAMYCETIN SULFATE + GRAMICIDIN + DEXAMETHASONE

framycetin sulfate 0.5% + gramicidin 0.005% + dexamethasone 0.05% ear drops, 8 mL

2781J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	‡1	2	0.00	17.95	19.49	[a] Otodex [FQ]	
			[B]2.24	20.19	19.49	[a] Sofradex [PB]	

TRIAMCINOLONE + NEOMYCIN + GRAMICIDIN + NYSTATIN

triamcinolone acetonide 0.09% + neomycin 0.225% + gramicidin 0.0225% + nystatin 90 000 units/mL ear drops, 7.5 mL

2971J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	‡1	2	0.00	18.38	19.92	[a] Otocomb Otic [LN]	
			[B]1.58	19.96	19.92	[a] Kenacomb Otic [AS]	

triamcinolone acetonide 0.1% + neomycin 0.25% + gramicidin 0.025% + nystatin 100 000 units/g ointment, 5 g

2974M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	‡1	2	0.00	17.10	18.64	[a] Otocomb Otic [LN]	
			[B]2.66	19.76	18.64	[a] Kenacomb Otic [AS]	

OPHTHALMOLOGICAL AND OTOLOGICAL PREPARATIONS

ANTIINFECTIVES

Antiinfectives

FRAMYCETIN SULFATE

framycetin sulfate 0.5% eye/ear drops, 8 mL

1440T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP MW	‡1	2	0.00	17.45	18.99	Soframycin [PB]

framycetin sulfate 0.5% eye/ear drops, 8 mL

5557L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
OP	‡1	2	0.00	17.45	18.99	Soframycin [PB]

VARIOUS

ALLERGENS

ALLERGENS

Allergen extracts

HONEY BEE VENOM

honey bee venom 550 microgram injection [1 vial] (&) inert substance diluent [9 mL vial] (&) inert substance diluent [3 x 1.8 mL vials], 1 pack

2886X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	0	0.00	354.34	25.00	Albey Bee Venom [DE]

PAPER WASP VENOM

Note Paper wasp venom is not European wasp venom

paper wasp venom 550 microgram injection [1 vial] (&) inert substance diluent [9 mL vial], 1 pack

10620Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	0	0.00	338.88	25.00	Hymenoptera Paper Wasp Venom [DE]

paper wasp venom 550 microgram injection [1 vial] (&) inert substance diluent [9 mL vial] (&) inert substance diluent [3 x 1.8 mL vials], 1 pack

2918N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	0	0.00	354.34	25.00	Albey Paper Wasp Venom [DE]

YELLOW JACKET VENOM

yellow jacket venom 550 microgram injection [1 vial] (&) inert substance diluent [9 mL vial] (&) inert substance diluent [3 x 1.8 mL vials], 1 pack

2883R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	0	0.00	354.34	25.00	Albey Yellow Jacket Venom [DE]

ALL OTHER THERAPEUTIC PRODUCTS

ALL OTHER THERAPEUTIC PRODUCTS

Antidotes

NALOXONE

naloxone hydrochloride 400 microgram/mL injection, 5 x 1 mL ampoules

10783M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP MW	1	0	0.00	31.28	25.00	[a] Naloxone Hydrochloride (DBL) [PF] [a] NALOXONE SXP [XN]	[a] Naloxone Juno [JU]

naloxone hydrochloride 400 microgram/mL injection, 5 x 1 mL ampoules

10787R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
DP	1	0	0.00	31.28	25.00	[a] Naloxone Hydrochloride (DBL) [PF] [a] NALOXONE SXP [XN]	[a] Naloxone Juno [JU]

naloxone hydrochloride 1 mg/mL injection, 2 mL syringe

11077B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
DP	1	0	0.00	68.67	25.00	Prenoxad [FF]

naloxone hydrochloride 1 mg/mL injection, 2 mL syringe

11078C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP MW	1	0	0.00	68.67	25.00	Prenoxad [FF]

naloxone 1.8 mg/actuation nasal spray, 2 x 1 actuation

11816X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
DP	‡1	0	0.00	65.78	25.00	Nyxoid [MF]

naloxone 1.8 mg/actuation nasal spray, 2 x 1 actuation

11817Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP MW	‡1	0	0.00	65.78	25.00	Nyxoid [MF]

Drugs for treatment of hyperkalemia and hyperphosphatemia

LANTHANUM

Authority Required (STREAMLINED)

5491

Hyperphosphataemia

Treatment Phase: Maintenance following initiation and stabilisation

Clinical criteria:

- The condition must not be adequately controlled by calcium, **AND**
- Patient must have a serum phosphate of greater than 1.6 mmol per L at the commencement of therapy; **OR**
- The condition must be where a serum calcium times phosphate product is greater than 4 at the commencement of therapy, **AND**
- The treatment must not be used in combination with any other non-calcium phosphate binding agents.

Treatment criteria:

- Patient must be undergoing dialysis for chronic kidney disease.

lanthanum 500 mg chewable tablet, 2 x 45

9403X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	190.50	25.00	Fosrenol [TK]

lanthanum 750 mg chewable tablet, 6 x 15

9404Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	282.89	25.00	Fosrenol [TK]

lanthanum 1 g chewable tablet, 6 x 15

9405B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	317.28	25.00	Fosrenol [TK]

LANTHANUM

Authority Required (STREAMLINED)

14872

Hyperphosphataemia

Treatment Phase: Maintenance following initiation and stabilisation

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must not be adequately controlled by calcium, **AND**
- Patient must have a serum phosphate of greater than 1.6 mmol per L at the commencement of therapy; **OR**
- The condition must be where a serum calcium times phosphate product is greater than 4 at the commencement of therapy, **AND**
- The treatment must not be used in combination with any other non-calcium phosphate binding agents.

Treatment criteria:

- Patient must be undergoing dialysis for chronic kidney disease.

lanthanum 500 mg chewable tablet, 2 x 45

14060B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*371.64	25.00	Fosrenol [TK]

lanthanum 750 mg chewable tablet, 6 x 15

13986D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*556.42	25.00	Fosrenol [TK]

lanthanum 1 g chewable tablet, 6 x 15

13874F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*625.20	25.00	Fosrenol [TK]

PATIROMER

Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)

14327

Chronic hyperkalaemia

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must not be in place of emergency treatment of hyperkalaemia, **AND**
- Patient must be undergoing treatment with a renin angiotensin aldosterone system inhibitor.

Treatment criteria:

- Patient must not be undergoing dialysis.

patiromer 8.4 g powder for oral liquid, 30 sachets

13609G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	366.26	25.00	Veltassa [CS]

patiromer 16.8 g powder for oral liquid, 30 sachets

13613L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	366.26	25.00	Veltassa [CS]

PATIROMER

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note Special Pricing Arrangements apply.

Authority Required

14342

Chronic hyperkalaemia

Treatment Phase: Initial PBS-subsidised treatment (including grandfathered patients)

Population criteria:

- Patient must have stage 3 to stage 4 chronic kidney disease.

Clinical criteria:

- The condition must be inadequately controlled by a low potassium diet., **AND**
- Patient must have experienced at least 2 episodes of hyperkalaemia (defined as serum potassium levels of at least 6.0 mmol/L) within the 12 months prior to commencing this drug, **AND**
- The treatment must not be in place of emergency treatment of hyperkalaemia, **AND**
- Patient must be undergoing treatment with a renin angiotensin aldosterone system inhibitor; **OR**
- Patient must be indicated for treatment with a renin angiotensin aldosterone system inhibitor, but unable to tolerate this due to prior occurrence of hyperkalaemia.

Treatment criteria:

- Must be treated by a specialist medical practitioner with experience in the diagnosis and management of chronic kidney disease.

patiromer 8.4 g powder for oral liquid, 30 sachets

13610H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	0.00	366.26	25.00	Veltassa [CS]

patiromer 16.8 g powder for oral liquid, 30 sachets

13620W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	0.00	366.26	25.00	Veltassa [CS]

SEVELAMER

Note Pharmaceutical benefits that have the forms sevelamer hydrochloride 800 mg and sevelamer carbonate 800 mg tablet are equivalent for the purposes of substitution

Authority Required (STREAMLINED)

5491

Hyperphosphataemia

Treatment Phase: Maintenance following initiation and stabilisation

Clinical criteria:

- The condition must not be adequately controlled by calcium, **AND**
- Patient must have a serum phosphate of greater than 1.6 mmol per L at the commencement of therapy; **OR**
- The condition must be where a serum calcium times phosphate product is greater than 4 at the commencement of therapy, **AND**
- The treatment must not be used in combination with any other non-calcium phosphate binding agents.

Treatment criteria:

- Patient must be undergoing dialysis for chronic kidney disease.

sevelamer hydrochloride 800 mg tablet, 180

2142R

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	183.28	25.00	[a] Renagel [GZ]

sevelamer carbonate 800 mg tablet, 180

11856B

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	0.00	161.31	25.00	[a] ARX-SEVELAMER [XT]	[a] Sevelamer Lupin [GQ]

SEVELAMER

Note Pharmaceutical benefits that have the forms sevelamer hydrochloride 800 mg and sevelamer carbonate 800 mg tablet are equivalent for the purposes of substitution

Authority Required (STREAMLINED)

14872

Hyperphosphataemia

Treatment Phase: Maintenance following initiation and stabilisation

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must not be adequately controlled by calcium, **AND**
- Patient must have a serum phosphate of greater than 1.6 mmol per L at the commencement of therapy; **OR**
- The condition must be where a serum calcium times phosphate product is greater than 4 at the commencement of therapy, **AND**
- The treatment must not be used in combination with any other non-calcium phosphate binding agents.

Treatment criteria:

- Patient must be undergoing dialysis for chronic kidney disease.

sevelamer hydrochloride 800 mg tablet, 180

13934J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*357.20	25.00	[a] Renagel [GZ]

sevelamer carbonate 800 mg tablet, 180

14027G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	0.00	*313.26	25.00	[a] ARX-SEVELAMER [XT]	[a] Sevelamer Lupin [GQ]

SUCROFERRIC OXYHYDROXIDE

Authority Required (STREAMLINED)

5491

Hyperphosphataemia

Treatment Phase: Maintenance following initiation and stabilisation

Clinical criteria:

- The condition must not be adequately controlled by calcium, **AND**
- Patient must have a serum phosphate of greater than 1.6 mmol per L at the commencement of therapy; **OR**
- The condition must be where a serum calcium times phosphate product is greater than 4 at the commencement of therapy, **AND**
- The treatment must not be used in combination with any other non-calcium phosphate binding agents.

Treatment criteria:

- Patient must be undergoing dialysis for chronic kidney disease.

sucroferric oxyhydroxide 2.5 g (iron 500 mg) chewable tablet, 90

10250L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	381.71	25.00	Velphoro [CS]

SUCROFERRIC OXYHYDROXIDE

Authority Required (STREAMLINED)

14872

Hyperphosphataemia

Treatment Phase: Maintenance following initiation and stabilisation

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must not be adequately controlled by calcium, **AND**
- Patient must have a serum phosphate of greater than 1.6 mmol per L at the commencement of therapy; **OR**
- The condition must be where a serum calcium times phosphate product is greater than 4 at the commencement of therapy, **AND**
- The treatment must not be used in combination with any other non-calcium phosphate binding agents.

Treatment criteria:

- Patient must be undergoing dialysis for chronic kidney disease.

sucroferric oxyhydroxide 2.5 g (iron 500 mg) chewable tablet, 90

13985C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*754.06	25.00	Velphoro [CS]

Detoxifying agents for antineoplastic treatment

FOLINIC ACID

folinic acid 50 mg/5 mL injection, 5 mL vial

8740B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	10	2	0.00	*222.94	25.00	[a] CALCIUM FOLINATE MEDSURGE [DZ]	[a] DBL Leucovorin Calcium [PF]

FOLINIC ACID

Restricted benefit

5938

Megaloblastic anaemias

Clinical criteria:

- The condition must be a result of folic acid deficiency from the use of folic acid antagonists.

folinic acid 15 mg tablet, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2308L	1	0	0.00	93.63	25.00	Leucovorin Calcium (Hospira Pty Limited) [PF]

MESNA

Restricted benefit

5106

Urothelial toxicity

Treatment Phase: Prophylaxis or reduction of toxicity

Clinical criteria:

- The treatment must be adjunctive therapy to ifosfamide or high dose cyclophosphamide.

mesna 400 mg/4 mL injection, 15 x 4 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8078E	1	5	0.00	68.32	25.00	Uromitexan [BX]

mesna 1 g/10 mL injection, 15 x 10 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8079F	1	5	0.00	137.67	25.00	Uromitexan [BX]

Drugs for treatment of hypercalcemia

PHOSPHORUS

Authority Required (STREAMLINED)

5089

Hypophosphataemic rickets

Authority Required (STREAMLINED)

5114

Vitamin D-resistant rickets

Authority Required (STREAMLINED)

5095

Familial hypophosphataemia

Authority Required (STREAMLINED)

5123

Hypercalcaemia

phosphorus 500 mg effervescent tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	80.68	25.00	PHOSPHATE PHEBRA [FG]

PHOSPHORUS

Authority Required (STREAMLINED)

14874

Hypophosphataemic rickets

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Authority Required (STREAMLINED)

14962

Vitamin D-resistant rickets

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Authority Required (STREAMLINED)

14921

Familial hypophosphataemia

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Authority Required (STREAMLINED)

14922

Hypercalcaemia

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

phosphorus 500 mg effervescent tablet, 100

13850Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*148.64	25.00	PHOSPHATE PHEBRA [FG]

Other therapeutic products

POLYLACTIC ACID

Authority Required

5087

Severe facial lipoatrophy

Treatment Phase: Initial PBS-subsidised treatment

Clinical criteria:

- The treatment must be for facial administration only, **AND**
- The condition must be caused by therapy for HIV infection.

Accreditation following completion of injection administration training with Galderma is required to prescribe poly-l-lactic acid under the PBS. Patients must be referred from the HIV physician to the accredited injector.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Authority applications may be made by telephone to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

polylactic acid 150 mg injection, 1 vial

9475Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	4	0.00	*280.98	25.00	Sculptra [GA]

POLYLACTIC ACID

Authority Required

5122

Severe facial lipoatrophy

Treatment Phase: Maintenance PBS-subsidised treatment

Clinical criteria:

- The treatment must be for facial administration only, **AND**
- The condition must be caused by therapy for HIV infection.

Accreditation following completion of injection administration training with Galderma is required to prescribe poly-l-lactic acid under the PBS. Patients must be referred from the HIV physician to the accredited injector.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Maintenance treatment is limited to one re-treatment (maximum 2 vials) every 2 years.

Note Authority applications may be made by telephone to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

polylactic acid 150 mg injection, 1 vial

9476R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	0	0.00	*280.98	25.00	Sculptra [GA]

DIAGNOSTIC AGENTS

URINE TESTS

GLUCOSE AND KETONE INDICATOR URINE

Restricted benefit

5852

For treatment of a patient identifying as Aboriginal or Torres Strait Islander

glucose and ketone indicator urine diagnostic strip, 50

3107M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	2	0.00	*22.08	23.62	Keto-Diastix [DX]

GENERAL NUTRIENTS

OTHER NUTRIENTS

MEDIUM CHAIN TRIGLYCERIDES

Authority Required (STREAMLINED)

6181

Chylous ascites

Authority Required (STREAMLINED)

6134

Chylothorax

Authority Required (STREAMLINED)

6164

Fat malabsorption

Clinical criteria:

- The condition must be due to liver disease; **OR**
- The condition must be due to short gut syndrome; **OR**
- The condition must be due to cystic fibrosis; **OR**
- The condition must be due to gastrointestinal disorders.

Authority Required (STREAMLINED)

6203

Hyperlipoproteinaemia type 1

Authority Required (STREAMLINED)

6155

Intractable childhood epilepsy

Clinical criteria:

- Patient must require a ketogenic diet.

Authority Required (STREAMLINED)

6135

Cerebrospinal fluid glucose transporter defect

Clinical criteria:

- Patient must require a ketogenic diet.

Authority Required (STREAMLINED)

6146

Long chain fatty acid oxidation disorders

medium chain triglycerides oral liquid, 250 mL bottle

9327X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	8	5	0.00	*166.60	25.00	Liquigen [SB]

medium chain triglycerides oral oil, 500 mL

3128P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*112.40	25.00	MCT Oil [SB]

PROTEIN FORMULA WITH CARBOHYDRATE, FAT, VITAMINS AND MINERALS

Note No increase in the maximum number of repeats may be authorised.

Restricted benefit

6890

Dietary management of conditions requiring a source of medium chain triglycerides

Clinical criteria:

- Patient must have fat malabsorption due to liver disease; **OR**
- Patient must have fat malabsorption due to short gut syndrome; **OR**
- Patient must have fat malabsorption due to cystic fibrosis; **OR**
- Patient must have fat malabsorption due to gastrointestinal disorders.

Population criteria:

- Patient must be aged from 1 to 10 years inclusive.

Note Not indicated for the treatment of intractable childhood epilepsy or cerebrospinal fluid glucose transporter defect requiring a ketogenic diet.

protein formula with carbohydrate, fat, vitamins and minerals oral liquid, 12 x 500 mL bottles

11939J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	7	5	0.00	*1,593.06	25.00	Nutrini Peptisorb Energy [NU]

Fat/carbohydrates/proteins/minerals/vitamins, combinations

AMINO ACID SYNTHETIC FORMULA

Authority Required

4368

Eosinophilic oesophagitis

Treatment Phase: Initial treatment for up to 3 months

Treatment criteria:

- Must be treated by a clinical immunologist, suitably qualified allergist or gastroenterologist.

Clinical criteria:

- Patient must require an amino acid based formula as a component of a dietary elimination program.

Population criteria:

- Patient must be 18 years of age or less.

Treatment with oral steroids should not be commenced during the period of initial treatment.

Eosinophilic oesophagitis is demonstrated by the following criteria:

(i) Chronic symptoms of reflux that persisted despite a 2-month trial of a proton pump inhibitor or chronic dysphagia; and

(ii) A lack of demonstrable anatomic abnormality with the exception of stricture, which can be attributable to eosinophilic oesophagitis; and

(iii) Eosinophilic infiltration of the oesophagus, demonstrated by oesophageal biopsy specimens obtained by endoscopy and where the most densely involved oesophageal biopsy had 20 or more eosinophils in any single 400 x high powered field, along with normal antral and duodenal biopsies.

The date of birth of the patient must be included in the authority application.

Note Authorities for increased maximum quantities, up to a maximum of 52, may be authorised.

Authority Required

4414

Eosinophilic oesophagitis

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a clinical immunologist, suitably qualified allergist or gastroenterologist.

Clinical criteria:

- Patient must have responded to an initial course of PBS-subsidised treatment.

Population criteria:

- Patient must be 18 years of age or less.

Response to initial treatment is demonstrated by oesophageal biopsy specimens obtained by endoscopy, where the most densely involved oesophageal biopsy had 5 or less eosinophils in any single 400 x high powered field, along with normal antral and duodenal biopsies. The response criteria will not be deemed to have been met if oral steroids were commenced during initial treatment.

Note Authorities for increased maximum quantities, up to a maximum of 52, may be authorised.

amino acid synthetic formula powder for oral liquid, 400 g

1521C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12	5	0.00	*427.32	25.00	Neocate Junior Vanilla [SB]

NP

amino acid synthetic formula powder for oral liquid, 400 g

2250K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12	5	0.00	*427.32	25.00	EleCare [AB]

NP

AMINO ACID SYNTHETIC FORMULA

Authority Required

4323

Cows' milk protein enteropathy

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- The condition must not be isolated infant colic or reflux, **AND**
- Patient must be intolerant to both soy protein and protein hydrolysate formulae, as demonstrated when the child has failed to respond to a strict cows' milk protein free and strict soy protein free diet with a protein hydrolysate (with or without medium chain triglycerides) as the principal formula.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

4352

Severe cows' milk protein enteropathy with failure to thrive

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- The condition must not be isolated infant colic or reflux.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

4305

Combined intolerance to cows' milk protein, soy protein and protein hydrolysate formulae

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- The condition must not be isolated infant colic or reflux.

Population criteria:

- Patient must be older than 24 months of age.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

4312

Proven combined immunoglobulin E (IgE) mediated allergy to cows' milk protein and soy protein

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- Patient must have failed a trial of protein hydrolysate formulae (with or without medium chain triglycerides).

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

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amino acid synthetic formula powder for oral liquid, 400 g

1180D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8	5	0.00	*287.96	25.00	Neocate Junior Vanilla [SB]

NP

amino acid synthetic formula powder for oral liquid, 400 g

8574G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8	5	0.00	*287.96	25.00	EleCare [AB]

NP

AMINO ACID SYNTHETIC FORMULA

Authority Required

4330

Cows' milk anaphylaxis

Treatment criteria:

- Must be treated by a specialist allergist or clinical immunologist, or in consultation with a specialist allergist or clinical immunologist.

Population criteria:

- Patient must be up to the age of 24 months.

Anaphylaxis is defined as a severe and/or potentially life threatening allergic reaction.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Note Authorities for increased maximum quantities, up to a maximum of 20, may be authorised.

Authority Required

4337

Cows' milk protein enteropathy

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or have an appointment to be assessed by one of these specialists.

Clinical criteria:

- The condition must not be isolated infant colic or reflux, **AND**

- Patient must be intolerant to both soy protein and protein hydrolysate formulae, as demonstrated when the child has failed to respond to a strict cows' milk protein free and strict soy protein free diet with a protein hydrolysate (with or without medium chain triglycerides) as the principal formula.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Note Authorities for increased maximum quantities, up to a maximum of 20, may be authorised.

Authority Required

4345

Severe cows' milk protein enteropathy with failure to thrive

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or have been assessed at least once or have an appointment to be assessed by one of these specialists.

Clinical criteria:

- The condition must not be isolated infant colic or reflux, **AND**
- Patient must have had failure to thrive prior to commencement with initial treatment.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Note Authorities for increased maximum quantities, up to a maximum of 20, may be authorised.

Authority Required

4338

Combined intolerance to cows' milk protein, soy protein and protein hydrolysate formulae

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist at intervals not greater than 12 months.

Clinical criteria:

- The condition must not be isolated infant colic or reflux.

Population criteria:

- Patient must be older than 24 months of age.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Note Authorities for increased maximum quantities, up to a maximum of 20, may be authorised.

Authority Required

4339

Proven combined immunoglobulin E (IgE) mediated allergy to cows' milk protein and soy protein

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- Patient must have failed a trial of protein hydrolysate formulae (with or without medium chain triglycerides) prior to commencement with initial treatment.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Note Authorities for increased maximum quantities, up to a maximum of 20, may be authorised.

Authority Required

4415

Severe intestinal malabsorption including short bowel syndrome

Clinical criteria:

- Patient must have failed to respond to protein hydrolysate formulae; **OR**
- Patient must have been receiving parenteral nutrition.

Note Authorities for increased maximum quantities, up to a maximum of 20, may be authorised.

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amino acid synthetic formula powder for oral liquid, 400 g

1192R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	8	5	0.00	*287.96	25.00	Neocate Junior Vanilla [SB]

amino acid synthetic formula powder for oral liquid, 400 g

8575H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	8	5	0.00	*287.96	25.00	EleCare [AB]

AMINO ACID SYNTHETIC FORMULA SUPPLEMENTED WITH LONG CHAIN POLYUNSATURATED FATTY ACIDS

Authority Required

4323

Cows' milk protein enteropathy

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- The condition must not be isolated infant colic or reflux, **AND**
- Patient must be intolerant to both soy protein and protein hydrolysate formulae, as demonstrated when the child has failed to respond to a strict cows' milk protein free and strict soy protein free diet with a protein hydrolysate (with or without medium chain triglycerides) as the principal formula.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

4352

Severe cows' milk protein enteropathy with failure to thrive

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- The condition must not be isolated infant colic or reflux.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

4305

Combined intolerance to cows' milk protein, soy protein and protein hydrolysate formulae

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- The condition must not be isolated infant colic or reflux.

Population criteria:

- Patient must be older than 24 months of age.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

4312

Proven combined immunoglobulin E (IgE) mediated allergy to cows' milk protein and soy protein

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- Patient must have failed a trial of protein hydrolysate formulae (with or without medium chain triglycerides).

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

amino acid synthetic formula supplemented with long chain polyunsaturated fatty acids powder for oral liquid, 400 g

2246F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	8	5	0.00	*308.52	25.00	Neocate LCP [SB]

amino acid synthetic formula supplemented with long chain polyunsaturated fatty acids powder for oral liquid, 400 g

9339M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	8	5	0.00	*230.36	25.00	EleCare LCP [AB]

AMINO ACID SYNTHETIC FORMULA SUPPLEMENTED WITH LONG CHAIN POLYUNSATURATED FATTY ACIDS

Authority Required

4330

Cows' milk anaphylaxis

Treatment criteria:

- Must be treated by a specialist allergist or clinical immunologist, or in consultation with a specialist allergist or clinical immunologist.

Population criteria:

- Patient must be up to the age of 24 months.

Anaphylaxis is defined as a severe and/or potentially life threatening allergic reaction.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Note Authorities for increased maximum quantities, up to a maximum of 20, may be authorised.

Authority Required

4337

Cows' milk protein enteropathy

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or have an appointment to be assessed by one of these specialists.

Clinical criteria:

- The condition must not be isolated infant colic or reflux, **AND**
- Patient must be intolerant to both soy protein and protein hydrolysate formulae, as demonstrated when the child has failed to respond to a strict cows' milk protein free and strict soy protein free diet with a protein hydrolysate (with or without medium chain triglycerides) as the principal formula.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Note Authorities for increased maximum quantities, up to a maximum of 20, may be authorised.

Authority Required

4345

Severe cows' milk protein enteropathy with failure to thrive

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or have been assessed at least once or have an appointment to be assessed by one of these specialists.

Clinical criteria:

- The condition must not be isolated infant colic or reflux, **AND**
- Patient must have had failure to thrive prior to commencement with initial treatment.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Note Authorities for increased maximum quantities, up to a maximum of 20, may be authorised.

Authority Required

4338

Combined intolerance to cows' milk protein, soy protein and protein hydrolysate formulae

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist at intervals not greater than 12 months.

Clinical criteria:

- The condition must not be isolated infant colic or reflux.

Population criteria:

- Patient must be older than 24 months of age.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Note Authorities for increased maximum quantities, up to a maximum of 20, may be authorised.

Authority Required

4339

Proven combined immunoglobulin E (IgE) mediated allergy to cows' milk protein and soy protein

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- Patient must have failed a trial of protein hydrolysate formulae (with or without medium chain triglycerides) prior to commencement with initial treatment.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Note Authorities for increased maximum quantities, up to a maximum of 20, may be authorised.

Authority Required

4415

Severe intestinal malabsorption including short bowel syndrome

Clinical criteria:

- Patient must have failed to respond to protein hydrolysate formulae; **OR**
- Patient must have been receiving parenteral nutrition.

Note Authorities for increased maximum quantities, up to a maximum of 20, may be authorised.

amino acid synthetic formula supplemented with long chain polyunsaturated fatty acids powder for oral liquid, 400 g

2560R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8	5	0.00	*308.52	25.00	Neocate LCP [SB]

NP

amino acid synthetic formula supplemented with long chain polyunsaturated fatty acids powder for oral liquid, 400 g

9340N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8	5	0.00	*230.36	25.00	EleCare LCP [AB]

NP

AMINO ACID SYNTHETIC FORMULA SUPPLEMENTED WITH LONG CHAIN POLYUNSATURATED FATTY ACIDS AND MEDIUM CHAIN TRIGLYCERIDES

Authority Required

4368

Eosinophilic oesophagitis

Treatment Phase: Initial treatment for up to 3 months

Treatment criteria:

- Must be treated by a clinical immunologist, suitably qualified allergist or gastroenterologist.

Clinical criteria:

- Patient must require an amino acid based formula as a component of a dietary elimination program.

Population criteria:

- Patient must be 18 years of age or less.

Treatment with oral steroids should not be commenced during the period of initial treatment.

Eosinophilic oesophagitis is demonstrated by the following criteria:

(i) Chronic symptoms of reflux that persisted despite a 2-month trial of a proton pump inhibitor or chronic dysphagia; and

(ii) A lack of demonstrable anatomic abnormality with the exception of stricture, which can be attributable to eosinophilic oesophagitis; and

(iii) Eosinophilic infiltration of the oesophagus, demonstrated by oesophageal biopsy specimens obtained by endoscopy and where the most densely involved oesophageal biopsy had 20 or more eosinophils in any single 400 x high powered field, along with normal antral and duodenal biopsies.

The date of birth of the patient must be included in the authority application.

Note Authorities for increased maximum quantities, up to a maximum of 52, may be authorised.

Authority Required

4414

Eosinophilic oesophagitis

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a clinical immunologist, suitably qualified allergist or gastroenterologist.

Clinical criteria:

- Patient must have responded to an initial course of PBS-subsidised treatment.

Population criteria:

- Patient must be 18 years of age or less.

Response to initial treatment is demonstrated by oesophageal biopsy specimens obtained by endoscopy, where the most densely involved oesophageal biopsy had 5 or less eosinophils in any single 400 x high powered field, along with normal antral and duodenal biopsies. The response criteria will not be deemed to have been met if oral steroids were commenced during initial treatment.

Note Authorities for increased maximum quantities, up to a maximum of 52, may be authorised.

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amino acid synthetic formula supplemented with long chain polyunsaturated fatty acids and medium chain triglycerides powder for oral liquid, 400 g

1545H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12	5	0.00	*458.04	25.00	Neocate Gold [SB]

NP

AMINO ACID SYNTHETIC FORMULA SUPPLEMENTED WITH LONG CHAIN POLYUNSATURATED FATTY ACIDS AND MEDIUM CHAIN TRIGLYCERIDES

Authority Required

4323

Cows' milk protein enteropathy

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- The condition must not be isolated infant colic or reflux, **AND**
- Patient must be intolerant to both soy protein and protein hydrolysate formulae, as demonstrated when the child has failed to respond to a strict cows' milk protein free and strict soy protein free diet with a protein hydrolysate (with or without medium chain triglycerides) as the principal formula.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

4352

Severe cows' milk protein enteropathy with failure to thrive

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- The condition must not be isolated infant colic or reflux.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

4305

Combined intolerance to cows' milk protein, soy protein and protein hydrolysate formulae

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- The condition must not be isolated infant colic or reflux.

Population criteria:

- Patient must be older than 24 months of age.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

4312

Proven combined immunoglobulin E (IgE) mediated allergy to cows' milk protein and soy protein

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- Patient must have failed a trial of protein hydrolysate formulae (with or without medium chain triglycerides).

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

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amino acid synthetic formula supplemented with long chain polyunsaturated fatty acids and medium chain triglycerides powder for oral liquid, 400 g

5466Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	8	5	0.00	*308.52	25.00	Neocate Gold [SB]

AMINO ACID SYNTHETIC FORMULA SUPPLEMENTED WITH LONG CHAIN POLYUNSATURATED FATTY ACIDS AND MEDIUM CHAIN TRIGLYCERIDES

Authority Required

4323

Cows' milk protein enteropathy

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- The condition must not be isolated infant colic or reflux, **AND**
- Patient must be intolerant to both soy protein and protein hydrolysate formulae, as demonstrated when the child has failed to respond to a strict cows' milk protein free and strict soy protein free diet with a protein hydrolysate (with or without medium chain triglycerides) as the principal formula.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

4352

Severe cows' milk protein enteropathy with failure to thrive

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- The condition must not be isolated infant colic or reflux.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

4305

Combined intolerance to cows' milk protein, soy protein and protein hydrolysate formulae

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- The condition must not be isolated infant colic or reflux.

Population criteria:

- Patient must be older than 24 months of age.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Authority Required

4312

Proven combined immunoglobulin E (IgE) mediated allergy to cows' milk protein and soy protein

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- Patient must have failed a trial of protein hydrolysate formulae (with or without medium chain triglycerides).

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Authority Required

5945

Eosinophilic oesophagitis

Treatment Phase: Initial treatment for up to 3 months

Treatment criteria:

- Must be treated by a clinical immunologist, suitably qualified allergist or gastroenterologist.

Clinical criteria:

- Patient must require an amino acid based formula as a component of a dietary elimination program.

Population criteria:

- Patient must be 18 years of age or less.

Treatment with oral steroids should not be commenced during the period of initial treatment.

Eosinophilic oesophagitis is demonstrated by the following criteria:

(i) Chronic symptoms of reflux that persisted despite a 2-month trial of a proton pump inhibitor or chronic dysphagia; and

(ii) A lack of demonstrable anatomic abnormality with the exception of stricture, which can be attributable to eosinophilic oesophagitis; and

(iii) Eosinophilic infiltration of the oesophagus, demonstrated by oesophageal biopsy specimens obtained by endoscopy and where the most densely involved oesophageal biopsy had 20 or more eosinophils in any single 400 x high powered field, along with normal antral and duodenal biopsies.

The date of birth of the patient must be included in the authority application.

Note Authorities for increased maximum quantities, up to a maximum of 20, may be authorised.

amino acid synthetic formula supplemented with long chain polyunsaturated fatty acids and medium chain triglycerides with 2-fucosyllactose and lacto-N-neotetraose powder for oral liquid, 400 g

13627F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	8	5	0.00	*308.52	25.00	Alfamino [NT]

AMINO ACID SYNTHETIC FORMULA SUPPLEMENTED WITH LONG CHAIN POLYUNSATURATED FATTY ACIDS AND MEDIUM CHAIN TRIGLYCERIDES

Authority Required

4330

Cows' milk anaphylaxis

Treatment criteria:

- Must be treated by a specialist allergist or clinical immunologist, or in consultation with a specialist allergist or clinical immunologist.

Population criteria:

- Patient must be up to the age of 24 months.

Anaphylaxis is defined as a severe and/or potentially life threatening allergic reaction.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Note Authorities for increased maximum quantities, up to a maximum of 20, may be authorised.

Authority Required

4337

Cows' milk protein enteropathy

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or have an appointment to be assessed by one of these specialists.

Clinical criteria:

- The condition must not be isolated infant colic or reflux, **AND**
- Patient must be intolerant to both soy protein and protein hydrolysate formulae, as demonstrated when the child has failed to respond to a strict cows' milk protein free and strict soy protein free diet with a protein hydrolysate (with or without medium chain triglycerides) as the principal formula.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Note Authorities for increased maximum quantities, up to a maximum of 20, may be authorised.

Authority Required

4345

Severe cows' milk protein enteropathy with failure to thrive

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or have been assessed at least once or have an appointment to be assessed by one of these specialists.

Clinical criteria:

- The condition must not be isolated infant colic or reflux, **AND**
- Patient must have had failure to thrive prior to commencement with initial treatment.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Note Authorities for increased maximum quantities, up to a maximum of 20, may be authorised.

Authority Required

4338

Combined intolerance to cows' milk protein, soy protein and protein hydrolysate formulae

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist at intervals not greater than 12 months.

Clinical criteria:

- The condition must not be isolated infant colic or reflux.

Population criteria:

- Patient must be older than 24 months of age.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Note Authorities for increased maximum quantities, up to a maximum of 20, may be authorised.

Authority Required

4339

Proven combined immunoglobulin E (IgE) mediated allergy to cows' milk protein and soy protein

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- Patient must have failed a trial of protein hydrolysate formulae (with or without medium chain triglycerides) prior to commencement with initial treatment.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Note Authorities for increased maximum quantities, up to a maximum of 20, may be authorised.

Authority Required

4415

Severe intestinal malabsorption including short bowel syndrome

Clinical criteria:

- Patient must have failed to respond to protein hydrolysate formulae; **OR**
- Patient must have been receiving parenteral nutrition.

Note Authorities for increased maximum quantities, up to a maximum of 20, may be authorised.

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amino acid synthetic formula supplemented with long chain polyunsaturated fatty acids and medium chain triglycerides powder for oral liquid, 400 g

5467R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	8	5	0.00	*308.52	25.00	Neocate Gold [SB]

AMINO ACID SYNTHETIC FORMULA SUPPLEMENTED WITH LONG CHAIN POLYUNSATURATED FATTY ACIDS AND MEDIUM CHAIN TRIGLYCERIDES

Authority Required

4337

Cows' milk protein enteropathy

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or have an appointment to be assessed by one of these specialists.

Clinical criteria:

- The condition must not be isolated infant colic or reflux, **AND**
- Patient must be intolerant to both soy protein and protein hydrolysate formulae, as demonstrated when the child has failed to respond to a strict cows' milk protein free and strict soy protein free diet with a protein hydrolysate (with or without medium chain triglycerides) as the principal formula.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Note Authorities for increased maximum quantities, up to a maximum of 20, may be authorised.

Authority Required

4345

Severe cows' milk protein enteropathy with failure to thrive

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or have been assessed at least once or have an appointment to be assessed by one of these specialists.

Clinical criteria:

- The condition must not be isolated infant colic or reflux, **AND**
- Patient must have had failure to thrive prior to commencement with initial treatment.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Note Authorities for increased maximum quantities, up to a maximum of 20, may be authorised.

Authority Required

4338

Combined intolerance to cows' milk protein, soy protein and protein hydrolysate formulae

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist at intervals not greater than 12 months.

Clinical criteria:

- The condition must not be isolated infant colic or reflux.

Population criteria:

- Patient must be older than 24 months of age.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Note Authorities for increased maximum quantities, up to a maximum of 20, may be authorised.

Authority Required

4330

Cows' milk anaphylaxis

Treatment criteria:

- Must be treated by a specialist allergist or clinical immunologist, or in consultation with a specialist allergist or clinical immunologist.

Population criteria:

- Patient must be up to the age of 24 months.

Anaphylaxis is defined as a severe and/or potentially life threatening allergic reaction.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Note Authorities for increased maximum quantities, up to a maximum of 20, may be authorised.

Authority Required

4339

Proven combined immunoglobulin E (IgE) mediated allergy to cows' milk protein and soy protein

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- Patient must have failed a trial of protein hydrolysate formulae (with or without medium chain triglycerides) prior to commencement with initial treatment.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Note Authorities for increased maximum quantities, up to a maximum of 20, may be authorised.

Authority Required

4415

Severe intestinal malabsorption including short bowel syndrome

Clinical criteria:

- Patient must have failed to respond to protein hydrolysate formulae; **OR**
- Patient must have been receiving parenteral nutrition.

Note Authorities for increased maximum quantities, up to a maximum of 20, may be authorised.

Authority Required

5974

Eosinophilic oesophagitis

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a clinical immunologist, suitably qualified allergist or gastroenterologist.

Clinical criteria:

- Patient must have responded to an initial course of PBS-subsidised treatment.

Population criteria:

- Patient must be 18 years of age or less.

Response to initial treatment is demonstrated by oesophageal biopsy specimens obtained by endoscopy, where the most densely involved oesophageal biopsy had 5 or less eosinophils in any single 400 x high powered field, along with normal antral and duodenal biopsies. The response criteria will not be deemed to have been met if oral steroids were commenced during initial treatment.

Note Authorities for increased maximum quantities, up to a maximum of 20, may be authorised.

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amino acid synthetic formula supplemented with long chain polyunsaturated fatty acids and medium chain triglycerides with 2-fucosyllactose and lacto-N-neotetraose powder for oral liquid, 400 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13615N NP	8	5	0.00	*308.52	25.00	Alfamino [NT]

PROTEIN HYDROLYSATE FORMULA WITH MEDIUM CHAIN TRIGLYCERIDES

Authority Required (STREAMLINED)

6174

Cows' milk protein enteropathy and intolerance to soy protein

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist, specialist paediatrician or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist, specialist paediatrician or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- The condition must not be isolated infant colic or reflux, **AND**
- Patient must have failed to respond to a strict soy-based cows' milk protein free diet.

Population criteria:

- Patient must be up to the age of 24 months.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

6193

Cows' milk protein enteropathy and intolerance to soy protein

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist, specialist paediatrician or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist, specialist paediatrician or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- The condition must not be isolated infant colic or reflux, **AND**
- Patient must have demonstrated a clinical improvement with the protein hydrolysate formula with medium chain triglycerides.

Population criteria:

- Patient must be up to the age of 24 months.

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

6204

Cows' milk protein enteropathy and intolerance to soy protein

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist, specialist paediatrician or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- The condition must not be isolated infant colic or reflux, **AND**
- Patient must have failed to respond to a strict soy-based cows' milk protein free diet.

Population criteria:

- Patient must be older than 24 months of age.

The name of the specialist must be documented in the patient's medical records

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

6137

Proven combined immunoglobulin E (IgE) mediated allergy to cows' milk protein and soy protein

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist must be documented in the patient's medical records

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

6182

Proven combined immunoglobulin E (IgE) mediated allergy to cows' milk protein and soy protein

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist must be documented in the patient's medical records

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

6194

Biliary atresia

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

6157

Chronic liver failure with fat malabsorption

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

6205

Chylous ascites

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

6195

Cystic fibrosis

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)

6158

Enterokinase deficiency

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)
6166
Proven fat malabsorption
Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)
6148
Severe diarrhoea of greater than 2 weeks duration
Population criteria:
- Patient must be aged less than 4 months.

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Authority Required (STREAMLINED)
6138
Severe intestinal malabsorption including short bowel syndrome
Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

protein hydrolysate formula with medium chain triglycerides powder for oral liquid, 450 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8259Q NP	8	5	0.00	*197.72	25.00	Aptamil Gold+ Pepti-Junior [NU]

TRIGLYCERIDES MEDIUM CHAIN FORMULA

Note Not indicated for the treatment of intractable childhood epilepsy or cerebrospinal fluid glucose transporter defect requiring a ketogenic diet.

Restricted benefit
4660
Dietary management of conditions requiring a source of medium chain triglycerides
Clinical criteria:
- Patient must have fat malabsorption due to liver disease; **OR**
- Patient must have fat malabsorption due to short gut syndrome; **OR**
- Patient must have fat malabsorption due to cystic fibrosis; **OR**
- Patient must have fat malabsorption due to gastrointestinal disorders.

triglycerides medium chain formula oral liquid, 12 x 500 mL bottles

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12948L NP	12	5	0.00	*1,561.20	25.00	Nutrini Peptisorb [SB]

triglycerides medium chain formula powder for oral liquid, 400 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10154K NP	8	5	0.00	*258.44	25.00	Peptamen Junior [NT]

triglycerides medium chain formula powder for oral liquid, 400 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10155L NP	8	5	0.00	*355.56	25.00	Lipistart [VF]

TRIGLYCERIDES MEDIUM CHAIN FORMULA

Note Not indicated for the treatment of intractable childhood epilepsy or cerebrospinal fluid glucose transporter defect requiring a ketogenic diet.

Restricted benefit
4651
Hyperlipoproteinaemia type 1
Restricted benefit
4659
Long chain fatty acid oxidation disorders
Restricted benefit
4652
Chylous ascites
Restricted benefit
4653
Chylothorax

triglycerides medium chain formula powder for oral liquid, 400 g

1938B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	8	5	0.00	*355.56	25.00	Lipistart [VF]

TRIGLYCERIDES MEDIUM CHAIN FORMULA

Note Not indicated for the treatment of intractable childhood epilepsy or cerebrospinal fluid glucose transporter defect requiring a ketogenic diet.

Restricted benefit

4660

Dietary management of conditions requiring a source of medium chain triglycerides

Clinical criteria:

- Patient must have fat malabsorption due to liver disease; **OR**
- Patient must have fat malabsorption due to short gut syndrome; **OR**
- Patient must have fat malabsorption due to cystic fibrosis; **OR**
- Patient must have fat malabsorption due to gastrointestinal disorders.

Restricted benefit

4651

Hyperlipoproteinaemia type 1

Restricted benefit

4659

Long chain fatty acid oxidation disorders

Restricted benefit

4652

Chylous ascites

Restricted benefit

4653

Chylothorax

triglycerides medium chain formula powder for oral liquid, 400 g

15380L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	8	5	0.00	*393.32	25.00	Monogen [SB]

Carbohydrates

MODIFIED LONG CHAIN AMYLOPECTIN

Restricted benefit

5561

Glycogen storage disease

modified long chain amylopectin powder for oral liquid, 30 x 60 g sachets

9386B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	4	5	0.00	*633.96	25.00	Glycosade [VF]

Amino acids/carbohydrates/minerals/vitamins, combinations

AMINO ACID FORMULA WITH FAT, CARBOHYDRATE, VITAMINS, MINERALS, TRACE ELEMENTS AND MEDIUM CHAIN TRIGLYCERIDES

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

4323

Cows' milk protein enteropathy

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- The condition must not be isolated infant colic or reflux, **AND**
- Patient must be intolerant to both soy protein and protein hydrolysate formulae, as demonstrated when the child has failed to respond to a strict cows' milk protein free and strict soy protein free diet with a protein hydrolysate (with or without medium chain triglycerides) as the principal formula.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority Required

4352

Severe cows' milk protein enteropathy with failure to thrive

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- The condition must not be isolated infant colic or reflux.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority Required

4312

Proven combined immunoglobulin E (IgE) mediated allergy to cows' milk protein and soy protein

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- Patient must have failed a trial of protein hydrolysate formulae (with or without medium chain triglycerides).

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority Required

4337

Cows' milk protein enteropathy

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or have an appointment to be assessed by one of these specialists.

Clinical criteria:

- The condition must not be isolated infant colic or reflux, **AND**
- Patient must be intolerant to both soy protein and protein hydrolysate formulae, as demonstrated when the child has failed to respond to a strict cows' milk protein free and strict soy protein free diet with a protein hydrolysate (with or without medium chain triglycerides) as the principal formula.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority Required

4345

Severe cows' milk protein enteropathy with failure to thrive

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or have been assessed at least once or have an appointment to be assessed by one of these specialists.

Clinical criteria:

- The condition must not be isolated infant colic or reflux, **AND**
- Patient must have had failure to thrive prior to commencement with initial treatment.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority Required

4339

Proven combined immunoglobulin E (IgE) mediated allergy to cows' milk protein and soy protein

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- Patient must have failed a trial of protein hydrolysate formulae (with or without medium chain triglycerides) prior to commencement with initial treatment.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority Required

4330

Cows' milk anaphylaxis

Treatment criteria:

- Must be treated by a specialist allergist or clinical immunologist, or in consultation with a specialist allergist or clinical immunologist.

Population criteria:

- Patient must be up to the age of 24 months.

Anaphylaxis is defined as a severe and/or potentially life threatening allergic reaction.

The name of the specialist and the date of birth of the patient must be included in the authority application.

amino acid formula with fat, carbohydrate, vitamins, minerals, trace elements and medium chain triglycerides powder for oral liquid, 400 g

14797T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	8	5	0.00	*363.96	25.00	Essential Care Jr [QH]

AMINO ACID FORMULA WITH FAT, CARBOHYDRATE, VITAMINS, MINERALS, TRACE ELEMENTS AND MEDIUM CHAIN TRIGLYCERIDES

Authority Required

4323

Cows' milk protein enteropathy

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- The condition must not be isolated infant colic or reflux, **AND**
- Patient must be intolerant to both soy protein and protein hydrolysate formulae, as demonstrated when the child has failed to respond to a strict cows' milk protein free and strict soy protein free diet with a protein hydrolysate (with or without medium chain triglycerides) as the principal formula.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

4352

Severe cows' milk protein enteropathy with failure to thrive

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- The condition must not be isolated infant colic or reflux.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

4305

Combined intolerance to cows' milk protein, soy protein and protein hydrolysate formulae

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- The condition must not be isolated infant colic or reflux.

Population criteria:

- Patient must be older than 24 months of age.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Authority Required

4312

Proven combined immunoglobulin E (IgE) mediated allergy to cows' milk protein and soy protein

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- Patient must have failed a trial of protein hydrolysate formulae (with or without medium chain triglycerides).

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Authority Required

5945

Eosinophilic oesophagitis

Treatment Phase: Initial treatment for up to 3 months

Treatment criteria:

- Must be treated by a clinical immunologist, suitably qualified allergist or gastroenterologist.

Clinical criteria:

- Patient must require an amino acid based formula as a component of a dietary elimination program.

Population criteria:

- Patient must be 18 years of age or less.

Treatment with oral steroids should not be commenced during the period of initial treatment.

Eosinophilic oesophagitis is demonstrated by the following criteria:

(i) Chronic symptoms of reflux that persisted despite a 2-month trial of a proton pump inhibitor or chronic dysphagia; and

(ii) A lack of demonstrable anatomic abnormality with the exception of stricture, which can be attributable to eosinophilic oesophagitis; and

(iii) Eosinophilic infiltration of the oesophagus, demonstrated by oesophageal biopsy specimens obtained by endoscopy and where the most densely involved oesophageal biopsy had 20 or more eosinophils in any single 400 x high powered field, along with normal antral and duodenal biopsies.

The date of birth of the patient must be included in the authority application.

Note Authorities for increased maximum quantities, up to a maximum of 20, may be authorised.

amino acid formula with fat, carbohydrate, vitamins, minerals, trace elements and medium chain triglycerides powder for oral liquid, 400 g

10522T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	8	5	0.00	*318.92	25.00	Alfamino Junior [NT]

amino acid formula with fat, carbohydrate, vitamins, minerals, trace elements and medium chain triglycerides powder for oral liquid, 400 g

11161K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	8	5	0.00	*335.16	25.00	Neocate Junior [SB]

AMINO ACID FORMULA WITH FAT, CARBOHYDRATE, VITAMINS, MINERALS, TRACE ELEMENTS AND MEDIUM CHAIN TRIGLYCERIDES

Authority Required

4337

Cows' milk protein enteropathy

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or have an appointment to be assessed by one of these specialists.

Clinical criteria:

- The condition must not be isolated infant colic or reflux, **AND**
- Patient must be intolerant to both soy protein and protein hydrolysate formulae, as demonstrated when the child has failed to respond to a strict cows' milk protein free and strict soy protein free diet with a protein hydrolysate (with or without medium chain triglycerides) as the principal formula.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Note Authorities for increased maximum quantities, up to a maximum of 20, may be authorised.

Authority Required

4345

Severe cows' milk protein enteropathy with failure to thrive

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or have been assessed at least once or have an appointment to be assessed by one of these specialists.

Clinical criteria:

- The condition must not be isolated infant colic or reflux, **AND**
- Patient must have had failure to thrive prior to commencement with initial treatment.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Note Authorities for increased maximum quantities, up to a maximum of 20, may be authorised.

Authority Required

4338

Combined intolerance to cows' milk protein, soy protein and protein hydrolysate formulae

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist at intervals not greater than 12 months.

Clinical criteria:

- The condition must not be isolated infant colic or reflux.

Population criteria:

- Patient must be older than 24 months of age.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Note Authorities for increased maximum quantities, up to a maximum of 20, may be authorised.

Authority Required

4339

Proven combined immunoglobulin E (IgE) mediated allergy to cows' milk protein and soy protein

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- Patient must have failed a trial of protein hydrolysate formulae (with or without medium chain triglycerides) prior to commencement with initial treatment.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Note Authorities for increased maximum quantities, up to a maximum of 20, may be authorised.

Authority Required

4330

Cows' milk anaphylaxis

Treatment criteria:

- Must be treated by a specialist allergist or clinical immunologist, or in consultation with a specialist allergist or clinical immunologist.

Population criteria:

- Patient must be up to the age of 24 months.

Anaphylaxis is defined as a severe and/or potentially life threatening allergic reaction.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Note Authorities for increased maximum quantities, up to a maximum of 20, may be authorised.

Authority Required

4415

Severe intestinal malabsorption including short bowel syndrome

Clinical criteria:

- Patient must have failed to respond to protein hydrolysate formulae; **OR**
- Patient must have been receiving parenteral nutrition.

Note Authorities for increased maximum quantities, up to a maximum of 20, may be authorised.

Authority Required

5974

Eosinophilic oesophagitis

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a clinical immunologist, suitably qualified allergist or gastroenterologist.

Clinical criteria:

- Patient must have responded to an initial course of PBS-subsidised treatment.

Population criteria:

- Patient must be 18 years of age or less.

Response to initial treatment is demonstrated by oesophageal biopsy specimens obtained by endoscopy, where the most densely involved oesophageal biopsy had 5 or less eosinophils in any single 400 x high powered field, along with normal antral and duodenal biopsies. The response criteria will not be deemed to have been met if oral steroids were commenced during initial treatment.

Note Authorities for increased maximum quantities, up to a maximum of 20, may be authorised.

amino acid formula with fat, carbohydrate, vitamins, minerals, trace elements and medium chain triglycerides powder for oral liquid, 400 g

10527C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	8	5	0.00	*318.92	25.00	Alfamino Junior [NT]

amino acid formula with fat, carbohydrate, vitamins, minerals, trace elements and medium chain triglycerides powder for oral liquid, 400 g

11183N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	8	5	0.00	*335.16	25.00	Neocate Junior [SB]

Milk substitutes

MILK POWDER SYNTHETIC LOW CALCIUM

Restricted benefit

6208

Hypercalcaemia

Population criteria:

- Patient must be under the age of 4 years.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

milk powder synthetic low calcium powder for oral liquid, 400 g

3092R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	8	5	0.00	*354.84	25.00	Locasol [SB]

Other combinations of nutrients

AMINO ACID FORMULA SUPPLEMENTED WITH PREBIOTICS, PROBIOTICS AND LONG CHAIN POLYUNSATURATED FATTY ACIDS

Authority Required

4368

Eosinophilic oesophagitis

Treatment Phase: Initial treatment for up to 3 months

Treatment criteria:

- Must be treated by a clinical immunologist, suitably qualified allergist or gastroenterologist.

Clinical criteria:

- Patient must require an amino acid based formula as a component of a dietary elimination program.

Population criteria:

- Patient must be 18 years of age or less.

Treatment with oral steroids should not be commenced during the period of initial treatment.

Eosinophilic oesophagitis is demonstrated by the following criteria:

(i) Chronic symptoms of reflux that persisted despite a 2-month trial of a proton pump inhibitor or chronic dysphagia; and

(ii) A lack of demonstrable anatomic abnormality with the exception of stricture, which can be attributable to eosinophilic oesophagitis; and

(iii) Eosinophilic infiltration of the oesophagus, demonstrated by oesophageal biopsy specimens obtained by endoscopy and where the most densely involved oesophageal biopsy had 20 or more eosinophils in any single 400 x high powered field, along with normal antral and duodenal biopsies.

The date of birth of the patient must be included in the authority application.

Note Authorities for increased maximum quantities, up to a maximum of 52, may be authorised.

Authority Required

4414

Eosinophilic oesophagitis

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a clinical immunologist, suitably qualified allergist or gastroenterologist.

Clinical criteria:

- Patient must have responded to an initial course of PBS-subsidised treatment.

Population criteria:

- Patient must be 18 years of age or less.

Response to initial treatment is demonstrated by oesophageal biopsy specimens obtained by endoscopy, where the most densely involved oesophageal biopsy had 5 or less eosinophils in any single 400 x high powered field, along with normal antral and duodenal biopsies. The response criteria will not be deemed to have been met if oral steroids were commenced during initial treatment.

Note Authorities for increased maximum quantities, up to a maximum of 52, may be authorised.

amino acid formula supplemented with prebiotics, probiotics and long chain polyunsaturated fatty acids powder for oral liquid, 400 g

11343B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	12	5	0.00	*464.52	25.00	Neocate Syneo [SB]

AMINO ACID FORMULA SUPPLEMENTED WITH PREBIOTICS, PROBIOTICS AND LONG CHAIN POLYUNSATURATED FATTY ACIDS

Authority Required

4323

Cows' milk protein enteropathy

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- The condition must not be isolated infant colic or reflux, **AND**
- Patient must be intolerant to both soy protein and protein hydrolysate formulae, as demonstrated when the child has failed to respond to a strict cows' milk protein free and strict soy protein free diet with a protein hydrolysate (with or without medium chain triglycerides) as the principal formula.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

4352

Severe cows' milk protein enteropathy with failure to thrive

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- The condition must not be isolated infant colic or reflux.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

4305

Combined intolerance to cows' milk protein, soy protein and protein hydrolysate formulae

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- The condition must not be isolated infant colic or reflux.

Population criteria:

- Patient must be older than 24 months of age.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority Required

4312

Proven combined immunoglobulin E (IgE) mediated allergy to cows' milk protein and soy protein

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- Patient must have failed a trial of protein hydrolysate formulae (with or without medium chain triglycerides).

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

amino acid formula supplemented with prebiotics, probiotics and long chain polyunsaturated fatty acids powder for oral liquid, 400 g

11331J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8	5	0.00	*312.76	25.00	Neocate Syneo [SB]

NP

AMINO ACID FORMULA SUPPLEMENTED WITH PREBIOTICS, PROBIOTICS AND LONG CHAIN POLYUNSATURATED FATTY ACIDS

Authority Required

4330

Cows' milk anaphylaxis

Treatment criteria:

- Must be treated by a specialist allergist or clinical immunologist, or in consultation with a specialist allergist or clinical immunologist.

Population criteria:

- Patient must be up to the age of 24 months.

Anaphylaxis is defined as a severe and/or potentially life threatening allergic reaction.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Note Authorities for increased maximum quantities, up to a maximum of 20, may be authorised.

Authority Required

4337

Cows' milk protein enteropathy

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or have an appointment to be assessed by one of these specialists.

Clinical criteria:

- The condition must not be isolated infant colic or reflux, **AND**
- Patient must be intolerant to both soy protein and protein hydrolysate formulae, as demonstrated when the child has failed to respond to a strict cows' milk protein free and strict soy protein free diet with a protein hydrolysate (with or without medium chain triglycerides) as the principal formula.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Note Authorities for increased maximum quantities, up to a maximum of 20, may be authorised.

Authority Required

4345

Severe cows' milk protein enteropathy with failure to thrive

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or have been assessed at least once or have an appointment to be assessed by one of these specialists.

Clinical criteria:

- The condition must not be isolated infant colic or reflux, **AND**
- Patient must have had failure to thrive prior to commencement with initial treatment.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Note Authorities for increased maximum quantities, up to a maximum of 20, may be authorised.

Authority Required

4338

Combined intolerance to cows' milk protein, soy protein and protein hydrolysate formulae

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist at intervals not greater than 12 months.

Clinical criteria:

- The condition must not be isolated infant colic or reflux.

Population criteria:

- Patient must be older than 24 months of age.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Note Authorities for increased maximum quantities, up to a maximum of 20, may be authorised.

Authority Required

4339

Proven combined immunoglobulin E (IgE) mediated allergy to cows' milk protein and soy protein

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- Patient must have failed a trial of protein hydrolysate formulae (with or without medium chain triglycerides) prior to commencement with initial treatment.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Note Authorities for increased maximum quantities, up to a maximum of 20, may be authorised.

Authority Required

4415

Severe intestinal malabsorption including short bowel syndrome

Clinical criteria:

- Patient must have failed to respond to protein hydrolysate formulae; **OR**
- Patient must have been receiving parenteral nutrition.

Note A risk/benefit analysis prior to treatment, and continuous patient monitoring from a health care professional is required for the use of this product, for this indication.

Note Authorities for increased maximum quantities, up to a maximum of 20, may be authorised.

amino acid formula supplemented with prebiotics, probiotics and long chain polyunsaturated fatty acids powder for oral liquid, 400 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11340W NP	8	5	0.00	*312.76	25.00	Neocate Syneo [SB]

AMINO ACID FORMULA WITH CARBOHYDRATE WITHOUT PHENYLALANINE

Note This product does not contain any vitamins, minerals or trace elements and is not intended as a sole source of nutrition

Restricted benefit

4295

Phenylketonuria

amino acid formula with carbohydrate without phenylalanine modified release tablet, 6 x 77

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12072J NP	4	5	0.00	*1,255.64	25.00	PKU Easy Tablet [OH]

AMINO ACID FORMULA WITH CARBOHYDRATE, VITAMINS, MINERALS AND TRACE ELEMENTS WITHOUT PHENYLALANINE

Restricted benefit

4295

Phenylketonuria

amino acid formula with carbohydrate, vitamins, minerals and trace elements without phenylalanine powder for oral liquid, 30 x 20 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10806R NP	4	5	0.00	*940.20	25.00	PKU Go [OH]

AMINO ACID FORMULA WITH FAT, CARBOHYDRATE WITHOUT METHIONINE

Note This product does not contain any vitamins, minerals or trace elements and is not intended as a sole source of nutrition

Restricted benefit
5534
Pyridoxine non-responsive homocystinuria

amino acid formula with fat, carbohydrate without methionine modified release tablet, 6 x 77

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12006X NP	5	5	0.00	*2,883.89	25.00	HCU Easy Tablet [OH]

AMINO ACID FORMULA WITH FAT, CARBOHYDRATE WITHOUT PHENYLALANINE

Restricted benefit
5970
Phenylketonuria

amino acid formula with fat, carbohydrate without phenylalanine tablet: modified release, 4 x 110 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10683G NP	7	5	0.00	*1,778.35	25.00	PKU Easy Microtabs [OH]

AMINO ACID FORMULA WITH FAT, CARBOHYDRATE WITHOUT PHENYLALANINE AND TYROSINE

Note This product does not contain any vitamins, minerals or trace elements and is not intended as a sole source of nutrition

Restricted benefit
5533
Tyrosinaemia

amino acid formula with fat, carbohydrate without phenylalanine and tyrosine modified release tablet, 6 x 77

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12015J NP	4	5	0.00	*2,329.00	25.00	TYR Easy Tablet [OH]

AMINO ACID FORMULA WITH FAT, CARBOHYDRATE WITHOUT VALINE, LEUCINE AND ISOLEUCINE

Note This product does not contain any vitamins, minerals or trace elements and is not intended as a sole source of nutrition

Restricted benefit
5571
Maple syrup urine disease

amino acid formula with fat, carbohydrate without valine, leucine and isoleucine modified release tablet, 6 x 77

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12014H NP	5	5	0.00	*2,883.89	25.00	MSUD Easy Tablet [OH]

AMINO ACID FORMULA WITH FAT, CARBOHYDRATE, VITAMINS AND MINERALS WITHOUT PHENYLALANINE

Restricted benefit
5970
Phenylketonuria

amino acid formula with fat, carbohydrate, vitamins and minerals without phenylalanine tablet: modified release, 6 x 100 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14782B NP	7	5	0.00	*1,753.08	25.00	PKU Easy Microtabs Plus [OH]

AMINO ACID FORMULA WITH FAT, CARBOHYDRATE, VITAMINS, MINERALS AND TRACE ELEMENTS WITHOUT PHENYLALANINE

Restricted benefit
5970
Phenylketonuria

amino acid formula with fat, carbohydrate, vitamins, minerals and trace elements without phenylalanine oral liquid: powder for, 30 x 34 g bottles

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10632N NP	5	5	0.00	*1,755.64	25.00	PKU Easy Shake & Go [OH]

AMINO ACID FORMULA WITH FAT, CARBOHYDRATE, VITAMINS, MINERALS AND TRACE ELEMENTS, WITHOUT PHENYLALANINE AND TYROSINE

Restricted benefit
5533
Tyrosinaemia

amino acid formula with fat, carbohydrate, vitamins, minerals and trace elements, without phenylalanine and tyrosine powder for oral liquid, 30 x 34 g bottles

10934L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	4	5	0.00	*2,888.12	25.00	TYR Easy Shake & Go [OH]

AMINO ACID FORMULA WITH FAT, CARBOHYDRATE, VITAMINS, MINERALS, TRACE ELEMENTS AND MEDIUM CHAIN TRIGLYCERIDES

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note Authority approval for an increased maximum quantity, up to 3 times the stated quantity (in packs), may be sought.

Authority Required

4338

Combined intolerance to cows' milk protein, soy protein and protein hydrolysate formulae

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist at intervals not greater than 12 months.

Clinical criteria:

- The condition must not be isolated infant colic or reflux.

Population criteria:

- Patient must be older than 24 months of age.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority Required

4415

Severe intestinal malabsorption including short bowel syndrome

Clinical criteria:

- Patient must have failed to respond to protein hydrolysate formulae; **OR**
- Patient must have been receiving parenteral nutrition.

Authority Required

5974

Eosinophilic oesophagitis

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a clinical immunologist, suitably qualified allergist or gastroenterologist.

Clinical criteria:

- Patient must have responded to an initial course of PBS-subsidised treatment.

Population criteria:

- Patient must be 18 years of age or less.

Response to initial treatment is demonstrated by oesophageal biopsy specimens obtained by endoscopy, where the most densely involved oesophageal biopsy had 5 or less eosinophils in any single 400 x high powered field, along with normal antral and duodenal biopsies. The response criteria will not be deemed to have been met if oral steroids were commenced during initial treatment.

Authority Required

5945

Eosinophilic oesophagitis

Treatment Phase: Initial treatment for up to 3 months

Treatment criteria:

- Must be treated by a clinical immunologist, suitably qualified allergist or gastroenterologist.

Clinical criteria:

- Patient must require an amino acid based formula as a component of a dietary elimination program.

Population criteria:

- Patient must be 18 years of age or less.

Treatment with oral steroids should not be commenced during the period of initial treatment.

Eosinophilic oesophagitis is demonstrated by the following criteria:

(i) Chronic symptoms of reflux that persisted despite a 2-month trial of a proton pump inhibitor or chronic dysphagia; and

(ii) A lack of demonstrable anatomic abnormality with the exception of stricture, which can be attributable to eosinophilic oesophagitis; and

(iii) Eosinophilic infiltration of the oesophagus, demonstrated by oesophageal biopsy specimens obtained by endoscopy and where the most densely involved oesophageal biopsy had 20 or more eosinophils in any single 400 x high powered field, along with normal antral and duodenal biopsies.

The date of birth of the patient must be included in the authority application.

Authority Required

4305

Combined intolerance to cows' milk protein, soy protein and protein hydrolysate formulae

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- The condition must not be isolated infant colic or reflux.

Population criteria:

- Patient must be older than 24 months of age.

The name of the specialist and the date of birth of the patient must be included in the authority application.

amino acid formula with fat, carbohydrate, vitamins, minerals, trace elements and medium chain triglycerides powder for oral liquid, 400 g

14825G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	8	5	0.00	*363.96	25.00	Essential Care Jr [QH]

AMINO ACID FORMULA WITH VITAMINS AND MINERALS WITHOUT LYSINE AND LOW IN TRYPTOPHAN

Restricted benefit

5323

Proven glutaric aciduria type 1

amino acid formula with vitamins and minerals without lysine and low in tryptophan powder for oral liquid, 400 g

2650L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	8	5	0.00	*648.28	25.00	GA1 Anamix infant [SB]

amino acid formula with vitamins and minerals without lysine and low in tryptophan powder for oral liquid, 500 g

10466W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	9	5	0.00	*2,724.72	25.00	XLYS, LOW TRY Maxamum [SB]

AMINO ACID FORMULA WITH VITAMINS AND MINERALS WITHOUT LYSINE AND LOW IN TRYPTOPHAN

Restricted benefit

6007

Proven glutaric aciduria type 1

amino acid formula with vitamins and minerals without lysine and low in tryptophan powder for oral liquid, 30 x 18 g sachets

10715Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	8	5	0.00	*1,852.04	25.00	GA1 Anamix Junior [NU]

AMINO ACID FORMULA WITH VITAMINS AND MINERALS WITHOUT LYSINE AND LOW IN TRYPTOPHAN

Restricted benefit

5323

Proven glutaric aciduria type 1

Restricted benefit

11482

Pyridoxine dependent epilepsy

Clinical criteria:

- Patient must be managed on a low lysine diet for pyridoxine dependent epilepsy, **AND**
- The condition must be treated by or in consultation with a metabolic physician.

amino acid formula with vitamins and minerals without lysine and low in tryptophan containing 5 g of protein equivalent powder for oral liquid, 30 x 12.5 g sachets

14781Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	8	5	0.00	*1,852.04	25.00	GA explore5 [VF]

AMINO ACID FORMULA WITH VITAMINS AND MINERALS WITHOUT METHIONINE

Restricted benefit

5534

Pyridoxine non-responsive homocystinuria

amino acid formula with vitamins and minerals without methionine oral liquid, 30 x 125 mL pouches

1548L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	3	5	0.00	*2,610.21	25.00	HCU Lophlex LQ 20 [SB]

amino acid formula with vitamins and minerals without methionine oral liquid, 30 x 174 mL sachets

2640Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	4	5	0.00	*3,443.84	25.00	HCU cooler 20 [VF]

amino acid formula with vitamins and minerals without methionine powder for oral liquid, 30 x 25 g sachets

8744F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	4	5	0.00	*2,610.24	25.00	HCU express 15 [VF]

AMINO ACID FORMULA WITH VITAMINS AND MINERALS WITHOUT METHIONINE

Restricted benefit

5559

Pyridoxine non-responsive homocystinuria

Population criteria:

- Patient must be an infant or a very young child.

amino acid formula with vitamins and minerals without methionine powder for oral liquid, 400 g

8417B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	8	5	0.00	*616.28	25.00	HCU Anamix infant [SB]

AMINO ACID FORMULA WITH VITAMINS AND MINERALS WITHOUT METHIONINE

Restricted benefit

6038

Pyridoxine non-responsive homocystinuria

amino acid formula with vitamins and minerals without methionine powder for oral liquid, 30 x 29 g sachets

12273Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	4	5	0.00	*3,443.84	25.00	HCU Lophlex [SB]

amino acid formula with vitamins and minerals without methionine oral liquid: powder for, 30 x 36 g sachets

10693T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	4	5	0.00	*1,759.96	25.00	HCU Anamix Junior [NU]

AMINO ACID FORMULA WITH VITAMINS AND MINERALS WITHOUT METHIONINE, THREONINE AND VALINE AND LOW IN ISOLEUCINE

Restricted benefit

5560

Methylmalonic acidaemia

Restricted benefit

5542

Propionic acidaemia

amino acid formula with vitamins and minerals without methionine, threonine and valine and low in isoleucine powder for oral liquid, 30 x 25 g sachets

3443F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	4	5	0.00	*2,610.24	25.00	MMA/PA express 15 [VF]

amino acid formula with vitamins and minerals without methionine, threonine and valine and low in isoleucine powder for oral liquid, 400 g

8058D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	8	5	0.00	*616.28	25.00	MMA/PA Anamix infant [SB]

AMINO ACID FORMULA WITH VITAMINS AND MINERALS WITHOUT METHIONINE, THREONINE AND VALINE AND LOW IN ISOLEUCINE

Restricted benefit

6055

Methylmalonic acidaemia

Restricted benefit

5986

Propionic acidaemia

amino acid formula with vitamins and minerals without methionine, threonine and valine and low in isoleucine containing 5 g of protein equivalent powder for oral liquid, 30 x 12.5 g sachets

14775P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	8	5	0.00	*1,759.96	25.00	MMA/PA explore5 [VF]

amino acid formula with vitamins and minerals without methionine, threonine and valine and low in isoleucine powder for oral liquid, 30 x 18 g sachets

10730R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	8	5	0.00	*1,759.96	25.00	MMA/PA Anamix Junior [NU]

AMINO ACID FORMULA WITH VITAMINS AND MINERALS WITHOUT PHENYLALANINE

Restricted benefit

4295

Phenylketonuria

amino acid formula with vitamins and minerals without phenylalanine oral liquid, 60 x 62.5 mL pouches

9397N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*661.46	25.00	PKU Lophlex LQ 10 [SB]

amino acid formula with vitamins and minerals without phenylalanine oral liquid, 30 x 87 mL pouches

2382J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	4	5	0.00	*827.40	25.00	PKU Cooler 10 [VF]

amino acid formula with vitamins and minerals without phenylalanine oral liquid, 30 x 125 mL pouches

9021T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	4	5	0.00	*1,686.12	25.00	PKU Lophlex LQ 20 [SB]

amino acid formula with vitamins and minerals without phenylalanine oral liquid, 30 x 125 mL pouches

14290D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	4	5	0.00	*1,686.12	25.00	PKU Lophlex Select LQ [NU]

amino acid formula with vitamins and minerals without phenylalanine oral liquid, 36 x 125 mL bottles

9396M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	4	5	0.00	*1,027.76	25.00	PKU Anamix Junior LQ [SB]

amino acid formula with vitamins and minerals without phenylalanine oral liquid, 30 x 130 mL pouches

8846N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	4	5	0.00	*1,265.92	25.00	PKU Cooler 15 [VF]

amino acid formula with vitamins and minerals without phenylalanine oral liquid, 30 x 174 mL pouches

2474F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	4	5	0.00	*1,706.28	25.00	PKU Cooler 20 [VF]

amino acid formula with vitamins and minerals without phenylalanine oral liquid, 30 x 174 mL pouches

10411Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	4	5	0.00	*1,706.28	25.00	PKU Air 20 [VF]

amino acid formula with vitamins and minerals without phenylalanine oral liquid, 18 x 250 mL

8746H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	5	5	0.00	*830.39	25.00	Easiphen [SB]

amino acid formula with vitamins and minerals without phenylalanine powder for oral liquid, 30 x 25 g sachets

8591E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	4	5	0.00	*1,266.64	25.00	PKU express 15 [VF]

amino acid formula with vitamins and minerals without phenylalanine powder for oral liquid, 30 x 28 g sachets

12136R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	4	5	0.00	*1,686.12	25.00	PKU Lophlex [SB]

amino acid formula with vitamins and minerals without phenylalanine powder for oral liquid, 30 x 34 g sachets

1909L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	4	5	0.00	*1,706.28	25.00	PKU express 20 [VF]

amino acid formula with vitamins and minerals without phenylalanine oral liquid, 30 x 85 g sachets

5483N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	4	5	0.00	*847.08	25.00	PKU squeezie [VF]

amino acid formula with vitamins and minerals without phenylalanine oral semi-solid, 36 x 109 g tubs

2806Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	3	5	0.00	*1,527.27	25.00	PKU Lophlex Sensation 20 [SB]

amino acid formula with vitamins and minerals without phenylalanine powder for oral liquid, 500 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2739E						
NP	8	5	0.00	*1,098.52	25.00	XP Maxamum [SB]

AMINO ACID FORMULA WITH VITAMINS AND MINERALS WITHOUT PHENYLALANINE

Restricted benefit

4964

Phenylketonuria

Note Changes in vitamin D levels and amino acid composition have occurred with a recent formulation change.

amino acid formula with vitamins and minerals without phenylalanine oral liquid: powder for, 30 x 36 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10258X						
NP	4	5	0.00	*848.12	25.00	PKU Anamix Junior [SB]

AMINO ACID FORMULA WITH VITAMINS AND MINERALS WITHOUT PHENYLALANINE AND TYROSINE

Restricted benefit

5533

Tyrosinaemia

amino acid formula with vitamins and minerals without phenylalanine and tyrosine oral liquid, 30 x 125 mL pouches

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1547K						
NP	3	5	0.00	*2,051.79	25.00	TYR Lophlex LQ 20 [SB]

amino acid formula with vitamins and minerals without phenylalanine and tyrosine oral liquid, 30 x 174 mL pouches

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2701E						
NP	4	5	0.00	*3,443.84	25.00	TYR cooler 20 [VF]

amino acid formula with vitamins and minerals without phenylalanine and tyrosine powder for oral liquid, 30 x 28 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12274B						
NP	4	5	0.00	*3,443.84	25.00	TYR Lophlex [SB]

amino acid formula with vitamins and minerals without phenylalanine and tyrosine powder for oral liquid, 400 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8445L						
NP	8	5	0.00	*616.28	25.00	TYR Anamix infant [SB]

AMINO ACID FORMULA WITH VITAMINS AND MINERALS WITHOUT PHENYLALANINE AND TYROSINE

Restricted benefit

4923

Tyrosinaemia

Note Changes in vitamin D levels and amino acid composition have occurred with a recent formulation change.

amino acid formula with vitamins and minerals without phenylalanine and tyrosine oral liquid: powder for, 30 x 36 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10260B						
NP	4	5	0.00	*1,759.96	25.00	TYR Anamix Junior [SB]

AMINO ACID FORMULA WITH VITAMINS AND MINERALS WITHOUT PHENYLALANINE, TYROSINE AND SUPPLEMENTED WITH ARACHIDONIC ACID AND DOCOSAHEXAENOIC ACID

Restricted benefit

5533

Tyrosinaemia

amino acid formula with vitamins and minerals without phenylalanine, tyrosine and supplemented with arachidonic acid and docosahexaenoic acid containing 5 g of protein equivalent powder for oral liquid, 30 x 12.5 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14126L						
NP	8	5	0.00	*1,760.04	25.00	TYR explore5 [VF]

AMINO ACID FORMULA WITH VITAMINS AND MINERALS WITHOUT VALINE, LEUCINE AND ISOLEUCINE

Restricted benefit

5571

Maple syrup urine disease

amino acid formula with vitamins and minerals without valine, leucine and isoleucine oral liquid, 30 x 125 mL pouches

1546J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	3	5	0.00	*2,610.21	25.00	MSUD Lophlex LQ 20 [SB]

amino acid formula with vitamins and minerals without valine, leucine and isoleucine oral liquid, 30 x 130 mL pouches

2375B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	4	5	0.00	*2,610.24	25.00	MSUD cooler 15 [VF]

amino acid formula with vitamins and minerals without valine, leucine and isoleucine oral liquid, 30 x 174 mL pouches

2654Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	4	5	0.00	*3,443.84	25.00	MSUD cooler 20 [VF]

amino acid formula with vitamins and minerals without valine, leucine and isoleucine powder for oral liquid, 30 x 25 g sachets

8632H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	4	5	0.00	*2,610.24	25.00	MSUD express 15 [VF]

amino acid formula with vitamins and minerals without valine, leucine and isoleucine powder for oral liquid, 30 x 28 g sachets

12285N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	4	5	0.00	*3,443.84	25.00	MSUD Lophlex [SB]

amino acid formula with vitamins and minerals without valine, leucine and isoleucine powder for oral liquid, 400 g

2380G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	8	5	0.00	*616.28	25.00	MSUD Anamix infant [SB]

amino acid formula with vitamins and minerals without valine, leucine and isoleucine powder for oral liquid, 500 g

8057C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	8	5	0.00	*2,276.84	25.00	MSUD Maxamum [SB]

AMINO ACID FORMULA WITH VITAMINS AND MINERALS WITHOUT VALINE, LEUCINE AND ISOLEUCINE

Restricted benefit

4954

Maple syrup urine disease

Note Changes in vitamin D levels and amino acid composition have occurred with a recent formulation change.

amino acid formula with vitamins and minerals without valine, leucine and isoleucine oral liquid: powder for, 30 x 36 g sachets

10259Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	4	5	0.00	*1,759.96	25.00	MSUD Anamix Junior [SB]

AMINO ACID FORMULA WITH VITAMINS AND MINERALS WITHOUT VALINE, LEUCINE, ISOLEUCINE AND SUPPLEMENTED WITH ARACHIDONIC ACID AND DOCOSAHEXAENOIC ACID

Restricted benefit

5571

Maple syrup urine disease

amino acid formula with vitamins and minerals without valine, leucine, isoleucine and supplemented with arachidonic acid and docosahexaenoic acid containing 5 g of protein equivalent powder for oral liquid, 30 x 12.5 g sachets

14118C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	8	5	0.00	*1,760.04	25.00	MSUD explore5 [VF]

AMINO ACID FORMULA WITH VITAMINS AND MINERALS, LOW PHENYLALANINE AND SUPPLEMENTED WITH DOCOSAHEXAENOIC ACID AND ARACHIDONIC ACID

Restricted benefit

4295

Phenylketonuria

amino acid formula with vitamins and minerals, low phenylalanine and supplemented with docosahexaenoic acid and arachidonic acid powder for oral liquid, 30 x 12.5 g sachets

11185Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	8	5	0.00	*940.20	25.00	PKU Anamix First Spoon [SB]

amino acid formula with vitamins and minerals, low phenylalanine and supplemented with docosahexaenoic acid and arachidonic acid powder for oral liquid, 30 x 12.5 g sachets

11859E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	8	5	0.00	*940.20	25.00	PKU Explore 5 [VF]

amino acid formula with vitamins and minerals, low phenylalanine and supplemented with docosahexaenoic acid and arachidonic acid powder for oral liquid, 30 x 25 g sachets

11836Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	4	5	0.00	*940.16	25.00	PKU Explore 10 [VF]

AMINO ACID FORMULA WITH VITAMINS AND MINERALS, WITHOUT METHIONINE AND SUPPLEMENTED WITH ARACHIDONIC ACID AND DOCOSAHEXAENOIC ACID

Restricted benefit

5534

Pyridoxine non-responsive homocystinuria

amino acid formula with vitamins and minerals, without methionine and supplemented with arachidonic acid and docosahexaenoic acid containing 5 g of protein equivalent powder for oral liquid, 30 x 12.5 g sachets

14114W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	8	5	0.00	*1,760.04	25.00	HCU explore5 [VF]

AMINO ACID FORMULA WITH VITAMINS, MINERALS AND LONG CHAIN POLYUNSATURATED FATTY ACIDS WITHOUT PHENYLALANINE

Restricted benefit

4295

Phenylketonuria

amino acid formula with vitamins, minerals and long chain polyunsaturated fatty acids without phenylalanine powder for oral liquid, 400 g

8479G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	8	5	0.00	*563.96	25.00	PKU Anamix infant [SB]

amino acid formula with vitamins, minerals and long chain polyunsaturated fatty acids without phenylalanine powder for oral liquid, 4 x 400 g

14239K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	0.00	*599.34	25.00	PKU Start [VF]

AMINO ACID FORMULA WITHOUT PHENYLALANINE

Restricted benefit

4295

Phenylketonuria

amino acid formula without phenylalanine 1 g tablet, 75

8678R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	24	5	0.00	*1,162.20	25.00	Phlexy-10 [SB]

AMINO ACID FORMULA WITHOUT VALINE, LEUCINE AND ISOLEUCINE

Restricted benefit

5571

Maple syrup urine disease

amino acid formula without valine, leucine and isoleucine containing 5 g of protein equivalent powder for oral liquid, 30 x 6 g sachets

10161T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	12	5	0.00	*2,888.16	25.00	MSUD amino5 [VF]

ARACHIDONIC ACID AND DOCOSAHEXAENOIC ACID WITH CARBOHYDRATE

Restricted benefit

6141

Peroxisomal biogenesis disorders

arachidonic acid and docosahexaenoic acid with carbohydrate containing 200 mg arachidonic acid and 100 mg docosahexaenoic acid powder for oral liquid, 30 x 4 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10036F NP	4	5	0.00	*327.76	25.00	keyomega [VF]

ARGININE WITH CARBOHYDRATE

Restricted benefit

4555

Urea cycle disorders

Note Arginine with carbohydrate is not indicated for the treatment of arginase deficiency and other inborn errors of protein metabolism.

arginine with carbohydrate containing 500 mg arginine powder for oral liquid, 30 x 4 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9437Q NP	4	5	0.00	*436.08	25.00	Arginine 500 [VF]

arginine with carbohydrate containing 2 g arginine powder for oral liquid, 30 x 4 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5482M NP	4	5	0.00	*649.44	25.00	Arginine 2000 [VF]

arginine with carbohydrate containing 5 g arginine powder for oral liquid, 30 x 7.6 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10093F NP	4	5	0.00	*860.76	25.00	Arginine 5000 [VF]

CARBOHYDRATE, FAT, VITAMINS, MINERALS AND TRACE ELEMENTS

Restricted benefit

4438

Proven inborn errors of protein metabolism

Clinical criteria:

- Patient must be unable to meet their energy requirements with permitted food and formulae.

carbohydrate, fat, vitamins, minerals and trace elements powder for oral liquid, 400 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8369L NP	8	5	0.00	*252.36	25.00	Energivit [SB]

CARBOHYDRATES, FAT, VITAMINS, MINERALS, TRACE ELEMENTS AND SUPPLEMENTED WITH ARACHIDONIC ACID AND DOCOSAHEXAENOIC ACID

Restricted benefit

4438

Proven inborn errors of protein metabolism

Clinical criteria:

- Patient must be unable to meet their energy requirements with permitted food and formulae.

carbohydrates, fat, vitamins, minerals, trace elements and supplemented with arachidonic acid and docosahexaenoic acid providing 200 kilocalories powder for oral liquid, 30 x 43 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10039J NP	4	5	0.00	*420.96	25.00	basecal 200 [VF]

CITRULLINE

Restricted benefit

5984

Urea cycle disorders

Clinical criteria:

- The treatment must be for preventing low plasma arginine levels; **OR**
- The treatment must be for preventing low citrulline levels.

Note Citrulline is not indicated for the treatment of arginase deficiency and other inborn errors of protein metabolism

citrulline 1 g tablet, 300

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10736C NP	‡1	5	0.00	1,079.11	25.00	Citrulline Easy [OH]

CITRULLINE WITH CARBOHYDRATE

Restricted benefit

6683

Urea cycle disorders

Clinical criteria:

- The treatment must be for preventing low plasma arginine levels; **OR**

- The treatment must be for preventing low citrulline levels.

Note Citrulline with carbohydrate is not indicated for the treatment of arginase deficiency and other inborn errors of protein metabolism.

citrulline with carbohydrate containing 1 g citrulline powder for oral liquid, 30 x 4 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5481L NP	4	5	0.00	*436.08	25.00	Citrulline 1000 [VF]

ESSENTIAL AMINO ACIDS FORMULA

Restricted benefit

4925

Gyrate atrophy of the choroid and retina

Restricted benefit

4958

Urea cycle disorders

essential amino acids formula powder for oral liquid, 2 x 200 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9329B NP	6	5	0.00	*1,018.98	25.00	Essential Amino Acid Mix [SB]

ESSENTIAL AMINO ACIDS FORMULA WITH MINERALS AND VITAMIN C

Restricted benefit

4925

Gyrate atrophy of the choroid and retina

Restricted benefit

4958

Urea cycle disorders

essential amino acids formula with minerals and vitamin C powder for oral liquid, 400 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2027Q NP	5	5	0.00	*508.74	25.00	Dialamine [SB]

ESSENTIAL AMINO ACIDS FORMULA WITH VITAMINS AND MINERALS

Restricted benefit

4925

Gyrate atrophy of the choroid and retina

Restricted benefit

4958

Urea cycle disorders

essential amino acids formula with vitamins and minerals powder for oral liquid, 30 x 12.5 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13759E NP	6	5	0.00	*1,174.02	25.00	EAA Supplement [VF]

GLYCINE WITH CARBOHYDRATE

Restricted benefit

4704

Isovaleric acidaemia

glycine with carbohydrate containing 500 mg glycine powder for oral liquid, 30 x 4 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10195N NP	4	5	0.00	*459.76	25.00	Glycine500 [VF]

GLYCOMACROPEPTIDE AND ESSENTIAL AMINO ACID FORMULA WITH VITAMINS, MINERALS, AND LOW IN TYROSINE AND PHENYLALANINE

Restricted benefit

5533

Tyrosinaemia

glycomacropeptide and essential amino acid formula with vitamins, minerals, and low in tyrosine and phenylalanine powder for oral liquid, 30 x 31 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12175T NP	4	5	0.00	*3,277.12	25.00	Tylactin Build 20 [QH]

glycomacropeptide and essential amino acid formula with vitamins, minerals, and low in tyrosine and phenylalanine powder for oral liquid, 30 x 35 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11832R NP	4	5	0.00	*4,009.36	25.00	TYR Sphere20 [VF]

GLYCOMACROPEPTIDE AND ESSENTIAL AMINO ACIDS WITH VITAMINS AND MINERALS

Restricted benefit

4295

Phenylketonuria

glycomacropeptide and essential amino acids with vitamins and minerals powder for oral liquid, 60 x 20 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11084J NP	5	5	0.00	*1,315.79	25.00	PKU Restore [QH]

glycomacropeptide and essential amino acids with vitamins and minerals powder for oral liquid, 30 x 40 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13714T NP	4	5	0.00	*2,366.84	25.00	Camino Pro Bettermilk [QH]

glycomacropeptide and essential amino acids with vitamins and minerals bar, 7 x 81 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2644E NP	14	5	0.00	*1,932.28	25.00	Camino Pro Complete [QH]

GLYCOMACROPEPTIDE AND ESSENTIAL AMINO ACIDS WITH VITAMINS AND MINERALS

Restricted benefit

5012

Phenylketonuria

Note This product contains higher vitamin A levels than other PBS-listed glycomacropeptide products.

glycomacropeptide and essential amino acids with vitamins and minerals containing 15 g of protein equivalent oral liquid, 30 x 250 mL cartons

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10332T NP	4	5	0.00	*2,366.76	25.00	PKU Glytactin RTD 15 [QH]

glycomacropeptide and essential amino acids with vitamins and minerals containing 15 g of protein equivalent oral liquid, 30 x 250 mL cartons

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11640P NP	4	5	0.00	*2,366.76	25.00	PKU Glytactin RTD 15 Lite [QH]

GLYCOMACROPEPTIDE AND ESSENTIAL AMINO ACIDS WITH VITAMINS AND MINERALS

Restricted benefit

5533

Tyrosinaemia

glycomacropeptide and essential amino acids with vitamins and minerals containing 15 g of protein equivalent oral liquid, 30 x 250 mL cartons

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10528D NP	4	5	0.00	*3,034.36	25.00	Tylactin RTD [QH]

glycomacropeptide and essential amino acids with vitamins and minerals containing 15 g of protein equivalent bar, 14 x 81 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11290F NP	8	5	0.00	*2,839.40	25.00	Tylactin Complete [QH]

GLYCOMACROPEPTIDE AND ESSENTIAL AMINO ACIDS WITH VITAMINS AND MINERALS

Restricted benefit

4295

Phenylketonuria

Note This product is low in folic acid, choline and methionine and is not intended as a sole source of nutrition.

glycomacropeptide and essential amino acids with vitamins and minerals containing 10 g of protein equivalent powder for oral liquid, 30 x 15 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14820B NP	4	5	0.00	*1,577.04	25.00	PKU Build 10 [QH]

glycomacropeptide and essential amino acids with vitamins and minerals containing 20 g of protein equivalent powder for oral liquid, 30 x 32 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11279P NP	4	5	0.00	*3,119.28	25.00	PKU Build 20 [QH]

GLYCOMACROPEPTIDE FORMULA WITH AMINO ACIDS AND LOW PHENYLALANINE

Note This product does not contain any vitamins, is low in mineral content and is not intended as a sole source of nutrition.

Restricted benefit

4295

Phenylketonuria

glycomacropeptide formula with amino acids and low phenylalanine powder for oral liquid, 30 x 12.5 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14650C NP	5	5	0.00	*1,315.79	25.00	PKU GMPro MIX-IN [SB]

GLYCOMACROPEPTIDE FORMULA WITH AMINO ACIDS, VITAMINS, MINERALS, TRACE ELEMENTS, CARBOHYDRATE, FAT AND LOW PHENYLALANINE

Restricted benefit

4295

Phenylketonuria

glycomacropeptide formula with amino acids, vitamins, minerals, trace elements, carbohydrate, fat and low phenylalanine powder for oral liquid, 30 x 33.4 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14644R NP	4	5	0.00	*2,115.96	25.00	PKU GMPro ULTRA [SB]

GLYCOMACROPEPTIDE FORMULA WITH DOCOSAHEXAENOIC ACID AND LOW PHENYLALANINE

Restricted benefit

4295

Phenylketonuria

glycomacropeptide formula with docosahexaenoic acid and low phenylalanine oral liquid, 15 x 237 mL bottles

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13257R NP	8	5	0.00	*2,010.92	25.00	PKU Sphere Liquid [VF]

glycomacropeptide formula with docosahexaenoic acid and low phenylalanine powder for oral liquid, 30 x 35 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11071Q NP	4	5	0.00	*2,010.96	25.00	PKU Sphere20 [VF]

glycomacropeptide formula with docosahexaenoic acid and low phenylalanine powder for oral liquid, 30 x 40 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15536Q NP	‡4	5	0.00	*2,010.96	25.00	PKU GMPro Delight [SB]

GLYCOMACROPEPTIDE FORMULA WITH DOCOSAHEXAENOIC ACID AND LOW PHENYLALANINE

Restricted benefit

5012

Phenylketonuria

Note This product contains higher vitamin A levels than other PBS-listed glycomacropeptide products.

glycomacropeptide formula with docosahexaenoic acid and low phenylalanine oral liquid, 18 x 250 mL cartons

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11844J NP	10	5	0.00	*1,510.54	25.00	PKU GMPro LQ [SB]

HIGH FAT FORMULA WITH VITAMINS, MINERALS AND TRACE ELEMENTS AND LOW IN PROTEIN AND CARBOHYDRATE

Restricted benefit

4253

Ketogenic diet

Clinical criteria:

- Patient must have intractable seizures requiring treatment with a ketogenic diet; **OR**
- Patient must have a glucose transport protein defect; **OR**
- Patient must have pyruvate dehydrogenase deficiency.

KetoCal 3: 1 should only be used under strict supervision of a dietitian, together with a metabolic physician and/or neurologist.

Note Authorities for increased maximum quantities, up to a maximum of 48, may be authorised.

high fat formula with vitamins, minerals and trace elements and low in protein and carbohydrate (3:1 ratio long chain fat to carbohydrate plus protein) powder for oral liquid, 300 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2652N NP	24	5	0.00	*817.56	25.00	KetoCal 3:1 [SB]

HIGH FAT FORMULA WITH VITAMINS, MINERALS AND TRACE ELEMENTS AND LOW IN PROTEIN AND CARBOHYDRATE

Restricted benefit

4289

Ketogenic diet

Clinical criteria:

- Patient must have intractable seizures requiring treatment with a ketogenic diet; **OR**
- Patient must have a glucose transport protein defect; **OR**
- Patient must have pyruvate dehydrogenase deficiency.

KetoCal 4: 1 should only be used under strict supervision of a dietitian, together with a metabolic physician and/or neurologist.

Note Authorities for increased maximum quantities, up to a maximum of 48, may be authorised.

high fat formula with vitamins, minerals and trace elements and low in protein and carbohydrate (4:1 ratio long chain fat to carbohydate plus protein) powder for oral liquid, 300 g

9446E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	24	5	0.00	*857.16	25.00	KetoCal 4:1 [SB]

HIGH FAT FORMULA WITH VITAMINS, MINERALS AND TRACE ELEMENTS AND LOW IN PROTEIN AND CARBOHYDRATE

Restricted benefit

4709

Ketogenic diet

Clinical criteria:

- Patient must have intractable seizures requiring treatment with a ketogenic diet; **OR**
- Patient must have a glucose transport protein defect; **OR**
- Patient must have pyruvate dehydrogenase deficiency.

KetoCal 4: 1 should only be used under strict supervision of a dietitian, together with a metabolic physician and/or neurologist.

Note Authorities for increased maximum quantities, up to a maximum of 11, may be authorised.

high fat formula with vitamins, minerals and trace elements and low in protein and carbohydrate (4:1 ratio long chain fat to carbohydrate plus protein) oral liquid, 32 x 200 mL cartons

10185C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	5	5	0.00	*921.64	25.00	KetoCal 4:1 LQ [SB]

HIGH FAT FORMULA WITH VITAMINS, MINERALS AND TRACE ELEMENTS AND LOW IN PROTEIN AND CARBOHYDRATE

Restricted benefit

12096

Ketogenic diet

Treatment criteria:

- Patient must be undergoing treatment under the strict supervision of a dietitian, together with at least one of: (i) a metabolic physician, (ii) a neurologist.

Clinical criteria:

- Patient must have intractable seizures requiring treatment with a ketogenic diet; **OR**
- Patient must have a glucose transport protein defect; **OR**
- Patient must have pyruvate dehydrogenase deficiency.

Note Requests seeking an increased maximum quantity (packs) up to 4 times that stated, may be authorised.

high fat formula with vitamins, minerals and trace elements and low in protein and carbohydrate oral semi-solid, 36 x 100 g tubs

12635B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	4	5	0.00	*772.16	25.00	K.Yo [VF]

HIGH FAT FORMULA WITH VITAMINS, MINERALS AND TRACE ELEMENTS AND LOW IN PROTEIN AND CARBOHYDRATE

Note Authorisation for an increased maximum quantity, up to double the stated 'Max qty packs' value, may be sought.

Restricted benefit

11644

Ketogenic diet

Clinical criteria:

- Patient must have intractable seizures requiring treatment with a ketogenic diet; **OR**
- Patient must have a glucose transport protein defect; **OR**

- Patient must have pyruvate dehydrogenase deficiency.

Treatment criteria:

- Patient must be undergoing treatment under the strict supervision of a dietitian, together with at least one of: (i) a metabolic physician, (ii) a neurologist.

high fat formula with vitamins, minerals and trace elements and low in protein and carbohydrate (4:1 ratio medium chain fat to carbohydrate plus protein) oral liquid, 30 x 250 mL cartons

12456N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	6	5	0.00	*1,607.04	25.00	KetoVie 4:1 [QH]

high fat formula with vitamins, minerals and trace elements and low in protein and carbohydrate (3:1 ratio medium chain fat to carbohydrate plus protein) oral liquid, 30 x 250 mL cartons

12464B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	6	5	0.00	*1,075.44	25.00	KetoVie 3:1 [QH]

HIGH FAT FORMULA WITH VITAMINS, MINERALS AND TRACE ELEMENTS AND LOW IN PROTEIN AND CARBOHYDRATE

Note Authorisation for an increased maximum quantity, up to double the stated 'Max qty packs' value, may be sought.
Note No increase in the maximum number of repeats may be authorised.

Authority Required

12459

Ketogenic diet

Clinical criteria:

- Patient must have intractable seizures requiring treatment with a ketogenic diet; **OR**
- Patient must have a glucose transport protein defect; **OR**
- Patient must have pyruvate dehydrogenase deficiency, **AND**
- Patient must have severe intestinal malabsorption of whole protein ketogenic diet formula, **AND**
- Patient must have unsuccessfully trialled at least one of the PBS-listed products with the indication of: 'Ketogenic diet'.

This product must only be used under strict supervision of a dietitian, together with a metabolic physician and/or neurologist.

high fat formula with vitamins, minerals and trace elements and low in protein and carbohydrate (4:1 ratio medium chain fat to carbohydrate plus protein) oral liquid, 30 x 250 mL cartons

12789D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	6	5	0.00	*1,828.56	25.00	KetoVie Peptide 4:1 [QH]

ISOLEUCINE WITH CARBOHYDRATE

Restricted benefit

5571

Maple syrup urine disease

isoleucine with carbohydrate containing 50 mg isoleucine powder for oral liquid, 30 x 4 g sachets

9134R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	4	5	0.00	*436.08	25.00	Isoleucine 50 [VF]

isoleucine with carbohydrate containing 1 g isoleucine powder for oral liquid, 30 x 4 g sachets

9436P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	4	5	0.00	*478.76	25.00	Isoleucine 1000 [VF]

MILK PROTEIN AND FAT FORMULA WITH VITAMINS AND MINERALS CARBOHYDRATE FREE

Restricted benefit

6658

Ketogenic diet

Clinical criteria:

- Patient must have intractable seizures requiring treatment with a ketogenic diet; **OR**
- Patient must have a glucose transport protein defect; **OR**
- Patient must have pyruvate dehydrogenase deficiency; **OR**
- Patient must be an infant or young child with glucose-galactose intolerance and multiple monosaccharide intolerance.

milk protein and fat formula with vitamins and minerals carbohydrate free powder for oral liquid, 225 g

8630F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	24	5	0.00	*889.80	25.00	Carbohydrate Free Mixture [SB]

PHENYLALANINE WITH CARBOHYDRATE

Restricted benefit

5533

Tyrosinaemia

phenylalanine with carbohydrate containing 50 mg phenylalanine powder for oral liquid, 30 x 4 g sachets

9384X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	4	5	0.00	*436.08	25.00	Phenylalanine 50 [VF]

PROTEIN FORMULA WITH AMINO ACIDS, CARBOHYDRATES, VITAMINS AND MINERALS WITHOUT PHENYLALANINE, AND SUPPLEMENTED WITH DOCOSAHEXAENOIC ACID

Restricted benefit

5970

Phenylketonuria

protein formula with amino acids, carbohydrates, vitamins and minerals without phenylalanine, and supplemented with docosahexaenoic acid oral liquid, 30 x 130 mL pouches

10658Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	5	5	0.00	*1,754.69	25.00	PKU Easy [OH]

PROTEIN FORMULA WITH VITAMINS AND MINERALS, AND LOW IN POTASSIUM, PHOSPHORUS, CALCIUM, CHLORIDE AND VITAMIN A

Authority Required (STREAMLINED)

11070

Chronic renal failure

Population criteria:

- Patient must be a child aged 3 years or older.

Clinical criteria:

- Patient must require treatment with a low protein and a low phosphorus diet; **OR**
- Patient must require treatment with a low protein, low phosphorus and low potassium diet.

protein formula with vitamins and minerals, and low in potassium, phosphorus, calcium, chloride and vitamin A oral liquid, 24 x 125 mL bottles

12191P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	8	5	0.00	*1,327.88	25.00	Renastep [VF]

SOY PROTEIN AND FAT FORMULA WITH VITAMINS AND MINERALS CARBOHYDRATE FREE

Restricted benefit

6658

Ketogenic diet

Clinical criteria:

- Patient must have intractable seizures requiring treatment with a ketogenic diet; **OR**
- Patient must have a glucose transport protein defect; **OR**
- Patient must have pyruvate dehydrogenase deficiency; **OR**
- Patient must be an infant or young child with glucose-galactose intolerance and multiple monosaccharide intolerance.

soy protein and fat formula with vitamins and minerals carbohydrate free oral liquid, 384 mL can

8577K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	120	5	0.00	*545.64	25.00	RCF [AB]

TRIGLYCERIDES LONG CHAIN WITH GLUCOSE POLYMER

Restricted benefit

4438

Proven inborn errors of protein metabolism

Clinical criteria:

- Patient must be unable to meet their energy requirements with permitted food and formulae.

triglycerides long chain with glucose polymer oral liquid, 6 x 1 L cartons

9309Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	4	5	0.00	*693.56	25.00	ProZero [VF]

TRIGLYCERIDES MEDIUM CHAIN AND LONG CHAIN WITH GLUCOSE POLYMER

Restricted benefit

4438

Proven inborn errors of protein metabolism

Clinical criteria:

- Patient must be unable to meet their energy requirements with permitted food and formulae.

triglycerides medium chain and long chain with glucose polymer powder for oral liquid, 400 g

3136C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	8	5	0.00	*233.64	25.00	Duocal [SB]

TYROSINE WITH CARBOHYDRATE

Restricted benefit

4295

Phenylketonuria

Note This formulation is suitable for patients aged 3 and older.

tyrosine with carbohydrate containing 1 g tyrosine powder for oral liquid, 30 x 4 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9165J NP	4	5	0.00	*436.08	25.00	Tyrosine 1000 [VF]

VALINE WITH CARBOHYDRATE

Restricted benefit

5571

Maple syrup urine disease

valine with carbohydrate containing 50 mg valine powder for oral liquid, 30 x 4 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9135T NP	4	5	0.00	*436.08	25.00	Valine 50 [VF]

valine with carbohydrate containing 1 g valine powder for oral liquid, 30 x 4 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9434M NP	4	5	0.00	*478.76	25.00	Valine 1000 [VF]

VITAMINS, MINERALS AND TRACE ELEMENTS

Restricted benefit

7275

Dietary management of conditions requiring a highly restrictive therapeutic diet

Clinical criteria:

- Patient must have insufficient vitamin and mineral intake due to a specific diagnosis requiring a highly restrictive therapeutic diet, **AND**
- Patient must be unable to adequately meet vitamin, mineral and trace element needs with other proprietary vitamin and mineral preparations.

Population criteria:

- Patient must be aged 3 years or older.

Note Phlexy-Vits must only be used under strict supervision of a dietician and a paediatrician.

vitamins, minerals and trace elements powder for oral liquid, 30 x 7 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11200L NP	1	5	0.00	274.97	25.00	Phlexy-Vits [SB]

VITAMINS, MINERALS AND TRACE ELEMENTS WITH CARBOHYDRATE

Restricted benefit

6152

Dietary management of conditions requiring a highly restrictive therapeutic diet

Clinical criteria:

- Patient must have insufficient vitamin and mineral intake due to a specific diagnosis requiring a highly restrictive therapeutic diet, **AND**
- Patient must be unable to adequately meet vitamin, mineral and trace element needs with other proprietary vitamin and mineral preparations.

Population criteria:

- Patient must be an infant or a child.

Note Paediatric Seravit must only be used under strict supervision of a dietitian and a paediatrician.

vitamins, minerals and trace elements with carbohydrate powder for oral liquid, 200 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9328Y NP	6	5	0.00	*328.08	25.00	Paediatric Seravit [SB]

VITAMINS, MINERALS AND TRACE ELEMENTS WITH CARBOHYDRATE

Restricted benefit

6159

Dietary management of conditions requiring a highly restrictive therapeutic diet

Clinical criteria:

- Patient must have insufficient vitamin and mineral intake due to a specific diagnosis requiring a highly restrictive therapeutic diet, **AND**
- Patient must be unable to adequately meet vitamin, mineral and trace element needs with other proprietary vitamin and mineral preparations.

Population criteria:

- Patient must be aged 3 years or older.

Note FruitiVits must only be used under strict supervision of a dietitian and a paediatrician.

vitamins, minerals and trace elements with carbohydrate powder for oral liquid, 30 x 6 g sachets

10149E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	0.00	248.41	25.00	FruitiVits [VF]

WHEY PROTEIN FORMULA SUPPLEMENTED WITH AMINO ACIDS, LONG CHAIN POLYUNSATURATED FATTY ACIDS, VITAMINS AND MINERALS, LOW IN PROTEIN, PHOSPHATE, POTASSIUM AND LACTOSE

Authority Required (STREAMLINED)

6190

Chronic renal failure

Population criteria:

- Patient must be an infant or a young child.

Clinical criteria:

- Patient must require treatment with a low protein and a low phosphorus diet; **OR**
- Patient must require treatment with a low protein, low phosphorus and low potassium diet.

whey protein formula supplemented with amino acids, long chain polyunsaturated fatty acids, vitamins and minerals, low in protein, phosphate, potassium and lactose powder for oral liquid, 6 x 400 g cans

2870C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	4	5	0.00	*1,364.44	25.00	Renastart [VF]

WHEY PROTEIN FORMULA SUPPLEMENTED WITH AMINO ACIDS, VITAMINS AND MINERALS, AND LOW IN PROTEIN, PHOSPHATE, POTASSIUM AND LACTOSE

Authority Required (STREAMLINED)

6190

Chronic renal failure

Population criteria:

- Patient must be an infant or a young child.

Clinical criteria:

- Patient must require treatment with a low protein and a low phosphorus diet; **OR**
- Patient must require treatment with a low protein, low phosphorus and low potassium diet.

whey protein formula supplemented with amino acids, vitamins and minerals, and low in protein, phosphate, potassium and lactose powder for oral liquid, 400 g

8587Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	16	5	0.00	*853.40	25.00	Kindergen [SB]

Extemporaneously Prepared Benefits

Drug Tariff

Drug	Standard	Recovery Prices			
		0.1 g/mL $	1 g/mL $	10 g/mL $	100 g/mL $
Acacia, powdered	BP	0.08	0.84	7.60	48.25
Acetic Acid (33 per cent)	BP	0.02	0.21	2.09	20.91
Acetic Acid (6 per cent)	BP	0.01	0.05	0.48	4.79
Acetone (use as additive only)	BP	0.04	0.43	3.85	34.25
Alum	BP	0.09	0.93	8.34	74.10
Aluminium Acetate Solution	BP	0.02	0.23	2.05	18.21
Anise Water Concentrated 1 in 40	BP	0.01	0.09	0.87	8.68
Aqueous Cream (for use only as a base combined with active ingredients)	APF	0.01	0.07	0.59	5.26
Ascorbic Acid (for use only as an ingredient of ferrous sulfate mixtures)	BP	0.19	1.86	16.74	106.28
Aspirin	BP	0.50	4.97	44.76	397.87
Belladonna Tincture	BP	0.40	3.96	35.66	317.02
Benzocaine	BP	0.33	3.28	18.76	187.60
Benzoic Acid	BP	0.13	1.30	11.71	74.38
Benzoic Acid Compound Ointment	APF	0.03	0.26	2.35	20.86
Benzoic Acid Solution	BP	0.02	0.25	2.48	24.82
Benzoin Compound Tincture	BP	0.06	0.62	5.56	49.46
Boric Acid (use as additive only)	BP	0.04	0.39	3.52	22.32
Boric Acid, Olive Oil and Zinc Oxide Ointment	QHF	0.02	0.23	2.07	13.17
Calcium Hydroxide	BP	0.28	2.78	24.99	158.67
Calcium Hydroxide Solution	BP	0.01	0.04	0.40	3.97
Castor Oil (use as additive only)	BP	0.02	0.22	1.97	17.51
Cetomacrogol Aqueous Cream (for use only as a base combined with active ingredients)	APF	0.01	0.06	0.50	4.44
Cetrimide Aqueous Cream (for use only as a base combined with active ingredients)	APF	0.01	0.13	1.17	10.42
Chlorhexidine Acetate (use as additive only)	BP	0.78	7.79	44.53	445.30
Chlorhexidine Aqueous Cream (for use only as a base combined with active ingredients)	APF	0.01	0.06	0.52	4.60
Chloroform (use as additive only)	BP	0.08	0.80	7.19	63.90
Chloroform Spirit	BP	0.01	0.09	0.89	8.94
Chloroform Water Concentrated 1 in 40	APF 15	0.01	0.11	1.07	10.67
Citric Acid Monohydrate	BP	0.15	1.48	13.28	84.32
Coal Tar	BP	0.06	0.56	5.00	44.45

Drug	Standard	Recovery Prices			
		0.1 g/mL $	1 g/mL $	10 g/mL $	100 g/mL $
Coal Tar Solution	BP	0.10	1.00	9.01	57.23
Cocaine Hydrochloride	BP	158.22	1582.19	9041.10	90411.00
Coconut Oil	BP	0.07	0.72	6.48	41.16
Codeine Linctus	APF	0.02	0.20	1.79	11.34
Codeine Phosphate (may only be prescribed in linctuses, mixtures or mixtures for children)	BP	7.12	71.17	406.68	4066.80
Collodion Flexible	BP	0.68	6.84	61.55	390.81
Dithranol	BP	6.19	61.89	353.67	3536.70
Emulsifying Ointment (for use only as a base combined with active ingredients)	BP	0.01	0.15	1.32	11.76
Ephedrine Hydrochloride (may only be prescribed in nasal instillations)	BP	3.82	38.17	343.53	2181.12
Ethanol (90 per cent) (use as additive only)	BP	0.01	0.07	0.59	5.20
Ethanol (96 per cent) (use as additive only)	BP	0.01	0.09	0.79	7.06
Ether Solvent (use as additive only)	BP	0.29	2.35	18.83	167.36
Eucalyptus Oil (use as additive only)	BP	0.02	0.18	1.63	14.49
Ferrous Sulfate	BP	0.11	1.12	10.09	64.04
Formaldehyde Solution	BP	0.09	0.94	8.48	75.39
Gentian Alkaline Mixture	APF	0.01	0.09	0.68	6.00
Glycerol	BP	0.02	0.22	1.96	17.43
Honey Purified (use as additive only)	BP 1993	0.01	0.03	0.27	2.44
Hydroxybenzoate Compound Solution	APF	0.09	0.68	5.42	48.17
Iodine	BP	1.83	18.29	104.49	1044.87
Iodine Alcoholic Solution	BP	0.04	0.42	3.77	23.95
Iodine Aqueous Oral Solution	BP	0.07	0.67	6.01	38.16
Kaolin Mixture	BPC 1968	0.04	0.39	3.49	31.03
Kaolin and Opium Mixture	APF 14	0.01	0.10	0.82	7.27
Lactic Acid	BP	0.44	4.39	39.53	251.00
Lavender Spike Oil	BPC 1968	0.13	1.29	11.57	73.44
Liquorice Liquid Extract	BP	0.19	1.86	16.71	148.51
Magnesium Carbonate Light	BP	0.05	0.37	2.92	25.99
Magnesium Sulfate (may only be prescribed for other than oral use)	BP	0.01	0.12	1.12	9.96
Magnesium Trisilicate	BP	0.06	0.62	5.54	49.26
Menthol, Racemic or Levomenthol	BP	0.33	3.30	29.72	188.68
Methyl Hydroxybenzoate	BP	0.45	4.52	40.65	258.08
Methyl Hydroxybenzoate Solution	APF	0.06	0.59	5.86	58.57
Methylated Industrial Spirit (use as additive only)	BP	0.01	0.02	0.15	1.31
Olive Oil (use as additive only)	BP	0.03	0.26	2.37	21.11
Paraffin Hard	BP	0.09	0.92	8.30	73.77
Paraffin Light Liquid	BP	0.02	0.16	1.40	8.91
Paraffin Liquid (use as additive only)	BP	0.01	0.12	1.08	9.61
Paraffin Soft White	BP	0.01	0.15	1.31	11.68
Peppermint Oil (use as additive only)	BP	0.25	2.54	22.82	144.89

Drug	Standard	Recovery Prices			
		0.1 g/mL $	1 g/mL $	10 g/mL $	100 g/mL $
Peppermint Water Concentrated 1 in 40 (use as additive only)	APF 16	0.05	0.46	4.10	36.48
Phenobarbitone Sodium (may only be prescribed for the treatment of epilepsy)	BP	1.71	17.15	154.34	979.92
Phenol Liquefied (not available for ear drops)	BP	0.58	5.77	51.91	329.58
Podophyllum Resin	BP	11.44	114.42	653.85	6538.50
Potassium Citrate	BP	0.04	0.41	3.71	33.00
Potassium Iodide	BP	0.16	1.59	14.32	90.92
Potassium Permanganate	BP	0.06	0.57	5.15	45.74
Propyl Hydroxybenzoate	BP	0.30	2.98	26.79	170.08
Propylene Glycol	BP	0.04	0.42	3.79	24.05
Resorcinol	BP	0.45	3.57	28.59	254.15
Salicylic Acid	BP	0.07	0.67	6.03	38.31
Salicylic Acid Ointment	APF	0.02	0.17	1.38	12.23
Salicylic Acid Ointment	BP	0.02	0.17	1.38	12.23
Simple Ointment (white) (for use only as a base combined with active ingredients)	BP	0.02	0.20	1.82	16.15
Simple Ointment (yellow) (for use only as a base combined with active ingredients)	BP	0.02	0.14	1.11	9.88
Sodium Bicarbonate	BP	0.02	0.23	2.06	18.35
Sodium Chloride	BP	0.03	0.34	3.06	27.23
Sodium Chloride Solution	BP	0.01	0.02	0.15	1.50
Sodium Citrate	BP	0.06	0.59	5.31	33.71
Sodium Thiosulfate (use as additive only)	BP	0.12	1.16	10.46	92.99
Starch	BP	0.02	0.21	1.88	16.67
Sulfur Ointment (for use only as a base combined with active ingredients)	BP 1980	0.02	0.24	2.42	24.19
Sulfur Precipitated	BP 1980	0.11	1.06	9.55	60.60
Syrup	BP	0.01	0.12	1.09	9.68
Talc Purified, sterilised	BP	0.08	0.80	7.18	63.80
Thymol	BP	0.34	3.44	30.95	196.48
Thymol Compound Mouth Wash	APF 15	0.01	0.11	0.96	8.54
Tragacanth Compound Powder	BP 1980	0.07	0.57	4.58	40.73
Tragacanth Mucilage	APF 13	0.01	0.14	1.38	13.77
Tragacanth Mucilage	BPC 1973	0.01	0.13	1.30	13.03
Tragacanth, powdered	BP	0.93	9.30	83.70	531.42
Trichloroacetic Acid	BP 1980	0.62	6.21	55.89	354.88
Triethanolamine	BP	0.20	2.01	18.05	114.62
Water For Injections, sterilised (b) (extemporaneously prepared eye drops and eye lotions)	BP	0.00	0.00	8.81	8.81
Water Purified	BP	0.01	0.02	0.14	1.21
Wool Alcohols Ointment (white) (for use only as a base combined with active ingredients)	BP	0.03	0.21	1.64	14.55
Wool Alcohols Ointment (yellow) (for use only as a base combined with active ingredients)	BP	0.02	0.19	1.48	13.18
Wool Fat	BP	0.04	0.42	3.75	33.31

Drug	Standard	Recovery Prices			
		0.1 g/mL $	1 g/mL $	10 g/mL $	100 g/mL $
Wool Fat Hydrous	BP	0.03	0.30	2.70	24.02
Zinc Compound Paste	BP	0.06	0.58	5.18	46.07
Zinc Cream (for use only as a base combined with active ingredients)	BP	0.02	0.19	1.67	14.84
Zinc Oxide	BP	0.04	0.38	3.44	30.57
Zinc and Salicylic Acid Paste	BP	0.04	0.37	3.36	29.86
Zinc Sulfate	BP	0.07	0.68	6.16	39.14

Container Prices

Type	Container	Price $
Dispensing Bottles	25mL	0.60
Dispensing Bottles	50mL	0.75
Dispensing Bottles	100mL	0.88
Dispensing Bottles	200mL	0.96
Dispensing Bottles	500mL	1.28
Poison Bottles	25mL	1.21
Poison Bottles	50mL	1.34
Poison Bottles	100mL	1.34
Poison Bottles	200mL	1.48
Poison Bottles	500mL	2.00
Poison Bottles	600mL	4.05
Poison Bottles	1000mL	3.99
Dropper Containers (Glass)	15mL	1.42
Dropper Containers (Polythene)	15mL	0.98
Screw Cap Jars	25g	1.10
Screw Cap Jars	50g	1.37
Screw Cap Jars	100g	1.43
Screw Cap Jars	200g	0.77
Screw Cap Jars	500g	2.19
Screw Cap Jars	1000g	4.39

Standard Formula Preparations

Code	Item	Reference	DPMQ $	MRVSN $
	Creams (Maximum Quantity 100 g and 1 Repeat)			
7502W	Salicylic Acid and Sulfur Aqueous	APF	21.18	23.17
	Ear Drops (Maximum Quantity 15 ml and 2 Repeats)			
7642F	Aluminium Acetate	APF	14.19	16.18
7643G	Aluminium Acetate	BP	15.33	17.32
7314Y	Sodium Bicarbonate	APF & BP	13.54	15.53
7313X	Spirit	APF	12.80	14.79
	Inhalations (Maximum Quantity 50 ml and 1 Repeat)			
7484X	Benzoin and Menthol	APF	43.22	25.00
7308P	Menthol	APF	18.82	20.81
7310R	Menthol and Eucalyptus	BP1980	19.11	21.10
	Linctuses containing Codeine Phosphate (Maximum Quantity 100 ml and 0 Repeats)			
7530H	Codeine	APF	23.45	25.00
	Lotions (Maximum Quantity 200 ml and 2 Repeats)			
7709R	Aluminium Acetate Aqueous	APF	17.21	19.20
	Mixtures, Other (Maximum Quantity 200 ml and 4 Repeats)			
7348R	Kaolin	BPC 1968	56.58	25.00
7342K	Magnesium Trisilicate	BPC 1968	28.53	25.00
7343L	Magnesium Trisilicate and Belladonna	BPC 1968	48.17	25.00
	Ointments, Waxes (Maximum Quantity 100 g and 1 Repeat)			
7914M	Benzoic Acid Compound	APF & BP	33.53	25.00
7902X	Boric Acid, Olive Oil and Zinc Oxide	QHF	25.84	25.00
7926E	Salicylic Acid	APF	25.93	25.00
7928G	Salicylic Acid (extemporaneous formula)	BP	25.93	25.00
	Paints (Maximum Quantity 25 ml and 1 Repeat)			
7567G	Podophyllin Compound	APF 16 & BP	453.40	25.00
7568H	Salicylic Acid	APF	152.66	25.00
	Pastes, Other (Maximum Quantity 100 g and 1 Repeat)			
7558T	Zinc	APF & BP	58.74	25.00
	Powders for Internal Use (Maximum Quantity 100 g and 2 Repeats)			
7545D	Magnesium Trisilicate	BP	61.31	25.00

Codes, Maximum Quantities, and Number of Repeats for Extemporaneously Prepared Benefits

Code	Preparation	Maximum Quantity	Number of Repeats
13Q	Creams	100 g	1
48M	Dusting Powders	100 g	1
15T	Ear Drops	15 ml	2
19B	Eye Drops containing Cocaine Hydrochloride	15 ml	0
22E	Eye Drops, Other	15 ml	5
23F	Eye Lotions	200 ml	2
29M	Inhalations	50 ml	1
64J	Linctuses containing Codeine Phosphate	100 ml	0
34T	Linctuses, Other	100 ml	2
39C	Lotions	200 ml	2
65K	Mixtures containing Codeine Phosphate	200 ml	0
66L	Mixtures for Children containing Codeine Phosphate	100 ml	0
41E	Mixtures for Children, Other	100 ml	4
40D	Mixtures, Other	200 ml	4
30N	Mouth Washes	200 ml	1
42F	Nasal Instillations	15 ml	2
43G	Ointments, Waxes	100 g	1
44H	Paints	25 ml	1
63H	Pastes containing Cocaine Hydrochloride	25 g	0
45J	Pastes, Other	100 g	1
49N	Powders for Internal Use	100 g	2
52R	Solutions	200 ml	2

Index of Manufacturer Codes

Code	Manufacturer
AB	Abbott Australasia Pty Ltd
AE	AFT Pharmaceuticals (AU) Pty Ltd
AF	Alphapharm Pty Ltd
AL	Alphapharm Pty Ltd
AN	Amgen Australia Pty Limited
AP	AstraZeneca Pty Ltd
AQ	Alcon Laboratories (Australia) Pty Ltd
AS	Aspen Pharmacare Australia Pty Limited
AV	sanofi-aventis Australia Pty Ltd
BB	Blackmores Limited
BD	Biogen Australia Pty Ltd
BG	Sandoz Pty Ltd
BN	Bayer Australia Ltd
BQ	Bristol-Myers Squibb Australia Pty Ltd
BX	BAXTER HEALTHCARE PTY LTD
BY	Boehringer Ingelheim Pty Ltd
BZ	Boucher & Muir Pty Ltd
CR	Pharmacor Pty Limited
CS	Seqirus (Australia) Pty Ltd
CX	Contact Lens Centre Australia Limited
DE	Stallergenes Australia Pty Ltd
DX	Ascensia Diabetes Care Australia Pty Limited
DZ	Medsurge Healthcare Pty Ltd
EI	Eisai Australia Pty Ltd
EO	Ego Pharmaceuticals Pty Ltd
EU	Chiesi Australia Pty Ltd
EV	Teva Pharma Australia Pty Ltd
EW	Celltrion Healthcare Australia Pty Ltd
FB	Pierre Fabre Australia Pty Ltd
FD	Dr Falk Pharma Australia Pty Ltd
FF	Phebra Pty Ltd
FG	Phebra Pty Ltd
FJ	Pharmaco (Australia) Limited
FK	A.Menarini Australia Pty Limited
FP	Ferring Pharmaceuticals Pty Limited
FQ	Pharmaco (Australia) Limited
FT	AMICUS THERAPEUTICS PTY LTD
FW	NEURAXPHARM AUSTRALIA PTY LIMITED
FX	Gedeon Richter Australia Pty Ltd
FY	Pharmacor Pty Limited
FZ	Pfizer Australia Pty Ltd
GA	Galderma Australia Pty Ltd
GC	GlaxoSmithKline Australia Pty Ltd
GH	Amdipharm Mercury (Australia) Pty Limited
GI	Gilead Sciences Pty Limited
GK	GlaxoSmithKline Australia Pty Ltd
GO	Viatris Pty Ltd
GQ	Generic Health Pty Ltd
GT	Viatris Pty Ltd
GX	Apotex Pty Ltd
GZ	sanofi-aventis Australia Pty Ltd
HB	Besins Healthcare Australia Pty Ltd
HJ	Maple Healthcare Pty Ltd
HK	SEED PHARMA PTY. LTD.
HQ	Generic Health Pty Ltd
HW	HAMELN PHARMA PTY. LTD.
HX	Sandoz Pty Ltd
IE	BEONE MEDICINES AUS PTY LTD
IL	iNova Pharmaceuticals (Australia) Pty Limited
IM	iNova Pharmaceuticals (Australia) Pty Limited
IO	BioMarin Pharmaceutical Australia Pty Ltd
IQ	Alcon Laboratories (Australia) Pty Ltd
IS	Ipsen Pty Ltd
IT	InterPharma Pty Ltd
IU	AUPHARMA PTY LTD
IX	Clinect Pty Ltd
IY	Clinect Pty Ltd
JA	JAZZ PHARMACEUTICALS ANZ PTY LTD
JC	Janssen-Cilag Pty Ltd
JG	Merck Healthcare Pty Ltd
JM	Glenmark Pharmaceuticals (Australia) Pty Ltd
JO	Juno Pharmaceuticals Pty Ltd
JT	Johnson & Johnson Pacific Pty Limited
JU	Juno Pharmaceuticals Pty Ltd
JW	Asteri Pharma Pty Ltd
JX	Juno Pharmaceuticals Pty Ltd
KF	BIOCELECT PTY LTD
KP	Eli Lilly Australia Pty Ltd
KQ	PHERO PHARMA PTY LTD
KT	ACTOR PHARMACEUTICALS PTY LTD
KY	Key Pharmaceuticals Pty Ltd
LD	Lacuna Pharma Pty Ltd
LJ	Anthia Life Sciences Pty Ltd
LL	Astellas Pharma Australia Pty Ltd
LM	Link Medical Products Pty Ltd
LN	Aspen Pharmacare Australia Pty Limited
LO	Leo Pharma Pty Ltd
LQ	Astellas Pharma Australia Pty Ltd
LR	Cipla Australia Pty Ltd
LT	Aspen Pharmacare Australia Pty Limited
LU	Lundbeck Australia Pty Ltd
LX	Lawley Pharmaceuticals Pty Ltd
LY	Eli Lilly Australia Pty Ltd
MF	Mundipharma Pty Limited
MK	Merck Sharp & Dohme (Australia) Pty Ltd
MQ	Alphapharm Pty Ltd
NB	Nova Pharmaceuticals Australasia Pty Ltd
NE	Norgine Pty. Ltd.
NF	Novo Nordisk Pharmaceuticals Pty. Limited
NG	NEON HEALTHCARE PTY LIMITED
NM	Novartis Pharmaceuticals Australia Pty Limited
NO	Novo Nordisk Pharmaceuticals Pty. Limited
NP	NICE-PAK PRODUCTS PTY. LTD.
NQ	Takeda Pharmaceuticals Australia Pty. Ltd.

Code	Manufacturer
NT	Nestle Australia Ltd
NU	Nutricia Australia Pty Limited
NV	Novartis Pharmaceuticals Australia Pty Limited
OC	Accord Healthcare Pty. Ltd.
OH	Orpharma Pty Ltd
OJ	The Trustee for ORSPEC PHARMA UNIT TRUST
ON	Orion Laboratories Pty. Ltd.
OQ	Organon Pharma Pty Ltd
OS	Otsuka Australia Pharmaceutical Pty. Ltd
OW	Arrow Pharma Pty Ltd
OX	Orion Pharma (Aus) Pty Limited
PB	Pharmaco (Australia) Limited
PF	Pfizer Australia Pty Ltd
PK	Fresenius Kabi Australia Pty Limited
PP	Petrus Pharmaceuticals Pty Ltd
QH	Cortex Health Pty Ltd
QS	Sandoz Pty Ltd
QY	Pro Pharmaceuticals Group Pty. Ltd.
RA	Sun Pharma ANZ Pty Ltd
RF	Arrow Pharma Pty Ltd
RI	Dr Reddy's Laboratories (Australia) Pty Ltd
RJ	Recordati Rare Diseases Australia Pty. Ltd.
RN	Sun Pharma ANZ Pty Ltd
RO	Roche Products Pty Ltd
RQ	Reach Pharmaceuticals Pty Ltd
RW	Arrow Pharma Pty Ltd
RX	Servier Laboratories (Aust.) Pty. Ltd.
RZ	Dr Reddy's Laboratories (Australia) Pty Ltd
SB	Nutricia Australia Pty Limited
SE	Servier Laboratories (Aust.) Pty. Ltd.
SG	Merck Healthcare Pty Ltd
SI	Sigma Company Limited
SW	sanofi-aventis Australia Pty Ltd
SY	Bayer Australia Ltd
SZ	Sandoz Pty Ltd
TB	Teva Pharma Australia Pty Ltd
TD	STADA Pharmaceuticals Australia Pty Limited
TJ	Taiho Pharma Oceania Pty Ltd
TK	Takeda Pharmaceuticals Australia Pty. Ltd.
TN	Medtas Pty Ltd
TT	Theramex Australia Pty Ltd
TW	Apotex Pty Ltd
TX	Apotex Pty Ltd
TY	Apotex Pty Ltd
UC	UCB Australia Proprietary Limited
UI	PERRIGO AUSTRALIA PTY LIMITED
UL	Bausch & Lomb (Australia) Pty Ltd
UO	Bausch & Lomb (Australia) Pty Ltd
VB	AbbVie Pty Ltd
VE	AbbVie Pty Ltd
VF	Vitaflo Australia Pty Limited
VJ	VITALION PTY LTD
VK	CSL BEHRING (AUSTRALIA) PTY LTD
VM	MSN LABORATORIES AUSTRALIA PTY LTD
VQ	Novartis Pharmaceuticals Australia Pty Limited
VZ	Sanofi-aventis Healthcare Pty Ltd
WA	sanofi-aventis Australia Pty Ltd
WG	WAGNER PHARMACEUTICALS PTY LTD
WM	MEDISON PHARMA AUSTRALIA PTY LIMITED
WZ	Bridgewest Perth Pharma Pty Ltd
XC	Southern Cross Pharma Pty Ltd
XG	ALGORAERX PTY LTD
XH	MS Health Pty Ltd
XI	Alexion Pharmaceuticals Australasia Pty Ltd
XN	Southern XP Pty Ltd
XO	Echo Therapeutics Pty Ltd
XT	Arrotex Pharmaceuticals Pty Ltd
XW	Arrotex Pharmaceuticals Pty Ltd
XY	MAXX PHARMA PTY LTD
YN	Mayne Pharma International Pty Ltd
YO	The Trustee for ORSPEC PHARMA UNIT TRUST
YT	Mayne Products Pty Ltd
ZB	Specialised Therapeutics Pm Pty Ltd
ZE	Seekwell Pty Ltd
ZS	Strides Pharma Science Pty Ltd

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1110K (TRIHEXYPHENIDYL) 1572
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11276L (TENOFOVIR DISOPROXIL + EMTRICITABINE) 360
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11301T (BUDESONIDE + FORMOTEROL) 1668
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11694L (LACOSAMIDE) 1559
11697P (LANSOPRAZOLE) 38
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11892X (TIOTROPIUM)....1696
11897E (LISDEXAMFETAMINE)....1633
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1195X (CHLORPROMAZINE).....1589
11960L (LEUPRORELIN).....525
11961M (BINIMETINIB).....419
11963P (CEFALEXIN).....327
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1197B (CHLORPROMAZINE).....1589
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12027B (CERTOLIZUMAB PEGOL).....875
12028C (CERTOLIZUMAB PEGOL).....854
12029D (BUDESONIDE + FORMOTEROL).....1666
12031F (OXYCODONE).....1517
12032G (HYDROMORPHONE).....1501
12033H (TRIFLURIDINE + TIPIRACIL).....369
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12054K (CODEINE).....1498
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12093L (BUDESONIDE + FORMOTEROL).....1670
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12095N (TOCILIZUMAB).....1221
12096P (LORLATINIB).....418
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1215Y (PARACETAMOL + CODEINE).....1531
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12278F (OZANIMOD) 1350
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12326R (ADALIMUMAB) 742
12327T (ADALIMUMAB) 766
12328W (ADALIMUMAB) 768
12329X (ADALIMUMAB) 744
12330Y (ADALIMUMAB) 693
12331B (ADALIMUMAB) 595
12332C (ADALIMUMAB) 636
12333D (ADALIMUMAB) 628
12334E (ADALIMUMAB) 695
12337H (ADALIMUMAB) 804
12338J (ADALIMUMAB) 604
12339K (ADALIMUMAB) 834
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12345R (ADALIMUMAB) 592
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12358K (ADALIMUMAB) 764
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12360M (ADALIMUMAB) 827
12361N (ADALIMUMAB) 791
12362P (ADALIMUMAB) 580
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12366W (ADALIMUMAB) 735
12367X (ADALIMUMAB) 747
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12371D (ADALIMUMAB) 641
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12373F (ADALIMUMAB) 600
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12375H (ADALIMUMAB) 794
12376J (ADALIMUMAB) 585
12377K (ADALIMUMAB) 847
12378L (ADALIMUMAB) 572
12379M (ADALIMUMAB) 688
12380N (ADALIMUMAB) 595
12381P (ADALIMUMAB) 597
12382Q (ADALIMUMAB) 628
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12395J (ADALIMUMAB) 698
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12398M (ADALIMUMAB) 788
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14429K (RILUZOLE).....1650
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